

Code	Description	Rate	ASST	ASC
10021	Fine needle aspiration; without imaging guidance	65.64	N	
10022	Fine needle aspiration; with imaging guidance	89.80	N	
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	61.25	N	
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	78.39	N	
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	198.46	N	
10080	Incision and drainage of pilonidal cyst; simple	122.49	N	
10081	Incision and drainage of pilonidal cyst; complicated	225.41	N	
10120	Incision and removal of foreign body, subcutaneous tissues; simple	75.95	N	
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	144.47	N	2
10140	Incision and drainage of hematoma, seroma or fluid collection	99.03	N	
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	79.62	N	
10180	Incision and drainage, complex, postoperative wound infection	295.21	N	2
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	58.79	N	
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface (List separately in addition to code for primary procedure)	44.09	N	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	595.07	S	2
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	810.62	S	2
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	749.43	S	2

Code	Description	Rate	ASST	ASC
	Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (List separately in addition to code for primary procedure)	305.14	S	2
11008				
11010	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	381.32	A	2
11011	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle	529.21	A	2
11012	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone	736.26	A	2
11040	Debridement; skin, partial thickness	49.01	N	
11041	Debridement; skin, full thickness	88.20	N	
11042	Debridement; skin, and subcutaneous tissue	203.36	N	2
11043	Debridement; skin, subcutaneous tissue, and muscle	427.54	N	2
11044	Debridement; skin, subcutaneous tissue, muscle, and bone	561.07	N	2
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	46.55	N	
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); two to four lesions	51.44	N	
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than four lesions	53.89	N	
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	90.64	N	
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	67.37	N	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	89.42	N	
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)	61.25	N	

Code	Description	Rate	ASST	ASC
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	88.20	S	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	126.18	S	
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	156.78	S	
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	206.15	S	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	101.69	S	
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	140.88	S	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	170.29	S	
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	197.60	S	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	118.82	S	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	156.78	S	
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	189.06	S	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	214.69	S	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	112.70	N	
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	127.40	N	

Code	Description	Rate	ASST	ASC
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	183.75	N	
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	242.55	N	
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	298.92	N	1
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	491.25	N	2
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	126.18	N	
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	177.64	N	
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	224.18	N	
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	305.03	N	
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	323.40	N	2
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	467.95	N	2
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	166.61	N	

Code	Description	Rate	ASST	ASC
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	210.71	N	
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	281.76	N	
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	323.40	N	
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	403.05	N	1
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	492.47	N	2
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	521.87	N	2
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	592.10	S	2
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	453.26	S	2
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	542.08	S	2
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	502.27	N	2
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	525.54	S	2
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	161.70	N	
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	193.56	N	

Code	Description	Rate	ASST	ASC
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	252.36	N	
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	296.46	N	
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	394.46	N	2
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	556.18	N	2
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	171.51	N	
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	213.16	N	
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	274.42	N	
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	354.04	N	
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	425.10	N	2
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	579.43	N	2
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	218.06	N	
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	289.11	N	
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	356.49	N	
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	406.72	N	

Code	Description	Rate	ASST	ASC
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	455.71	N	2
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	619.89	N	2
11719	Trimming of nondystrophic nails, any number	23.88	N	
11720	Debridement of nail(s) by any method(s); one to five	34.28	N	
11721	Debridement of nail(s) by any method(s); six or more	61.25	N	
11730	Avulsion of nail plate, partial or complete, simple; single	77.18	N	
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	46.55	N	
11740	Evacuation of subungual hematoma	58.79	N	
11750	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;	308.71	N	
11752	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	436.11	N	
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	175.17	S	
11760	Repair of nail bed	301.36	N	
11762	Reconstruction of nail bed with graft	443.47	N	
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	163.33	N	
11770	Excision of pilonidal cyst or sinus; simple	596.60	N	3
11771	Excision of pilonidal cyst or sinus; extensive	712.98	N	3
11772	Excision of pilonidal cyst or sinus; complicated	889.39	N	3
11900	Injection, intralesional; up to and including seven lesions	45.33	N	
11901	Injection, intralesional; more than seven lesions	58.79	N	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	227.34	S	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	400.60	S	

Code	Description	Rate	ASST	ASC
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)	181.32	S	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	219.28	S	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	249.91	S	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	297.68	S	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	356.89	S	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	1,693.02	N	2
11970	Replacement of tissue expander with permanent prosthesis	1,766.53	N	3
11971	Removal of tissue expander(s) without insertion of prosthesis	485.99	S	1
11977	Removal with reinsertion, implantable contraceptive capsules	257.41	N	
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	235.28	N	
11981	Insertion, non-biodegradable drug delivery implant	236.05	N	
11982	Removal, non-biodegradable drug delivery implant	236.05	N	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	257.41	N	
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	129.85	N	
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	176.40	N	
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	222.96	N	
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	274.42	N	2
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	350.37	N	2



Code	Description	Rate	ASST	ASC
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	423.85	N	2
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	145.77	N	
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	204.58	N	
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	260.92	N	
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	284.21	N	
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	316.06	N	2
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	387.12	S	2
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	531.67	A	2
12020	Treatment of superficial wound dehiscence; simple closure	235.20	N	1
12021	Treatment of superficial wound dehiscence; with packing	259.70	N	1
12031	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	188.66	N	
12032	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	274.42	N	
12034	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	338.11	N	2
12035	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	464.29	N	2
12036	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	695.83	N	2

Code	Description	Rate	ASST	ASC
12037	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	793.82	S	2
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	288.40	N	
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	284.21	N	
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	398.14	N	2
12045	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	579.43	N	2
12046	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	641.92	S	2
12047	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	759.52	A	2
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	308.71	N	
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	377.31	N	
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	411.62	N	
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	546.37	N	2
12055	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	671.33	N	2
12056	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	852.31	S	2
12057	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	861.85	A	2
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	262.15	N	2
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	492.47	N	3
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	142.00	N	
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	418.96	N	2

Code	Description	Rate	ASST	ASC
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	648.06	N	3
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	165.08	N	
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	536.57	N	2
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	791.38	N	3
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	244.14	N	
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	482.66	N	3
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	644.38	N	3
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	1,031.49	N	3
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	268.61	N	
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	866.10	N	2
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	908.99	N	2
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	1,238.54	N	3
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	994.74	N	3
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	1,427.19	N	3
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	1,276.51	N	2
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	1,670.96	N	3

Code	Description	Rate	ASST	ASC
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	1,710.17	N	3
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	2,259.00	N	3
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	2,413.36	N	4
14350	Filletted finger or toe flap, including preparation of recipient site	1,033.94	S	3
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; first 100 sq cm or one percent of body area of infants and children	446.47	N	2
15001	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body area of infan	223.23	S	
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	610.53	S	2
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	559.85	N	2
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)	1,264.26	N	2
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	382.22	N	3
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 one percent of body area of infants and children (except 15050)	1,609.71	N	2

Code	Description	Rate	ASST	ASC
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in	503.49	N	3
15150	Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less	1,635.33	S	2
15151	Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	328.53	S	1
15155	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	1,787.51	S	2
15156	Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	466.61	S	
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	886.93	N	3
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)	431.22	S	2
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	977.59	N	2
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)	553.72	N	2
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	1,347.56	N	3
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)	736.26	N	3

Code	Description	Rate	ASST	ASC
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	1,635.44	N	2
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)	855.10	N	2
15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less	1,534.28	S	
15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm	220.53	S	
15400	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children	551.27	N	2
15401	Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	146.82	N	2
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	1,195.64	N	3
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	1,347.56	N	3
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	1,547.25	N	3
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	1,505.59	N	3
15600	Delay of flap or sectioning of flap (division and inset); at trunk	793.82	S	3
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	780.36	S	3
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	1,078.05	N	4
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	1,162.58	N	3
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	1,285.08	S	5
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	4,023.09	A	3

Code	Description	Rate	ASST	ASC
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	3,822.16	A	3
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	3,175.34	N	3
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	3,386.05	A	3
15740	Flap; island pedicle	1,744.47	N	2
15750	Flap; neurovascular pedicle	1,784.91	A	2
15756	Free muscle or myocutaneous flap with microvascular anastomosis	4,359.97	A	
15757	Free skin flap with microvascular anastomosis	4,359.97	A	
15758	Free fascial flap with microvascular anastomosis	4,359.97	A	
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	1,702.83	N	2
15770	Graft; derma-fat-fascia	1,481.08	A	3
15775	Punch graft for hair transplant; 1 to 15 punch grafts	104.15	S	3
15776	Punch graft for hair transplant; more than 15 punch grafts	46.55	S	3
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	2,284.69	S	
15781	Dermabrasion; segmental, face	750.88	N	
15782	Dermabrasion; regional, other than face	717.77	S	
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)	420.18	S	
15786	Abrasion; single lesion (eg, keratosis, scar)	138.43	N	
15787	Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)	65.15	N	
15788	Chemical peel, facial; epidermal	510.47	N	
15789	Chemical peel, facial; dermal	799.37	N	
15792	Chemical peel, nonfacial; epidermal	313.60	S	
15793	Chemical peel, nonfacial; dermal	472.85	S	
15819	Cervicoplasty	1,468.65	S	
15820	Blepharoplasty, lower eyelid;	1,208.03	S	3
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	1,371.45	S	3
15822	Blepharoplasty, upper eyelid;	1,338.34	N	3
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	1,697.23	N	5
15824	Rhytidectomy; forehead	1,886.58	S	3
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	1,786.14	S	3

Code	Description	Rate	ASST	ASC
15826	Rhytidectomy; glabellar frown lines	1,474.98	S	3
15828	Rhytidectomy; cheek, chin, and neck	4,046.36	S	3
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	3,388.50	S	5
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)	3,649.44	A	3
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh	2,284.69	A	3
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg	2,284.69	S	3
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip	2,284.69	S	3
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock	2,284.69	S	3
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm	1,977.24	S	
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand	1,468.65	S	
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad	1,305.23	S	
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area	1,873.11	S	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	3,235.37	N	4
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	3,993.69	A	4
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	4,896.22	A	
15845	Graft for facial nerve paralysis; regional muscle transfer	3,540.40	A	4
15850	Removal of sutures under anesthesia (other than local), same surgeon	52.67	N	
15851	Removal of sutures under anesthesia (other than local), other surgeon	53.89	N	
15852	Dressing change (for other than burns) under anesthesia (other than local)	135.97	N	
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	198.46	S	
15876	Suction assisted lipectomy; head and neck	1,033.94	S	3
15877	Suction assisted lipectomy; trunk	1,626.87	S	3
15878	Suction assisted lipectomy; upper extremity	1,033.94	S	3
15879	Suction assisted lipectomy; lower extremity	1,276.51	S	3



Code	Description	Rate	ASST	ASC
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	1,018.02	S	3
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	1,332.86	A	4
15931	Excision, sacral pressure ulcer, with primary suture;	1,165.02	N	3
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	1,604.81	S	3
15934	Excision, sacral pressure ulcer, with skin flap closure;	1,445.57	N	3
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	1,722.43	A	4
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	1,510.47	N	4
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	1,683.23	A	4
15940	Excision, ischial pressure ulcer, with primary suture;	1,118.47	N	3
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	1,390.43	S	3
15944	Excision, ischial pressure ulcer, with skin flap closure;	1,350.01	S	3
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	1,509.27	S	4
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	1,862.08	A	4
15950	Excision, trochanteric pressure ulcer, with primary suture;	803.64	N	3
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	1,178.51	S	4
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	1,193.20	A	3
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	1,477.42	N	4
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	1,537.44	A	3
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	1,778.79	A	4
15999	Unlisted procedure, excision pressure ulcer		BR S	

Code	Description	Rate	ASST	ASC
16000	Initial treatment, first degree burn, when no more than local treatment is required	78.39	N	
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	98.01	N	
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	115.14	N	
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than one extremity, or greater than 10% total body surface area)	158.03	N	
16035	Escharotomy; initial incision	673.77	N	
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	269.06	N	
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; first lesion	93.09	N	
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions; second through 14 lesions, each	20.01	N	
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, 15 or more lesions	338.48	N	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	358.95	N	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	698.54	N	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	1,046.75	S	
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; up to 14 lesions	95.55	N	

Code	Description	Rate	ASST	ASC
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; 15 or more lesions	120.97	N	
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	67.37	N	
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	160.48	N	
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	193.33	N	
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	236.05	N	
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	264.89	N	
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	293.73	N	
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	365.29	N	
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	186.20	N	
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	214.69	N	
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	257.41	N	

Code	Description	Rate	ASST	ASC
17273	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	307.62	N	
17274	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	336.45	N	
17276	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	379.18	N	
17280	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	221.73	N	
17281	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	249.94	N	
17282	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	293.73	N	
17283	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	336.45	N	
17284	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	379.18	N	
17286	Destruction, malignant lesion (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery, surgical curettage), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	421.90	N	

Code	Description	Rate	ASST	ASC
17304	Chemosurgery (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 complete histopathologic preparation inc	784.02	N	
17305	Chemosurgery (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 complete histopathologic preparation inc	465.51	N	
17306	Chemosurgery (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 complete histopathologic preparation inc	465.51	N	
17307	Chemosurgery (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 complete histopathologic preparation inc	465.51	N	
17310	Chemosurgery (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 complete histopathologic preparation inc	392.00	N	
17340	Cryotherapy (CO2 slush, liquid N2) for acne	69.83	N	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	78.39	N	
17380	Electrolysis epilation, each 1/2 hour	86.97	S	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	BR	S	
19000	Puncture aspiration of cyst of breast;	113.94	N	
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	83.29	N	
19020	Mastotomy with exploration or drainage of abscess, deep	377.31	N	2

Code	Description	Rate	ASST	ASC
19030	Injection procedure only for mammary ductogram or galactogram	107.79	N	
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	183.75	N	1
19101	Biopsy of breast; open, incisional	627.23	N	2
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	367.07	N	2
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	505.22	N	2
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	504.72	N	2
19112	Excision of lactiferous duct fistula	670.10	S	3
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions	758.31	N	3
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	819.55	N	3
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	421.42	N	3
19140	Mastectomy for gynecomastia	1,232.39	N	4
19160	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	967.79	S	3
19162	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	2,124.25	A	5
19180	Mastectomy, simple, complete	1,603.61	A	4
19182	Mastectomy, subcutaneous	1,740.80	A	4
19200	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	2,312.89	A	
19220	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	3,201.13	A	
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	2,391.29	A	
19260	Excision of chest wall tumor including ribs	1,270.38	A	

Code	Description	Rate	ASST	ASC
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	2,451.33	A	
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	3,959.38	A	
19290	Preoperative placement of needle localization wire, breast;	186.20	N	1
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	98.01	S	1
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy (List separately in addition to code for primary procedure)	186.88	N	
19296	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	382.06	S	
	Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary	175.11	S	
19297	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	611.85	S	
19298				
19316	Mastopexy	2,234.50	A	4
19318	Reduction mammoplasty	4,498.41	A	4
19324	Mammoplasty, augmentation; without prosthetic implant	1,487.21	S	4
19325	Mammoplasty, augmentation; with prosthetic implant	2,539.54	S	5
19328	Removal of intact mammary implant	1,067.01	N	1
19330	Removal of mammary implant material	1,193.20	N	1
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	2,335.96	A	2
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	2,861.73	S	3

Code	Description	Rate	ASST	ASC
19350	Nipple/areola reconstruction	1,946.61	N	4
19355	Correction of inverted nipples	1,089.47	S	4
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	3,350.54	A	5
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	4,380.81	A	
19364	Breast reconstruction with free flap	3,856.49	A	
19366	Breast reconstruction with other technique	3,546.54	A	5
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	4,329.05	A	
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	5,068.06	A	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	5,505.92	A	
19370	Open periprosthetic capsulotomy, breast	1,871.89	N	4
19371	Periprosthetic capsulectomy, breast	2,058.09	N	4
19380	Revision of reconstructed breast	1,855.96	N	5
19396	Preparation of moulage for custom breast implant	259.55	S	
19499	Unlisted procedure, breast	BR	S	
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial	151.90	N	
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated	541.48	N	2
20100	Exploration of penetrating wound (separate procedure); neck	1,318.16	A	
20101	Exploration of penetrating wound (separate procedure); chest	1,149.00	A	
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	608.02	A	
20103	Exploration of penetrating wound (separate procedure); extremity	782.85	S	
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	1,744.47	A	
20200	Biopsy, muscle; superficial	428.31	N	2
20205	Biopsy, muscle; deep	580.67	N	3
20206	Biopsy, muscle, percutaneous needle	321.50	N	1
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	276.86	N	1



Code	Description	Rate	ASST	ASC
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	661.52	N	2
20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)	448.35	N	2
20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)	945.74	N	3
20250	Biopsy, vertebral body, open; thoracic	2,725.82	N	3
20251	Biopsy, vertebral body, open; lumbar or cervical	2,725.82	A	3
20500	Injection of sinus tract; therapeutic (separate procedure)	88.20	N	
20501	Injection of sinus tract; diagnostic (sinogram)	151.90	N	
20520	Removal of foreign body in muscle or tendon sheath; simple	289.11	N	
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	650.50	N	3
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	98.05	N	
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	102.90	N	
20551	Injection(s); single tendon origin/insertion	98.05	N	
20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)	98.05	N	
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	98.05	N	
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)	91.87	N	
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	100.44	N	
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	115.14	N	
20612	Aspiration and/or injection of ganglion cyst(s) any location	95.75	N	
20615	Aspiration and injection for treatment of bone cyst	164.14	N	
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	340.56	A	3
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	896.75	N	
20661	Application of halo, including removal; cranial	1,234.86	N	
20662	Application of halo, including removal; pelvic	896.14	S	
20663	Application of halo, including removal; femoral	896.14	S	

Code	Description	Rate	ASST	ASC
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia	1,510.32	N	
20665	Removal of tongs or halo applied by another physician	204.01	S	
20670	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)	365.06	N	1
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	916.35	S	3
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	1,075.59	N	2
20692	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	1,180.96	A	3
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))	746.05	N	3
20694	Removal, under anesthesia, of external fixation system	443.47	N	1
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	22,442.96	A	
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	20,498.79	A	
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	18,597.56	A	
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	6,517.29	A	
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	5,456.39	A	
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	8,969.87	A	
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	8,258.11	A	
20838	Replantation, foot, complete amputation	21,034.20	A	
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	740.20	A	3
20902	Bone graft, any donor area; major or large	1,249.55	A	4
20910	Cartilage graft; costochondral	1,090.54	S	3

Code	Description	Rate	ASST	ASC
20912	Cartilage graft; nasal septum	1,284.94	S	3
20920	Fascia lata graft; by stripper	850.18	A	4
20922	Fascia lata graft; by incision and area exposure, complex or sheet	891.84	A	3
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	798.74	A	4
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	778.65	N	4
20930	Allograft for spine surgery only; morselized	236.43	N	
20931	Allograft for spine surgery only; structural	298.92	A	
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision	317.27	N	
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	452.04	A	
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	527.38	A	
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome	272.37	S	
20955	Bone graft with microvascular anastomosis; fibula	4,381.39	A	
20956	Bone graft with microvascular anastomosis; iliac crest	4,381.39	A	
20957	Bone graft with microvascular anastomosis; metatarsal	4,381.39	A	
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	4,381.39	A	
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	5,841.49	A	
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	5,841.49	A	
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	5,841.49	A	
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	6,220.67	A	
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	315.87	N	

Code	Description	Rate	ASST	ASC
20975	Electrical stimulation to aid bone healing; invasive (operative)	1,229.95	A	2
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	365.94	N	
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	9,203.10		
20999	Unlisted procedure, musculoskeletal system, general		BR	S
21010	Arthrotomy, temporomandibular joint	1,497.02	S	2
21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp	1,602.38	N	3
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	1,131.95	N	2
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	1,177.76	N	2
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	1,651.37	S	2
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	823.23	N	
21031	Excision of torus mandibularis	612.54	N	
21032	Excision of maxillary torus palatinus	519.41	N	
21034	Excision of malignant tumor of maxilla or zygoma	1,418.61	A	3
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	660.71	N	2
21044	Excision of malignant tumor of mandible;	1,483.53	A	2
21045	Excision of malignant tumor of mandible; radical resection	2,931.57	A	
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	2,589.22	S	2
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))	3,195.47	S	2
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))	2,664.49	S	
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))	3,026.96	S	

Code	Description	Rate	ASST	ASC
21050	Condylectomy, temporomandibular joint (separate procedure)	2,256.55	S	3
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	1,704.06	A	2
21070	Coronoidectomy (separate procedure)	1,582.78	S	3
21076	Impression and custom preparation; surgical obturator prosthesis	2,320.25	S	
21077	Impression and custom preparation; orbital prosthesis	5,654.86	S	
21079	Impression and custom preparation; interim obturator prosthesis	1,892.71	N	
21080	Impression and custom preparation; definitive obturator prosthesis	2,332.50	N	
21081	Impression and custom preparation; mandibular resection prosthesis	2,164.68	S	
21082	Impression and custom preparation; palatal augmentation prosthesis	1,793.47	S	
21083	Impression and custom preparation; palatal lift prosthesis	1,820.43	S	
21084	Impression and custom preparation; speech aid prosthesis	2,190.40	S	
21085	Impression and custom preparation; oral surgical splint	859.98	S	
21086	Impression and custom preparation; auricular prosthesis	2,371.69	S	
21087	Impression and custom preparation; nasal prosthesis	2,371.69	S	
21088	Impression and custom preparation; facial prosthesis	1,166.26	S	
21089	Unlisted maxillofacial prosthetic procedure		BR	N
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	508.42	S	2
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	700.73	N	
21116	Injection procedure for temporomandibular joint arthrography	207.21	N	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	1,312.03	A	
21121	Genioplasty; sliding osteotomy, single piece	1,591.35	A	5
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	1,941.72	A	5

Code	Description	Rate	ASST	ASC
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	2,353.33	A	5
21125	Augmentation, mandibular body or angle; prosthetic material	1,389.21	A	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	1,760.41	A	5
21137	Reduction forehead; contouring only	1,892.71	A	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	2,446.43	A	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	2,690.22	A	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	2,866.62	A	
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft	2,956.07	A	
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft	3,090.81	A	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	3,113.54	A	
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	3,257.48	A	
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	3,259.16	A	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	3,407.60	A	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	3,826.57	A	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	4,119.85	A	

Code	Description	Rate	ASST	ASC
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	4,615.60	A	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	7,064.90	A	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	7,743.58	A	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	4,764.25	A	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	5,768.80	A	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	3,941.01	A	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	4,579.26	A	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	1,541.12	S	5
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting les	4,993.34	A	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting gre	5,385.35	A	

Code	Description	Rate	ASST	ASC
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting gre	5,746.75	A	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	3,939.78	A	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	3,182.70	A	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	4,356.30	A	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	4,030.42	A	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	4,239.92	A	
21198	Osteotomy, mandible, segmental;	2,239.40	A	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	2,907.78	A	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	2,844.59	A	5
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	1,592.56	S	5
21209	Osteoplasty, facial bones; reduction	2,361.59	A	5
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	2,369.25	N	5
21215	Graft, bone; mandible (includes obtaining graft)	2,538.32	N	5
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	1,773.87	S	5
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	1,336.54	N	5
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	3,914.04	A	4
21242	Arthroplasty, temporomandibular joint, with allograft	4,331.81	A	5
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	4,460.44	A	5
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	2,800.49	A	5



Code	Description	Rate	ASST	ASC
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	2,707.37	A	5
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	3,283.15	A	5
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	4,607.43	A	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	2,700.02	N	5
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	4,613.56	S	5
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	3,041.82	A	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia)	4,990.87	A	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	3,878.53	A	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	6,502.60	A	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	6,642.26	A	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	5,001.91	A	5
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	6,492.79	A	
21270	Malar augmentation, prosthetic material	3,270.55	A	5
21275	Secondary revision of orbitocraniofacial reconstruction	5,799.42	A	5
21280	Medial canthopexy (separate procedure)	2,762.13	S	5
21282	Lateral canthopexy	1,734.67	N	5
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	1,082.00	S	1
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	1,525.83	S	1
21299	Unlisted craniofacial and maxillofacial procedure	BR	S	
21300	Closed treatment of skull fracture without operation	434.89	S	2

Code	Description	Rate	ASST	ASC
21310	Closed treatment of nasal bone fracture without manipulation	148.22	N	2
21315	Closed treatment of nasal bone fracture; without stabilization	352.81	N	2
21320	Closed treatment of nasal bone fracture; with stabilization	643.16	N	2
21325	Open treatment of nasal fracture; uncomplicated	1,217.71	S	4
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	1,555.83	S	5
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	2,339.85	N	5
21336	Open treatment of nasal septal fracture, with or without stabilization	1,118.47	S	4
21337	Closed treatment of nasal septal fracture, with or without stabilization	709.30	S	2
21338	Open treatment of nasoethmoid fracture; without external fixation	1,519.08	S	4
21339	Open treatment of nasoethmoid fracture; with external fixation	1,783.68	A	5
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	1,685.68	S	4
21343	Open treatment of depressed frontal sinus fracture	1,602.38	A	
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	2,741.68	A	
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	1,418.61	S	5
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	1,546.02	N	
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	2,344.75	A	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	3,858.36	A	
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	1,056.36	S	3
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	1,260.58	S	

Code	Description	Rate	ASST	ASC
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	1,369.62	A	
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	2,480.74	A	
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	2,185.49	A	
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	1,697.91	A	
21386	Open treatment of orbital floor blowout fracture; periorbital approach	1,813.09	A	
21387	Open treatment of orbital floor blowout fracture; combined approach	1,793.47	A	
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	2,575.07	A	
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	3,111.64	A	
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	505.22	S	2
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	866.24	A	3
21406	Open treatment of fracture of orbit, except blowout; without implant	1,757.95	A	
21407	Open treatment of fracture of orbit, except blowout; with implant	1,864.55	A	
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	2,243.08	A	
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	1,239.74	S	4
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	1,443.12	A	
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	2,631.42	A	

Code	Description	Rate	ASST	ASC
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	1,525.19	A	
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	2,372.93	A	
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	3,263.54	A	
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	5,702.63	A	
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	4,887.97	A	
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	676.23	S	3
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	765.65	A	4
21450	Closed treatment of mandibular fracture; without manipulation	698.27	S	3
21451	Closed treatment of mandibular fracture; with manipulation	1,473.73	S	4
21452	Percutaneous treatment of mandibular fracture, with external fixation	899.63	S	2
21453	Closed treatment of mandibular fracture with interdental fixation	1,737.13	S	3
21454	Open treatment of mandibular fracture with external fixation	1,607.27	S	5
21461	Open treatment of mandibular fracture; without interdental fixation	1,704.09	A	4
21462	Open treatment of mandibular fracture; with interdental fixation	2,441.53	A	5
21465	Open treatment of mandibular condylar fracture	2,219.64	A	4
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	2,773.52	A	
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	252.36	N	1

Code	Description	Rate	ASST	ASC
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	477.77	S	2
21490	Open treatment of temporomandibular dislocation	1,298.55	A	3
21495	Open treatment of hyoid fracture	1,013.13	A	
21497	Interdental wiring, for condition other than fracture	866.24	S	2
21499	Unlisted musculoskeletal procedure, head	BR	S	
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	632.11	N	2
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy	788.94	A	2
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	552.49	S	
21550	Biopsy, soft tissue of neck or thorax	225.41	N	
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	459.39	N	2
21556	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular	813.43	N	2
21557	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax	2,229.60	A	
21600	Excision of rib, partial	1,048.64	A	2
21610	Costotransversectomy (separate procedure)	2,254.11	A	2
21615	Excision first and/or cervical rib;	2,723.31	A	
21616	Excision first and/or cervical rib; with sympathectomy	3,028.35	A	
21620	Osteotomy of sternum, partial	2,469.71	A	
21627	Sternal debridement	1,063.34	A	
21630	Radical resection of sternum;	3,324.78	A	
21632	Radical resection of sternum; with mediastinal lymphadenectomy	4,755.66	A	
21685	Hyoid myotomy and suspension	1,135.35		
21700	Division of scalenus anticus; without resection of cervical rib	744.83	A	2
21705	Division of scalenus anticus; with resection of cervical rib	1,516.62	A	
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	879.59	A	3
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	1,087.84	A	3
21740	Reconstructive repair of pectus excavatum or carinatum; open	3,221.89	A	

Code	Description	Rate	ASST	ASC
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	2,448.63	A	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	3,221.89	A	
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	1,967.44	A	
21800	Closed treatment of rib fracture, uncomplicated, each	135.97	N	1
21805	Open treatment of rib fracture without fixation, each	867.34	S	2
21810	Treatment of rib fracture requiring external fixation (flail chest)	1,945.39	A	
21820	Closed treatment of sternum fracture	276.86	N	1
21825	Open treatment of sternum fracture with or without skeletal fixation	1,239.74	A	
21899	Unlisted procedure, neck or thorax	BR	S	
21920	Biopsy, soft tissue of back or flank; superficial	234.98	N	
21925	Biopsy, soft tissue of back or flank; deep	553.72	N	2
21930	Excision, tumor, soft tissue of back or flank	683.58	N	2
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank	1,441.90	N	3
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	1,371.02	N	
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	1,359.01	S	
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	1,226.27	A	
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	984.94	A	
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	1,019.24	A	
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	396.91	A	

Code	Description	Rate	ASST	ASC
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	1,450.47	A	
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	1,430.85	A	
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	1,413.71	A	
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	394.46	A	
22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	5,005.59	A	
22212	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic	4,962.70	S	
22214	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar	4,319.55	A	
22216	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	1,002.09	A	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	4,525.34	A	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	4,603.76	S	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	4,018.20	A	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	1,002.09	A	
22305	Closed treatment of vertebral process fracture(s)	383.45	N	1
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	889.39	N	1
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction	933.50	N	2

Code	Description	Rate	ASST	ASC
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	2,175.06	S	
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	3,225.24	S	
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	3,035.69	A	
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical	3,035.69	A	
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic	2,954.83	A	
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (List separately in addition to code for primary	797.50	A	
22505	Manipulation of spine requiring anesthesia, any region	367.50	N	2
22520	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic	1,993.24	N	
22521	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar	1,765.03	N	
22522	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	277.96	N	
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	665.87	S	



Code	Description	Rate	ASST	ASC
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	638.08	S	
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lum	305.34	S	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	3,834.45		
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	3,581.79		
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	1,200.06		
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	3,757.25	A	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	4,978.63	A	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	5,023.95	A	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	4,728.72	A	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	869.78	A	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	4,591.51	A	

Code	Description	Rate	ASST	ASC
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	4,236.23	A	
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	4,359.97	A	
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)	3,900.58	A	
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	4,157.83	A	
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	1,060.90	A	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	3,733.98	A	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	894.29	A	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	4,096.60	A	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	5,609.52	A	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	5,632.82	A	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	3,934.88	A	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	4,646.63	A	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	5,637.71	A	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	5,487.64	A	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	6,069.52	A	
22830	Exploration of spinal fusion	2,782.09	A	

Code	Description	Rate	ASST	ASC
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)	2,711.97	A	
22841	Internal spinal fixation by wiring of spinous processes	802.85	N	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments	5,551.96	A	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments	6,094.67	A	
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments	7,258.47	A	
22845	Anterior instrumentation; 2 to 3 vertebral segments	5,164.85	A	
22846	Anterior instrumentation; 4 to 7 vertebral segments	3,552.66	A	
22847	Anterior instrumentation; 8 or more vertebral segments	3,839.33	A	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	1,020.47	A	
22849	Reinsertion of spinal fixation device	3,094.24	A	
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	1,541.12	A	
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace	1,140.52	A	
22852	Removal of posterior segmental instrumentation	1,773.87	A	
22855	Removal of anterior instrumentation	2,396.21	A	
22899	Unlisted procedure, spine	BR	A	
22900	Excision, abdominal wall tumor, subfascial (eg, desmoid)	681.11	A	4
22999	Unlisted procedure, abdomen, musculoskeletal system	BR	S	
23000	Removal of subdeltoid calcareous deposits, open	722.78	A	2
23020	Capsular contracture release (eg, Sever type procedure)	1,231.17	A	2
23030	Incision and drainage, shoulder area; deep abscess or hematoma	481.45	N	1

Code	Description	Rate	ASST	ASC
23031	Incision and drainage, shoulder area; infected bursa	325.86	N	3
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	1,234.86	A	3
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	1,202.99	A	3
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	836.71	A	4
23065	Biopsy, soft tissue of shoulder area; superficial	249.91	N	
23066	Biopsy, soft tissue of shoulder area; deep	376.09	N	2
23075	Excision, soft tissue tumor, shoulder area; subcutaneous	465.51	N	2
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular	733.80	N	2
23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area	2,290.89	A	3
23100	Arthrotomy, glenohumeral joint, including biopsy	1,359.80	A	2
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	1,359.80	A	5
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	1,815.54	A	4
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	1,342.66	A	4
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	1,342.66	A	4
23120	Claviculectomy; partial	1,146.64	A	5
23125	Claviculectomy; total	1,947.84	A	5
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	1,368.38	A	5
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	1,080.49	N	4
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	1,452.93	A	5
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	1,174.82	S	5
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	1,547.25	A	4

Code	Description	Rate	ASST	ASC
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	1,901.29	A	5
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	1,588.88	A	5
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	704.40	A	2
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	809.55	A	2
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	1,215.25	A	2
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	1,185.86	A	4
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	932.25	A	4
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	1,245.88	A	4
23190	Ostectomy of scapula, partial (eg, superior medial angle)	1,078.05	A	4
23195	Resection, humeral head	1,705.27	A	5
23200	Radical resection for tumor; clavicle	1,408.80	A	
23210	Radical resection for tumor; scapula	2,094.84	A	
23220	Radical resection of bone tumor, proximal humerus;	2,094.84	A	
23221	Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)	2,334.95	A	
23222	Radical resection of bone tumor, proximal humerus; with prosthetic replacement	2,320.25	A	
23330	Removal of foreign body, shoulder; subcutaneous	241.39	S	1
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	1,206.96	S	1
23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)	1,869.43	A	
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	134.74	N	
23395	Muscle transfer, any type, shoulder or upper arm; single	1,400.24	A	5
23397	Muscle transfer, any type, shoulder or upper arm; multiple	1,711.41	A	5
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	1,857.18	A	5
23405	Tenotomy, shoulder area; single tendon	1,216.48	A	2

Code	Description	Rate	ASST	ASC
23406	Tenotomy, shoulder area; multiple tendons through same incision	1,472.52	A	2
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1,739.57	A	5
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	2,183.05	A	5
23415	Coracoacromial ligament release, with or without acromioplasty	1,183.39	A	5
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	2,587.32	A	5
23430	Tenodesis of long tendon of biceps	1,575.43	A	4
23440	Resection or transplantation of long tendon of biceps	1,563.16	A	4
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	2,359.47	A	5
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	2,573.84	A	5
23460	Capsulorrhaphy, anterior, any type; with bone block	2,847.03	A	5
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	2,540.76	A	5
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	2,540.76	A	5
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	2,484.41	A	5
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	2,795.59	A	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	4,456.76	A	
23480	Osteotomy, clavicle, with or without internal fixation;	1,390.43	A	4
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	1,695.47	A	5
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	924.91	A	3
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	1,261.81	A	3
23500	Closed treatment of clavicular fracture; without manipulation	325.86	N	1
23505	Closed treatment of clavicular fracture; with manipulation	377.31	N	1

Code	Description	Rate	ASST	ASC
23515	Open treatment of clavicular fracture, with or without internal or external fixation	1,249.55	A	3
23520	Closed treatment of sternoclavicular dislocation; without manipulation	284.21	S	1
23525	Closed treatment of sternoclavicular dislocation; with manipulation	334.44	S	1
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	1,095.19	A	3
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	1,474.98	A	4
23540	Closed treatment of acromioclavicular dislocation; without manipulation	259.70	N	1
23545	Closed treatment of acromioclavicular dislocation; with manipulation	335.66	S	1
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	1,786.14	A	3
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	1,859.63	A	4
23570	Closed treatment of scapular fracture; without manipulation	347.90	N	1
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	387.12	S	1
23585	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation	1,498.24	A	3
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	431.22	N	1
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	775.46	N	2
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);	1,784.91	A	4
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); with proximal humeral prosthetic replacement	4,455.53	A	4
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	389.55	N	1

Code	Description	Rate	ASST	ASC
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	502.27	N	2
23630	Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation	1,185.86	A	5
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	367.50	N	1
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	543.94	N	1
23660	Open treatment of acute shoulder dislocation	1,482.31	A	3
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	469.19	N	2
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation	1,482.31	A	3
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	546.37	N	2
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation	1,898.83	A	3
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	589.24	N	1
23800	Arthrodesis, glenohumeral joint;	2,278.60	A	4
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	2,430.52	A	5
23900	Interthoracoscapular amputation (forequarter)	2,891.12	A	
23920	Disarticulation of shoulder;	2,315.35	A	
23921	Disarticulation of shoulder; secondary closure or scar revision	622.32	A	3
23929	Unlisted procedure, shoulder	BR	A	
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	488.80	N	1
23931	Incision and drainage, upper arm or elbow area; bursa	316.06	N	2
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	742.38	S	2
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	1,501.92	S	4
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	1,417.38	A	4



Code	Description	Rate	ASST	ASC
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	155.58	N	
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	492.47	N	2
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous	472.85	N	2
24076	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	803.64	N	2
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area	1,445.57	A	3
24100	Arthrotomy, elbow; with synovial biopsy only	840.38	A	1
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1,408.80	A	4
24102	Arthrotomy, elbow; with synovectomy	1,702.83	A	4
24105	Excision, olecranon bursa	744.83	N	3
24110	Excision or curettage of bone cyst or benign tumor, humerus;	1,234.86	N	2
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	1,678.32	A	3
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	1,604.81	A	3
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	1,131.95	S	3
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	1,542.34	A	3
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	1,292.43	A	3
24130	Excision, radial head	1,075.59	A	3
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	1,479.87	A	2
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	1,514.17	A	2
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	1,450.47	A	2
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	1,421.05	A	3
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	1,046.19	A	3

Code	Description	Rate	ASST	ASC
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	1,030.27	N	2
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	1,838.81	A	
24150	Radical resection for tumor, shaft or distal humerus;	1,995.62	A	
24151	Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)	2,241.85	A	
24152	Radical resection for tumor, radial head or neck;	1,989.49	A	
24153	Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)	2,330.06	S	
24155	Resection of elbow joint (arthrectomy)	1,773.87	A	3
24160	Implant removal; elbow joint	1,210.37	A	2
24164	Implant removal; radial head	729.50	A	3
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	144.55	S	
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	454.50	N	2
24220	Injection procedure for elbow arthrography	110.25	S	
24300	Manipulation, elbow, under anesthesia	762.26	N	
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	1,614.61	A	4
24305	Tendon lengthening, upper arm or elbow, each tendon	764.42	S	4
24310	Tenotomy, open, elbow to shoulder, each tendon	650.50	S	3
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	1,902.51	A	3
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	1,376.95	A	3
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	1,760.41	A	3
24332	Tenolysis, triceps	1,053.70	A	
24340	Tenodesis of biceps tendon at elbow (separate procedure)	1,746.92	A	3
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	1,016.79	A	3
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	1,791.01	A	3

Code	Description	Rate	ASST	ASC
24343	Repair lateral collateral ligament, elbow, with local tissue	1,392.12	A	
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	2,101.10	A	
24345	Repair medial collateral ligament, elbow, with local tissue	1,392.12	A	2
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	2,101.10	A	
24350	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);	731.35	S	3
24351	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment	807.30	S	3
24352	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection	1,055.99	A	3
24354	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping	991.07	A	3
24356	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial ostectomy	1,193.20	S	3
24360	Arthroplasty, elbow; with membrane (eg, fascial)	2,587.32	A	5
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	2,624.06	A	5
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	2,644.90	A	5
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	3,354.21	A	5
24365	Arthroplasty, radial head;	935.93	A	5
24366	Arthroplasty, radial head; with implant	1,335.30	A	5
24400	Osteotomy, humerus, with or without internal fixation	1,739.57	A	4
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	1,693.02	A	4
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	1,688.11	A	3
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	2,005.42	A	3
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	2,691.44	A	4
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	1,259.34	A	3
24495	Decompression fasciotomy, forearm, with brachial artery exploration	1,481.08	S	2

Code	Description	Rate	ASST	ASC
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	1,416.16	A	3
24500	Closed treatment of humeral shaft fracture; without manipulation	374.87	N	1
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	629.68	N	1
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	1,815.54	A	4
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	1,780.01	A	4
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	467.95	N	1
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	820.79	N	1
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	1,323.07	N	2
24545	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension	1,928.24	A	4
24546	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension	2,430.52	A	5
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	362.61	N	1
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	661.52	A	2
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	1,022.92	A	2
24575	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation	1,506.81	A	3
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	387.12	N	1
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	663.98	N	1

Code	Description	Rate	ASST	ASC
24579	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation	1,549.69	A	3
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	1,116.03	A	2
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	2,224.71	A	4
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	2,881.34	A	5
24600	Treatment of closed elbow dislocation; without anesthesia	379.76	N	1
24605	Treatment of closed elbow dislocation; requiring anesthesia	487.58	N	2
24615	Open treatment of acute or chronic elbow dislocation	1,339.00	A	3
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	780.36	S	2
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation	1,617.07	A	3
24650	Closed treatment of radial head or neck fracture; without manipulation	354.04	N	
24655	Closed treatment of radial head or neck fracture; with manipulation	482.66	N	1
24665	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;	1,215.25	A	4
24666	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement	1,401.45	A	4
24670	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation	313.60	N	1
24675	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation	678.66	N	1
24685	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation	1,379.40	A	3
24800	Arthrodesis, elbow joint; local	2,141.41	A	4

Code	Description	Rate	ASST	ASC
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	2,620.41	A	5
24900	Amputation, arm through humerus; with primary closure	1,395.35	A	
24920	Amputation, arm through humerus; open, circular (guillotine)	1,278.95	A	
24925	Amputation, arm through humerus; secondary closure or scar revision	705.63	A	3
24930	Amputation, arm through humerus; re-amputation	1,261.81	A	
24931	Amputation, arm through humerus; with implant	1,577.87	A	
24935	Stump elongation, upper extremity	1,964.99	S	
24940	Cineplasty, upper extremity, complete procedure	2,055.63	A	
24999	Unlisted procedure, humerus or elbow	BR	S	
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	788.94	N	3
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	566.61	N	
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	810.99	N	3
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	969.02	S	3
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	711.35	N	3
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	924.74	S	3
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	584.35	N	1
25031	Incision and drainage, forearm and/or wrist; bursa	373.63	S	2
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	725.23	S	2
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	891.84	S	5
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	186.20	N	
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	458.17	N	2
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	458.17	N	2

Code	Description	Rate	ASST	ASC
25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)	852.65	N	3
25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area	1,648.91	N	3
25085	Capsulotomy, wrist (eg, contracture)	1,015.83	A	3
25100	Arthrotomy, wrist joint; with biopsy	786.47	S	2
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	894.29	S	3
25105	Arthrotomy, wrist joint; with synovectomy	1,250.77	S	4
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	884.48	A	3
25110	Excision, lesion of tendon sheath, forearm and/or wrist	556.18	N	3
25111	Excision of ganglion, wrist (dorsal or volar); primary	833.04	N	3
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	904.09	N	4
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	1,422.30	N	4
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	1,422.30	S	4
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	987.38	N	2
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	1,350.01	A	3
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	1,073.14	S	3
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	1,466.39	S	3
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	1,309.59	A	3
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	980.05	S	3

Code	Description	Rate	ASST	ASC
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	1,198.11	A	3
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	980.05	A	3
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	1,389.21	A	2
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	950.64	N	2
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	1,085.41	A	2
25170	Radical resection for tumor, radius or ulna	2,050.73	A	
25210	Carpectomy; one bone	945.74	S	3
25215	Carpectomy; all bones of proximal row	1,386.76	A	4
25230	Radial styloidectomy (separate procedure)	992.28	N	4
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	992.28	S	4
25246	Injection procedure for wrist arthrography	156.78	N	
25248	Exploration with removal of deep foreign body, forearm or wrist	597.82	N	2
25250	Removal of wrist prosthesis; (separate procedure)	1,095.88	A	1
25251	Removal of wrist prosthesis; complicated, including total wrist	1,446.22	A	1
25259	Manipulation, wrist, under anesthesia	739.36	N	
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	1,075.59	N	4
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	1,288.75	A	2
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	1,609.71	A	3
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	859.98	S	4
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	901.65	S	3
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	1,269.16	S	4



Code	Description	Rate	ASST	ASC
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	799.18	S	4
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	975.14	S	4
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	706.84	N	3
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	810.99	N	3
25300	Tenodesis at wrist; flexors of fingers	1,335.30	A	3
25301	Tenodesis at wrist; extensors of fingers	1,247.10	A	3
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	1,365.95	A	3
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	1,715.07	A	4
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	1,739.57	A	3
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	1,778.79	A	3
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	2,016.44	A	3
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	1,739.57	A	5
25335	Centralization of wrist on ulna (eg, radial club hand)	3,038.14	A	3
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	1,565.62	A	5
25350	Osteotomy, radius; distal third	1,624.43	A	3
25355	Osteotomy, radius; middle or proximal third	1,675.87	A	3
25360	Osteotomy; ulna	1,712.63	A	3
25365	Osteotomy; radius AND ulna	2,091.15	A	3
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	1,832.68	A	3

Code	Description	Rate	ASST	ASC
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	2,480.74	A	4
25390	Osteoplasty, radius OR ulna; shortening	1,732.23	A	3
25391	Osteoplasty, radius OR ulna; lengthening with autograft	2,254.11	A	4
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	2,246.75	A	3
25393	Osteoplasty, radius AND ulna; lengthening with autograft	2,322.71	A	4
25394	Osteoplasty, carpal bone, shortening	1,176.07	A	
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	1,859.63	A	3
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	2,195.30	A	4
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	2,611.83	A	3
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	2,709.81	A	4
25425	Repair of defect with autograft; radius OR ulna	1,980.92	A	3
25426	Repair of defect with autograft; radius AND ulna	2,228.39	A	4
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	1,037.75	S	
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	1,462.85	S	
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	2,004.19	A	4
25441	Arthroplasty with prosthetic replacement; distal radius	1,693.02	A	5
25442	Arthroplasty with prosthetic replacement; distal ulna	1,363.49	A	5
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	1,408.80	A	5
25444	Arthroplasty with prosthetic replacement; lunate	1,617.07	A	5
25445	Arthroplasty with prosthetic replacement; trapezium	1,673.42	N	5
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	2,298.20	A	5
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	2,141.41	A	5
25449	Revision of arthroplasty, including removal of implant, wrist joint	1,124.61	A	5

Code	Description	Rate	ASST	ASC
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	896.75	A	3
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	1,315.69	A	3
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	1,135.63	A	3
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	1,207.91	A	3
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	1,193.20	A	3
25500	Closed treatment of radial shaft fracture; without manipulation	407.94	N	
25505	Closed treatment of radial shaft fracture; with manipulation	668.88	N	1
25515	Open treatment of radial shaft fracture, with or without internal or external fixation	1,401.45	A	3
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	986.93	A	1
25525	Open treatment of radial shaft fracture, with internal and/ or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation	2,038.47	A	4
25526	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage com	2,232.05	A	5
25530	Closed treatment of ulnar shaft fracture; without manipulation	377.31	N	
25535	Closed treatment of ulnar shaft fracture; with manipulation	504.72	N	1
25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation	1,296.09	A	3
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	476.53	N	
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	884.48	N	2
25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna	1,363.49	A	3

Code	Description	Rate	ASST	ASC
25575	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna	1,999.27	A	3
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation	418.96	N	
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	646.84	N	3
25611	Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation	1,122.16	N	3
25620	Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation	1,350.01	A	5
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	455.71	N	
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	557.39	S	2
25628	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation	1,250.77	A	3
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone	414.07	N	
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone	534.13	S	1
25645	Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone	835.49	A	3
25650	Closed treatment of ulnar styloid fracture	393.23	N	
25651	Percutaneous skeletal fixation of ulnar styloid fracture	504.42	S	
25652	Open treatment of ulnar styloid fracture	744.59	S	
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation	404.25	S	1
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	1,206.67	A	3
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	831.58	S	1

Code	Description	Rate	ASST	ASC
25675	Closed treatment of distal radioulnar dislocation with manipulation	474.10	S	1
25676	Open treatment of distal radioulnar dislocation, acute or chronic	1,171.15	A	2
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	639.48	S	2
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	1,348.78	A	3
25690	Closed treatment of lunate dislocation, with manipulation	651.71	S	1
25695	Open treatment of lunate dislocation	1,171.15	A	2
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	1,656.28	A	4
25805	Arthrodesis, wrist; with sliding graft	1,831.46	A	5
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	2,121.81	A	5
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	1,719.97	A	4
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	2,172.03	A	5
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	1,525.19	A	5
25900	Amputation, forearm, through radius and ulna;	1,418.61	S	
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	1,264.26	A	
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	599.04	A	3
25909	Amputation, forearm, through radius and ulna; re-amputation	1,326.73	A	
25915	Krukenberg procedure	1,331.63	A	
25920	Disarticulation through wrist;	1,138.09	S	
25922	Disarticulation through wrist; secondary closure or scar revision	567.20	A	3
25924	Disarticulation through wrist; re-amputation	1,168.70	A	
25927	Transmetacarpal amputation;	1,265.48	S	
25929	Transmetacarpal amputation; secondary closure or scar revision	585.57	A	3
25931	Transmetacarpal amputation; re-amputation	1,210.37	A	
25999	Unlisted procedure, forearm or wrist	BR	S	
26010	Drainage of finger abscess; simple	102.90	N	

Code	Description	Rate	ASST	ASC
26011	Drainage of finger abscess; complicated (eg, felon)	482.66	N	1
26020	Drainage of tendon sheath, digit and/or palm, each	759.52	N	2
26025	Drainage of palmar bursa; single, bursa	743.61	S	1
26030	Drainage of palmar bursa; multiple bursa	1,068.23	S	2
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	928.59	N	2
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	1,768.99	S	
26037	Decompressive fasciotomy, hand (excludes 26035)	1,383.20	S	
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	458.17	N	4
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	726.45	N	3
26055	Tendon sheath incision (eg, for trigger finger)	705.63	N	2
26060	Tenotomy, percutaneous, single, each digit	318.51	S	2
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	720.33	N	2
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	739.93	N	4
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	644.38	N	4
26100	Arthrotomy with biopsy; carpometacarpal joint, each	660.31	S	2
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	646.84	S	1
26110	Arthrotomy with biopsy; interphalangeal joint, each	619.89	N	1
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous	564.74	N	2
26116	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)	845.30	N	2
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger	1,695.47	N	3
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	1,744.47	N	4

Code	Description	Rate	ASST	ASC
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);	1,854.73	N	4
26125	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); each additional digit (List separately in addition	663.98	N	4
26130	Synovectomy, carpometacarpal joint	1,052.32	N	3
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	750.96	S	4
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	686.03	N	2
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	818.33	N	3
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	681.11	N	3
26170	Excision of tendon, palm, flexor, single (separate procedure), each	539.02	S	3
26180	Excision of tendon, finger, flexor (separate procedure), each tendon	651.71	S	3
26185	Sesamoidectomy, thumb or finger (separate procedure)	630.90	A	4
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	872.24	S	2
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	1,014.34	A	3
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	743.61	N	2
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	962.88	A	3
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	754.62	S	5

Code	Description	Rate	ASST	ASC
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	730.12	S	3
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	717.87	N	3
26250	Radical resection, metacarpal (eg, tumor);	1,119.68	S	3
26255	Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)	1,467.62	A	3
26260	Radical resection, proximal or middle phalanx of finger (eg, tumor);	1,200.56	A	3
26261	Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)	1,381.85	A	3
26262	Radical resection, distal phalanx of finger (eg, tumor)	1,176.04	A	2
26320	Removal of implant from finger or hand	681.11	N	2
26340	Manipulation, finger joint, under anesthesia, each joint	285.26	N	
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	821.28	N	1
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	894.29	A	4
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	840.38	N	4
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	826.05	A	4
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	1,154.74	A	4
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	1,327.95	S	4
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	1,538.67	A	4



Code	Description	Rate	ASST	ASC
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	1,354.91	A	3
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	1,308.62	A	4
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	1,551.96	A	3
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	804.69	N	3
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	1,039.35	S	3
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	1,072.94	S	4
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	1,221.10	A	3
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	846.11	N	4
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	1,100.55	A	4
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	1,132.46	N	3
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	1,411.63	S	3
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	715.22	N	3
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	910.02	N	3
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	1,105.80	A	3
26437	Realignment of extensor tendon, hand, each tendon	1,035.06	N	3
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	940.59	N	3

Code	Description	Rate	ASST	ASC
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	1,316.06	N	3
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	933.18	N	3
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	1,302.64	S	3
26450	Tenotomy, flexor, palm, open, each tendon	665.02	S	3
26455	Tenotomy, flexor, finger, open, each tendon	662.48	S	3
26460	Tenotomy, extensor, hand or finger, open, each tendon	651.15	N	3
26471	Tenodesis; of proximal interphalangeal joint, each joint	1,176.97	S	2
26474	Tenodesis; of distal joint, each joint	932.87	A	2
26476	Lengthening of tendon, extensor, hand or finger, each tendon	914.98	A	1
26477	Shortening of tendon, extensor, hand or finger, each tendon	917.88	N	1
26478	Lengthening of tendon, flexor, hand or finger, each tendon	1,112.01	S	1
26479	Shortening of tendon, flexor, hand or finger, each tendon	1,105.26	A	1
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	1,407.97	S	3
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	1,638.79	A	3
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	1,536.73	A	2
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	1,609.71	S	3
26490	Opponensplasty; superficialis tendon transfer type, each tendon	1,385.55	S	3
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	1,760.41	A	3
26494	Opponensplasty; hypothenar muscle transfer	1,609.52	A	3
26496	Opponensplasty; other methods	1,648.91	S	3
26497	Transfer of tendon to restore intrinsic function; ring and small finger	1,590.03	A	3
26498	Transfer of tendon to restore intrinsic function; all four fingers	2,109.54	A	4
26499	Correction claw finger, other methods	1,918.43	A	3

Code	Description	Rate	ASST	ASC
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	910.20	S	4
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	1,092.74	A	4
26504	Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure)	1,183.41	A	4
26508	Release of thenar muscle(s) (eg, thumb contracture)	1,095.19	S	3
26510	Cross intrinsic transfer, each tendon	1,180.96	S	3
26516	Capsulodesis, metacarpophalangeal joint; single digit	1,006.98	S	1
26517	Capsulodesis, metacarpophalangeal joint; two digits	1,158.90	A	3
26518	Capsulodesis, metacarpophalangeal joint; three or four digits	1,449.24	A	3
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	955.54	N	3
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	933.50	N	3
26530	Arthroplasty, metacarpophalangeal joint; each joint	992.28	A	3
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	1,250.77	A	5
26535	Arthroplasty, interphalangeal joint; each joint	984.94	N	5
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	1,274.05	S	5
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	1,448.01	S	4
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	1,498.24	A	5
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	1,391.65	S	4
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	1,054.08	S	4
26546	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)	1,180.96	A	4
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	1,074.38	S	4
26550	Pollicization of a digit	2,437.86	A	2

Code	Description	Rate	ASST	ASC
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	6,153.45	A	
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	6,110.60	A	
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	7,290.31	A	
26555	Transfer, finger to another position without microvascular anastomosis	2,660.07	A	3
26556	Transfer, free toe joint, with microvascular anastomosis	6,214.71	A	
26560	Repair of syndactyly (web finger) each web space; with skin flaps	1,319.40	A	2
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	1,553.37	A	3
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	2,047.50	A	4
26565	Osteotomy; metacarpal, each	1,178.51	A	5
26567	Osteotomy; phalanx of finger, each	999.64	S	5
26568	Osteoplasty, lengthening, metacarpal or phalanx	1,591.62	A	3
26580	Repair cleft hand	2,396.21	A	5
26587	Reconstruction of polydactylous digit, soft tissue and bone	948.19	A	5
26590	Repair macrodactylia, each digit	1,038.84	A	5
26591	Repair, intrinsic muscles of hand, each muscle	953.10	S	3
26593	Release, intrinsic muscles of hand, each muscle	874.69	N	3
26596	Excision of constricting ring of finger, with multiple Z-plasties	1,204.22	A	2
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	248.67	N	
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	392.00	N	2
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	744.83	S	2
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	776.68	S	4
26615	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone	981.27	N	4
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	357.72	S	
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	490.02	S	1

Code	Description	Rate	ASST	ASC
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation	786.47	N	2
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation	1,207.91	A	4
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	202.13	S	
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	534.13	S	2
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	550.04	A	2
26685	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint	889.39	A	3
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction	1,031.49	A	3
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	193.56	N	
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	330.77	S	2
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	612.54	A	2
26715	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation	882.04	S	4
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	159.24	N	
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	308.71	N	
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	443.47	N	5

Code	Description	Rate	ASST	ASC
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each	810.99	N	4
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	294.02	N	
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	409.16	N	2
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each	773.01	N	5
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	142.10	N	
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	215.60	N	
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	286.66	S	2
26765	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each	539.02	N	4
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	166.61	N	
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	196.01	N	
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	316.06	N	2
26785	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single	423.85	N	2
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	1,448.01	A	5
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	1,227.51	S	4
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	1,287.53	A	4
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	1,141.77	A	3

Code	Description	Rate	ASST	ASC
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	1,405.14	A	3
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	1,029.05	S	4
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	1,250.77	A	4
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	904.09	N	3
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	302.59	N	2
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	1,008.22	A	4
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	377.31	A	3
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	1,043.74	N	3
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	678.66	N	2
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	889.39	N	4
26989	Unlisted procedure, hands or fingers	BR	N	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	639.48	N	1
26991	Incision and drainage, pelvis or hip joint area; infected bursa	606.22	S	1
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	1,051.09	S	
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	374.87	A	2
27001	Tenotomy, adductor of hip, open	561.07	A	3
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	966.57	A	3

Code	Description	Rate	ASST	ASC
27005	Tenotomy, hip flexor(s), open (separate procedure)	918.79	A	
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	1,002.09	A	
27025	Fasciotomy, hip or thigh, any type	1,364.70	S	
27030	Arthrotomy, hip, with drainage (eg, infection)	2,014.00	A	
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	2,028.68	A	3
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	2,464.81	A	4
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	1,706.51	A	
27040	Biopsy, soft tissue of pelvis and hip area; superficial	199.68	N	1
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	850.18	N	2
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue	483.90	N	2
27048	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular	1,198.11	A	3
27049	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)	2,219.74	A	3
27050	Arthrotomy, with biopsy; sacroiliac joint	791.38	S	3
27052	Arthrotomy, with biopsy; hip joint	1,749.37	A	3
27054	Arthrotomy with synovectomy, hip joint	2,648.57	A	
27060	Excision; ischial bursa	766.88	A	5
27062	Excision; trochanteric bursa or calcification	612.54	A	5
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft	703.17	A	5
27066	Excision of bone cyst or benign tumor; deep, with or without autograft	1,408.80	A	5
27067	Excision of bone cyst or benign tumor; with autograft requiring separate incision	1,481.08	A	5
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)	886.93	A	



Code	Description	Rate	ASST	ASC
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	1,640.36	A	
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	2,281.06	A	
27076	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	3,573.49	A	
27077	Radical resection of tumor or infection; innominate bone, total	4,702.98	A	
27078	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur	1,550.92	A	
27079	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps	1,771.43	A	
27080	Coccygectomy, primary	988.61	A	2
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	151.90	S	1
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	757.06	A	3
27090	Removal of hip prosthesis; (separate procedure)	1,504.37	A	
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	4,226.45	A	
27093	Injection procedure for hip arthrography; without anesthesia	414.47	N	
27095	Injection procedure for hip arthrography; with anesthesia	497.37	N	
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	490.26	N	
27097	Release or recession, hamstring, proximal	1,141.33	A	3
27098	Transfer, adductor to ischium	1,531.33	A	3
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	1,940.50	A	4
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	2,116.91	A	4
27110	Transfer iliopsoas; to greater trochanter of femur	2,494.20	A	4
27111	Transfer iliopsoas; to femoral neck	2,391.29	A	4
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	2,729.42	A	

Code	Description	Rate	ASST	ASC
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	3,057.75	A	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	3,582.06	A	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	5,431.91	A	
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	5,341.26	A	
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	6,250.25	A	
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	4,721.37	A	
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	4,755.66	A	
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	1,610.95	A	
27146	Osteotomy, iliac, acetabular or innominate bone;	3,023.44	A	
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	3,087.15	A	
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	3,066.31	A	
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	3,475.48	A	
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	3,041.82	A	
27161	Osteotomy, femoral neck (separate procedure)	2,415.82	A	
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	3,058.96	A	
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	3,077.34	A	
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	1,460.26	S	
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	2,567.72	A	
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	3,079.80	A	
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	3,028.35	A	

Code	Description	Rate	ASST	ASC
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	2,251.65	A	
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	3,315.01	A	
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	1,756.58	A	
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	3,987.57	A	
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	1,031.79	N	1
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	1,165.02	S	2
27200	Closed treatment of coccygeal fracture	230.32	N	
27202	Open treatment of coccygeal fracture	672.57	A	2
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation	1,433.31	A	
27216	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)	1,667.32	A	
27217	Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)	2,591.00	A	
27218	Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)	2,969.53	A	
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	572.09	N	
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	1,146.64	N	
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	2,989.13	A	
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	3,513.45	A	

Code	Description	Rate	ASST	ASC
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wi	4,276.68	A	
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	477.77	N	1
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	1,362.26	N	
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	2,504.01	A	
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	3,158.19	A	
27238	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation	526.79	N	1
27240	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	1,433.31	N	
27244	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	3,089.60	A	
27245	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	3,361.57	A	
27246	Closed treatment of greater trochanteric fracture, without manipulation	455.71	N	1
27248	Open treatment of greater trochanteric fracture, with or without internal or external fixation	1,212.80	A	
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	536.57	N	1
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	732.59	N	2
27253	Open treatment of hip dislocation, traumatic, without internal fixation	2,288.39	A	
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	2,099.75	A	

Code	Description	Rate	ASST	ASC
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	1,455.37	S	
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	1,719.97	S	3
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	2,379.06	A	
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	2,472.17	A	
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	565.97	N	1
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	757.06	N	2
27275	Manipulation, hip joint, requiring general anesthesia	700.73	N	2
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	1,840.03	A	
27282	Arthrodesis, symphysis pubis (including obtaining graft)	2,198.97	A	
27284	Arthrodesis, hip joint (including obtaining graft);	3,155.76	A	
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	3,403.22	A	
27290	Interpelviabdominal amputation (hindquarter amputation)	4,088.01	A	
27295	Disarticulation of hip	2,957.29	A	
27299	Unlisted procedure, pelvis or hip joint	BR	A	
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	561.07	N	3
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	809.74	A	
27305	Fasciotomy, iliotibial (tenotomy), open	787.71	A	2
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	438.57	A	3

Code	Description	Rate	ASST	ASC
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	553.72	S	3
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	1,657.50	A	4
27315	Neurectomy, hamstring muscle	1,425.97	A	2
27320	Neurectomy, popliteal (gastrocnemius)	1,487.21	A	2
27323	Biopsy, soft tissue of thigh or knee area; superficial	182.52	N	1
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	722.78	N	1
27327	Excision, tumor, thigh or knee area; subcutaneous	556.18	N	2
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular	933.50	N	3
27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area	3,090.37	A	4
27330	Arthrotomy, knee; with synovial biopsy only	1,612.17	A	4
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	1,732.23	A	4
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	2,147.51	A	4
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	2,091.15	A	4
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	2,034.80	A	4
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	2,303.11	A	4
27340	Excision, prepatellar bursa	833.04	N	3
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	1,332.86	A	4
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	1,193.33	A	4
27350	Patellectomy or hemipatellectomy	1,514.17	A	4
27355	Excision or curettage of bone cyst or benign tumor of femur;	1,519.08	A	3
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	1,688.11	A	4
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	1,967.44	A	5
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	1,612.85	A	5
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	1,644.03	A	5

Code	Description	Rate	ASST	ASC
27365	Radical resection of tumor, bone, femur or knee	2,527.28	A	
27370	Injection procedure for knee arthrography	200.91	N	
27372	Removal of foreign body, deep, thigh region or knee area	788.94	S	5
27380	Suture of infrapatellar tendon; primary	1,482.31	A	1
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	1,653.82	A	3
27385	Suture of quadriceps or hamstring muscle rupture; primary	1,680.78	A	3
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	2,050.73	A	3
27390	Tenotomy, open, hamstring, knee to hip; single tendon	848.96	A	1
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg	1,078.05	S	2
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	1,659.96	A	3
27393	Lengthening of hamstring tendon; single tendon	982.50	A	2
27394	Lengthening of hamstring tendon; multiple tendons, one leg	1,123.36	A	3
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	1,792.25	A	3
27396	Transplant, hamstring tendon to patella; single tendon	1,999.27	A	3
27397	Transplant, hamstring tendon to patella; multiple tendons	2,261.45	A	3
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	2,173.26	A	3
27403	Arthrotomy with meniscus repair, knee	2,183.05	A	4
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	1,849.83	A	4
	Repair, primary, torn ligament and/or capsule, knee; cruciate	2,802.94	A	4
27407	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	3,155.76	A	4
27409				
27412	Autologous chondrocyte implantation, knee	5,336.43	A	4
27415	Osteochondral allograft, knee, open	4,455.84	A	4
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	2,789.45	A	3
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	2,276.15	A	3

Code	Description	Rate	ASST	ASC
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	2,332.50	A	5
27424	Reconstruction of dislocating patella; with patellectomy	2,391.29	A	3
27425	Lateral retinacular release, open	1,957.64	A	5
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	2,428.06	A	3
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	3,515.91	A	4
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	3,579.62	A	4
27430	Quadricepsplasty (eg, Bennett or Thompson type)	1,900.05	A	4
27435	Capsulotomy, posterior capsular release, knee	1,677.10	A	4
27437	Arthroplasty, patella; without prosthesis	2,112.00	A	4
27438	Arthroplasty, patella; with prosthesis	2,363.13	A	5
27440	Arthroplasty, knee, tibial plateau;	2,543.22	A	
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	2,604.48	A	5
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	2,779.65	A	5
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	2,831.09	A	5
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	3,386.05	A	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	3,802.56	A	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	5,485.79	A	
27448	Osteotomy, femur, shaft or supracondylar; without fixation	2,192.85	A	
27450	Osteotomy, femur, shaft or supracondylar; with fixation	2,562.82	A	
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	2,554.25	A	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	1,727.32	A	



Code	Description	Rate	ASST	ASC
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure	2,167.11	A	
27465	Osteoplasty, femur; shortening (excluding 64876)	2,527.28	A	
27466	Osteoplasty, femur; lengthening	2,916.86	A	
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	4,010.84	A	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	2,529.72	A	
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	3,065.09	A	
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	1,791.01	A	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	1,994.39	A	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	2,472.17	A	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	1,416.16	A	
27486	Revision of total knee arthroplasty, with or without allograft; one component	4,119.85	A	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	7,519.41	A	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	2,145.08	A	
27495	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur	1,857.18	A	
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	1,264.26	A	5
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	1,380.63	S	3
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	1,855.96	A	3
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	1,593.79	A	3

Code	Description	Rate	ASST	ASC
27500	Closed treatment of femoral shaft fracture, without manipulation	1,060.90	N	1
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	1,171.15	S	2
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	1,742.01	N	2
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	1,855.96	S	3
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	3,136.16	A	
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	3,081.02	A	
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	894.29	N	1
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	1,222.60	S	3
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	1,254.45	N	1
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation	2,802.94	A	
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation	3,650.68	A	
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation	2,554.25	A	
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	955.54	A	1
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	1,259.34	S	1

Code	Description	Rate	ASST	ASC
27519	Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation	2,788.23	A	
27520	Closed treatment of patellar fracture, without manipulation	498.59	N	1
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	1,971.11	A	
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	589.24	N	1
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	845.30	N	1
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation	2,078.92	A	
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	2,338.63	A	
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	498.59	S	1
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation	1,864.55	A	
27550	Closed treatment of knee dislocation; without anesthesia	403.05	S	1
27552	Closed treatment of knee dislocation; requiring anesthesia	547.59	S	1
27556	Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction	1,906.18	A	
27557	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair	2,016.44	A	
27558	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation/reconstruction	3,056.52	A	
27560	Closed treatment of patellar dislocation; without anesthesia	330.77	N	1
27562	Closed treatment of patellar dislocation; requiring anesthesia	548.81	S	1

Code	Description	Rate	ASST	ASC
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	1,580.34	A	2
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	524.32	N	1
27580	Arthrodesis, knee, any technique	2,635.09	A	
27590	Amputation, thigh, through femur, any level;	1,903.72	A	
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	1,988.26	A	
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	2,004.19	A	
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	951.85	N	3
27596	Amputation, thigh, through femur, any level; re-amputation	2,028.68	N	
27598	Disarticulation at knee	1,739.57	A	
27599	Unlisted procedure, femur or knee	BR	A	
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	801.18	A	3
27601	Decompression fasciotomy, leg; posterior compartment(s) only	989.84	A	3
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	1,283.86	A	3
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	632.11	N	2
27604	Incision and drainage, leg or ankle; infected bursa	286.66	S	2
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	369.95	S	1
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	448.35	A	1
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	913.88	N	2
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	1,249.55	N	2
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	1,302.24	A	3
27613	Biopsy, soft tissue of leg or ankle area; superficial	500.94	N	
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	616.21	N	2
27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area	1,592.56	S	3
27618	Excision, tumor, leg or ankle area; subcutaneous tissue	565.97	N	2

Code	Description	Rate	ASST	ASC
27619	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)	817.11	N	3
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	1,455.37	A	4
27625	Arthrotomy, with synovectomy, ankle;	1,352.45	A	4
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	1,501.92	A	4
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	793.82	N	3
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	1,375.73	A	3
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	1,677.10	A	3
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	1,762.86	A	3
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia	1,592.56	A	2
27641	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula	1,476.18	A	2
27645	Radical resection of tumor, bone; tibia	2,197.76	A	
27646	Radical resection of tumor, bone; fibula	1,761.63	A	
27647	Radical resection of tumor, bone; talus or calcaneus	2,138.95	A	3
27648	Injection procedure for ankle arthrography	146.99	S	
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	1,813.09	A	3
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	1,832.68	N	3
27654	Repair, secondary, Achilles tendon, with or without graft	2,026.23	A	3
27656	Repair, fascial defect of leg	841.61	A	2
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	884.48	A	1
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	1,041.29	A	2
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	699.51	S	2
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	814.66	A	2

Code	Description	Rate	ASST	ASC
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	850.18	A	2
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	970.23	A	3
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	891.84	A	3
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))	956.78	A	2
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	1,029.05	A	3
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	1,145.43	N	3
27687	Gastrocnemius recession (eg, Strayer procedure)	981.27	A	3
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	1,269.16	A	4
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	1,449.24	A	4
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	308.71	A	3
27695	Repair, primary, disrupted ligament, ankle; collateral	1,506.81	A	2
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	1,799.61	A	2
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	2,062.98	A	2
27700	Arthroplasty, ankle;	2,665.71	A	5
27702	Arthroplasty, ankle; with implant (total ankle)	3,535.51	A	
27703	Arthroplasty, ankle; revision, total ankle	3,455.88	A	
27704	Removal of ankle implant	1,435.75	A	2
27705	Osteotomy; tibia	1,639.12	A	2
27707	Osteotomy; fibula	1,033.94	A	2
27709	Osteotomy; tibia and fibula	2,186.72	A	2
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	2,369.25	A	
27715	Osteoplasty, tibia and fibula, lengthening or shortening	3,106.75	A	

Code	Description	Rate	ASST	ASC
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	2,219.80	A	
27722	Repair of nonunion or malunion, tibia; with sliding graft	2,401.11	A	
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	2,682.86	A	
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	3,302.74	A	
27727	Repair of congenital pseudarthrosis, tibia	2,626.51	A	
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	1,457.81	A	2
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	856.31	A	2
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	1,707.72	A	2
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	2,364.35	A	2
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	2,826.20	A	2
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	1,955.19	A	3
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	591.70	N	1
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	999.64	N	1
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	2,099.75	A	3
27758	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage	2,707.37	A	4
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	2,386.43	A	4
27760	Closed treatment of medial malleolus fracture; without manipulation	409.16	N	1
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	638.26	N	1
27766	Open treatment of medial malleolus fracture, with or without internal or external fixation	1,448.01	A	3

Code	Description	Rate	ASST	ASC
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	392.00	N	1
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	477.77	N	1
27784	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	1,432.08	A	3
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	460.61	N	1
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	616.21	N	1
27792	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation	1,402.69	A	3
27808	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation	453.26	N	1
27810	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	904.09	N	1
27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	1,862.08	A	3
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	499.83	N	1
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	1,036.40	N	1
27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip	2,010.31	A	3
27823	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip	2,148.75	A	3
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	657.86	N	1
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	1,176.04	S	2
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only	1,930.69	A	3



Code	Description	Rate	ASST	ASC
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only	1,968.66	A	3
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula	2,271.24	A	4
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation	1,303.45	A	2
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	387.12	S	1
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	467.95	S	1
27832	Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula	1,131.95	A	2
27840	Closed treatment of ankle dislocation; without anesthesia	355.27	N	1
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	488.80	N	1
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	1,522.74	A	3
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	1,612.17	A	3
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	339.34	S	1
27870	Arthrodesis, ankle, open	2,315.35	A	4
27871	Arthrodesis, tibiofibular joint, proximal or distal	1,615.49	A	4
27880	Amputation, leg, through tibia and fibula;	1,876.78	A	
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	2,505.23	A	
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	1,746.92	S	
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	859.98	N	3

Code	Description	Rate	ASST	ASC
27886	Amputation, leg, through tibia and fibula; re-amputation	1,854.73	N	
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	1,501.92	A	
27889	Ankle disarticulation	1,519.08	A	3
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	1,253.22	S	3
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	1,253.22	S	3
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	1,416.16	A	3
27899	Unlisted procedure, leg or ankle	BR	S	
28001	Incision and drainage, bursa, foot	257.26	N	
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	372.41	N	3
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	543.94	N	3
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	720.33	N	3
28008	Fasciotomy, foot and/or toe	529.21	N	3
28010	Tenotomy, percutaneous, toe; single tendon	381.32	N	
28011	Tenotomy, percutaneous, toe; multiple tendons	327.10	N	3
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	813.43	A	2
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	624.76	N	2
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	478.99	N	2
28030	Neurectomy, intrinsic musculature of foot	1,212.30	S	4
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	1,325.50	A	4
28043	Excision, tumor, foot; subcutaneous tissue	433.66	N	2
28045	Excision, tumor, foot; deep, subfascial, intramuscular	675.00	S	3

Code	Description	Rate	ASST	ASC
28046	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot	1,457.81	N	3
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	771.78	A	2
28052	Arthrotomy with biopsy; metatarsophalangeal joint	558.62	N	2
28054	Arthrotomy with biopsy; interphalangeal joint	530.45	S	2
28060	Fasciectomy, plantar fascia; partial (separate procedure)	728.91	A	2
28062	Fasciectomy, plantar fascia; radical (separate procedure)	1,298.55	A	3
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	737.46	A	3
28072	Synovectomy; metatarsophalangeal joint, each	521.87	A	3
28080	Excision, interdigital (Morton) neuroma, single, each	797.50	S	3
28086	Synovectomy, tendon sheath, foot; flexor	1,130.71	A	2
28088	Synovectomy, tendon sheath, foot; extensor	806.08	S	2
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	687.26	N	3
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	530.45	N	3
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	837.94	A	2
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	1,046.19	A	3
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	912.65	A	3
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	825.69	A	2
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	953.10	A	3
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	855.10	A	3
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	618.65	N	
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	842.83	A	3

Code	Description	Rate	ASST	ASC
28111	Ostectomy, complete excision; first metatarsal head	901.65	A	3
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	764.42	A	3
28113	Ostectomy, complete excision; fifth metatarsal head	769.33	S	3
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	1,705.27	A	3
28116	Ostectomy, excision of tarsal coalition	1,038.84	N	3
28118	Ostectomy, calcaneus;	1,073.14	A	4
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	1,158.90	A	4
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	907.77	N	5
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	847.74	A	3
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	637.02	N	
28126	Resection, partial or complete, phalangeal base, each toe	350.37	N	3
28130	Talectomy (astragalectomy)	1,389.21	A	3
28140	Metatarsectomy	774.23	N	3
28150	Phalangectomy, toe, each toe	576.99	N	3
28153	Resection, condyle(s), distal end of phalanx, each toe	686.03	N	3
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	650.50	N	3
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	1,145.43	A	3
28173	Radical resection of tumor, bone; metatarsal	1,114.81	N	3
28175	Radical resection of tumor, bone; phalanx of toe	815.89	N	3
28190	Removal of foreign body, foot; subcutaneous	344.53	N	
28192	Removal of foreign body, foot; deep	404.25	N	2
28193	Removal of foreign body, foot; complicated	558.62	N	4
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	855.10	A	3

Code	Description	Rate	ASST	ASC
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	1,021.70	A	3
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	543.94	A	3
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	611.30	A	3
28220	Tenolysis, flexor, foot; single tendon	649.28	N	
28222	Tenolysis, flexor, foot; multiple tendons	810.99	N	1
28225	Tenolysis, extensor, foot; single tendon	439.80	N	1
28226	Tenolysis, extensor, foot; multiple tendons	485.13	N	1
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	396.91	N	
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	271.95	N	
28234	Tenotomy, open, extensor, foot or toe, each tendon	298.92	N	2
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	1,124.61	A	3
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	481.45	N	2
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	779.12	A	3
28260	Capsulotomy, midfoot; medial release only (separate procedure)	1,109.89	A	3
28261	Capsulotomy, midfoot; with tendon lengthening	1,193.20	S	3
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	2,317.80	A	4
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	1,391.65	A	1
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	422.64	N	3
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	330.77	N	
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	534.13	S	2
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	730.12	A	3
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	801.18	N	4
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	742.38	N	3

Code	Description	Rate	ASST	ASC
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint	709.53	A	3
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	1,055.99	N	2
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	1,402.69	A	2
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	1,644.03	A	3
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	1,563.16	A	3
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)	1,869.43	A	3
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure	1,367.16	A	3
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy	1,435.75	A	3
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy	1,624.43	A	5
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	1,305.90	A	2
28302	Osteotomy; talus	1,145.43	A	2
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	1,105.00	A	2
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	1,293.67	A	3
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	989.84	A	4
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	1,122.16	S	4
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	918.79	A	2
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	1,190.76	S	4

Code	Description	Rate	ASST	ASC
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	627.23	A	3
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	546.37	A	3
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	669.70	N	2
28315	Sesamoidectomy, first toe (separate procedure)	743.61	A	4
28320	Repair, nonunion or malunion; tarsal bones	1,011.89	A	4
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	712.98	A	4
28340	Reconstruction, toe, macrodactyly; soft tissue resection	1,210.37	A	4
28341	Reconstruction, toe, macrodactyly; requiring bone resection	1,439.44	A	4
28344	Reconstruction, toe(s); polydactyly	959.20	A	4
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	650.50	S	4
28360	Reconstruction, cleft foot	1,797.16	A	
28400	Closed treatment of calcaneal fracture; without manipulation	445.90	N	1
28405	Closed treatment of calcaneal fracture; with manipulation	676.23	S	2
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	683.58	S	2
28415	Open treatment of calcaneal fracture, with or without internal or external fixation;	1,935.58	A	3
28420	Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft (includes obtaining graft)	1,648.91	A	4
28430	Closed treatment of talus fracture; without manipulation	369.95	N	
28435	Closed treatment of talus fracture; with manipulation	580.67	S	2
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	698.27	A	2
28445	Open treatment of talus fracture, with or without internal or external fixation	1,341.44	A	3
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	345.46	N	

Code	Description	Rate	ASST	ASC
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	470.41	S	
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	534.13	A	2
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each	803.64	N	3
28470	Closed treatment of metatarsal fracture; without manipulation, each	301.36	N	
28475	Closed treatment of metatarsal fracture; with manipulation, each	403.05	N	
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	441.02	S	2
28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each	757.06	A	4
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	175.17	N	
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	275.62	N	
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	394.46	A	2
28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation	590.48	N	3
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	150.68	N	
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	183.75	N	
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each	497.37	S	3
28530	Closed treatment of sesamoid fracture	314.82	S	
28531	Open treatment of sesamoid fracture, with or without internal fixation	428.76	A	3
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	389.86	S	
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	524.32	S	1
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	612.54	S	2



Code	Description	Rate	ASST	ASC
28555	Open treatment of tarsal bone dislocation, with or without internal or external fixation	950.64	A	2
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	328.30	S	
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	485.13	S	1
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	699.51	S	3
28585	Open treatment of talotarsal joint dislocation, with or without internal or external fixation	1,080.49	A	3
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	275.62	S	
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	328.30	S	1
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	628.44	N	2
28615	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation	788.94	A	3
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	220.50	S	
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	360.16	S	1
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	573.32	A	3
28645	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation	588.03	A	3
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	154.36	N	
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	333.21	S	1
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	351.41	A	3
28675	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation	530.45	A	3
28705	Arthrodesis; pantalar	2,085.04	A	4
28715	Arthrodesis; triple	1,936.83	A	4
28725	Arthrodesis; subtalar	1,617.07	A	4
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	1,767.75	A	4

Code	Description	Rate	ASST	ASC
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	1,901.29	A	4
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	1,673.42	A	5
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	1,070.68	A	4
28750	Arthrodesis, great toe; metatarsophalangeal joint	994.74	S	4
28755	Arthrodesis, great toe; interphalangeal joint	655.40	A	4
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	1,004.54	A	4
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	1,291.22	A	
28805	Amputation, foot; transmetatarsal	1,375.73	S	
28810	Amputation, metatarsal, with toe, single	763.20	S	2
28820	Amputation, toe; metatarsophalangeal joint	660.31	N	2
28825	Amputation, toe; interphalangeal joint	480.22	N	2
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	1,248.87	A	
28899	Unlisted procedure, foot or toes	BR	S	
29000	Application of halo type body cast (see 20661-20663 for insertion)	744.83	S	
29010	Application of Risser jacket, localizer, body; only	539.02	S	
29015	Application of Risser jacket, localizer, body; including head	613.74	S	
29020	Application of turnbuckle jacket, body; only	534.13	S	
29025	Application of turnbuckle jacket, body; including head	656.63	S	
29035	Application of body cast, shoulder to hips;	346.70	S	
29040	Application of body cast, shoulder to hips; including head, Minerva type	509.62	S	
29044	Application of body cast, shoulder to hips; including one thigh	409.16	S	
29046	Application of body cast, shoulder to hips; including both thighs	504.72	S	
29049	Application, cast; figure-of-eight	227.86	S	
29055	Application, cast; shoulder spica	335.66	S	
29058	Application, cast; plaster Velpeau	254.82	S	
29065	Application, cast; shoulder to hand (long arm)	192.32	N	

Code	Description	Rate	ASST	ASC
29075	Application, cast; elbow to finger (short arm)	156.78	N	
29085	Application, cast; hand and lower forearm (gauntlet)	143.33	N	
29086	Application, cast; finger (eg, contracture)	103.36	N	
29105	Application of long arm splint (shoulder to hand)	115.14	N	
29125	Application of short arm splint (forearm to hand); static	93.09	N	
29126	Application of short arm splint (forearm to hand); dynamic	120.04	N	
29130	Application of finger splint; static	67.37	N	
29131	Application of finger splint; dynamic	90.64	N	
29200	Strapping; thorax	66.15	N	
29220	Strapping; low back	74.73	N	
29240	Strapping; shoulder (eg, Velpeau)	73.49	N	
29260	Strapping; elbow or wrist	63.69	N	
29280	Strapping; hand or finger	61.25	N	
29305	Application of hip spica cast; one leg	437.33	S	
29325	Application of hip spica cast; one and one-half spica or both legs	464.29	S	
29345	Application of long leg cast (thigh to toes);	233.98	N	
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	279.32	N	
29358	Application of long leg cast brace	303.81	N	
29365	Application of cylinder cast (thigh to ankle)	230.32	N	
29405	Application of short leg cast (below knee to toes);	188.66	N	
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	254.82	N	
29435	Application of patellar tendon bearing (PTB) cast	227.86	N	
29440	Adding walker to previously applied cast	49.01	N	
29445	Application of rigid total contact leg cast	306.26	N	
29450	Application of clubfoot cast with molding or manipulation, long or short leg	132.30	N	
29505	Application of long leg splint (thigh to ankle or toes)	120.04	N	
29515	Application of short leg splint (calf to foot)	110.25	N	
29520	Strapping; hip	71.04	S	
29530	Strapping; knee	68.61	N	
29540	Strapping; ankle and/or foot	67.37	N	
29550	Strapping; toes	55.12	N	
29580	Strapping; Unna boot	78.39	N	
29590	Denis-Browne splint strapping	105.35	N	
29700	Removal or bivalving; gauntlet, boot or body cast	72.28	N	
29705	Removal or bivalving; full arm or full leg cast	75.95	N	

Code	Description	Rate	ASST	ASC
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	93.09	S	
29715	Removal or bivalving; turnbuckle jacket	101.69	S	
29720	Repair of spica, body cast or jacket	61.25	N	
29730	Windowing of cast	61.25	N	
29740	Wedging of cast (except clubfoot casts)	79.62	N	
29750	Wedging of clubfoot cast	95.55	S	
29799	Unlisted procedure, casting or strapping	BR	S	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	948.19	S	3
29804	Arthroscopy, temporomandibular joint, surgical	1,658.73	A	3
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	941.49	N	3
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	2,621.98	S	3
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	2,551.97	S	3
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	1,713.85	A	3
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	1,846.15	A	3
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	2,119.35	A	3
29822	Arthroscopy, shoulder, surgical; debridement, limited	2,048.29	A	3
29823	Arthroscopy, shoulder, surgical; debridement, extensive	2,108.32	A	3
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	1,829.89	A	5
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	1,945.39	A	3
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release	2,989.13	A	3
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	3,151.59	A	5
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	1,015.55	A	3
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	1,614.61	A	3
29835	Arthroscopy, elbow, surgical; synovectomy, partial	1,825.34	A	3

Code	Description	Rate	ASST	ASC
29836	Arthroscopy, elbow, surgical; synovectomy, complete	2,178.16	A	3
29837	Arthroscopy, elbow, surgical; debridement, limited	1,647.71	A	3
29838	Arthroscopy, elbow, surgical; debridement, extensive	1,874.33	S	3
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	1,131.95	S	3
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	1,147.87	A	3
29844	Arthroscopy, wrist, surgical; synovectomy, partial	1,237.31	A	3
29845	Arthroscopy, wrist, surgical; synovectomy, complete	1,521.51	A	3
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	1,842.49	S	3
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	1,891.50	A	3
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	1,318.16	N	5
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	1,784.91	S	4
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	2,163.44	A	4
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)	1,998.07	A	4
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)	2,500.33	A	4
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	964.57	A	4
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	1,400.67	A	4
29861	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	1,568.52	A	5
29862				
29863	Arthroscopy, hip, surgical; with synovectomy	1,452.87	A	4

Code	Description	Rate	ASST	ASC
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft)	2,023.89	A	4
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	2,417.53	A	4
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	3,277.38	A	4
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	1,176.04	N	3
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	1,450.47	N	3
29873	Arthroscopy, knee, surgical; with lateral release	1,669.89	S	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	2,031.13	S	3
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	2,058.09	S	4
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)	2,322.71	N	4
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	2,170.80	S	4
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	2,310.45	S	3
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	2,660.80	S	4
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	2,354.55	S	4
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	2,403.57	N	3
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	4,223.99	S	3
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	2,028.68	A	3
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	2,636.32	A	3
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	2,342.30	A	3

Code	Description	Rate	ASST	ASC
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	2,624.06	A	3
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	4,693.19	A	3
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	4,503.30	A	3
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	1,888.54	A	3
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	2,118.49	A	3
29893	Endoscopic plantar fasciotomy	740.49	A	5
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	1,962.53	A	3
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	1,958.87	A	3
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	2,011.54	A	3
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	2,357.01	A	3
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	2,736.19	A	3
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	981.59	S	3
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	1,178.13	S	3
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	1,668.39	S	3
29999	Unlisted procedure, arthroscopy	BR	S	
30000	Drainage abscess or hematoma, nasal, internal approach	171.51	S	
30020	Drainage abscess or hematoma, nasal septum	170.29	N	
30100	Biopsy, intranasal	155.58	N	
30110	Excision, nasal polyp(s), simple	258.48	N	
30115	Excision, nasal polyp(s), extensive	616.21	N	2
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	340.56	N	3
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	926.13	A	3

Code	Description	Rate	ASST	ASC
30120	Excision or surgical planing of skin of nose for rhinophyma	1,005.78	N	1
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	290.33	N	
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	928.55	A	2
30130	Excision inferior turbinate, partial or complete, any method	641.92	N	3
30140	Submucous resection inferior turbinate, partial or complete, any method	710.53	N	2
30150	Rhinectomy; partial	775.46	N	3
30160	Rhinectomy; total	1,302.24	A	4
30200	Injection into turbinate(s), therapeutic	73.49	N	
30210	Displacement therapy (Proetz type)	64.93	N	
30220	Insertion, nasal septal prosthesis (button)	167.82	N	
30300	Removal foreign body, intranasal; office type procedure	102.90	N	
30310	Removal foreign body, intranasal; requiring general anesthesia	306.26	S	1
30320	Removal foreign body, intranasal; by lateral rhinotomy	681.11	S	2
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	2,018.88	S	4
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	2,385.18	A	5
30420	Rhinoplasty, primary; including major septal repair	3,160.64	N	5
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	1,109.89	A	3
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	1,460.26	A	5
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	2,791.90	A	5
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	1,662.39	A	5
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	3,334.60	A	5
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	1,933.38	S	5



Code	Description	Rate	ASST	ASC
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	2,045.84	N	4
30540	Repair choanal atresia; intranasal	1,832.68	A	5
30545	Repair choanal atresia; transpalatine	2,138.95	A	5
30560	Lysis intranasal synechia	143.33	N	2
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	1,070.68	N	4
30600	Repair fistula; oronasal	1,016.79	S	4
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	2,283.51	N	5
30630	Repair nasal septal perforations	1,560.72	S	5
30801	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial	207.62	N	1
30802	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; intramural	257.26	N	1
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	110.25	N	
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	164.14	N	1
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	404.25	N	1
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	312.38	N	1
30915	Ligation arteries; ethmoidal	1,178.51	N	2
30920	Ligation arteries; internal maxillary artery, transantral	1,884.15	N	3
30930	Fracture nasal inferior turbinate(s), therapeutic	296.46	N	4
30999	Unlisted procedure, nose	BR	S	
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	146.99	N	
31002	Lavage by cannulation; sphenoid sinus	158.03	S	
31020	Sinusotomy, maxillary (antrotomy); intranasal	605.17	N	2
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	1,504.37	N	3
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	1,612.17	N	4
31040	Pterygomaxillary fossa surgery, any approach	1,814.30	N	

Code	Description	Rate	ASST	ASC
31050	Sinusotomy, sphenoid, with or without biopsy;	1,042.52	N	2
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	1,357.35	N	4
31070	Sinusotomy frontal; external, simple (trephine operation)	1,145.43	N	2
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	1,746.92	A	4
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	1,795.93	A	4
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	1,795.93	A	4
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	2,134.05	A	4
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	2,134.05	A	4
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	1,914.75	A	4
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	1,914.75	A	4
31090	Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	2,768.63	N	5
31200	Ethmoidectomy; intranasal, anterior	1,173.60	N	2
31201	Ethmoidectomy; intranasal, total	1,473.73	N	5
31205	Ethmoidectomy; extranasal, total	1,673.42	A	3
31225	Maxillectomy; without orbital exenteration	2,707.37	A	
31230	Maxillectomy; with orbital exenteration (en bloc)	3,292.95	A	
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	209.47	N	
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	388.34	N	2
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	578.22	N	1
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	655.66	N	2
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	712.98	S	1
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	1,792.25	S	4
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	599.04	S	2

Code	Description	Rate	ASST	ASC
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	1,749.37	N	3
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	2,407.24	N	5
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	1,119.68	N	3
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	1,449.24	N	3
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	1,544.79	N	3
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	993.53	S	3
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	1,168.70	S	3
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	2,418.20	S	
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	2,418.20	S	
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	2,149.04	S	
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	2,418.20	S	
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	2,788.23	S	
31299	Unlisted procedure, accessory sinuses	BR	S	
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	2,702.45	A	5
31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic	1,375.73	S	2
31360	Laryngectomy; total, without radical neck dissection	4,128.25	A	
31365	Laryngectomy; total, with radical neck dissection	6,116.00	A	
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	4,128.25	A	
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	6,116.00	A	
31370	Partial laryngectomy (hemilaryngectomy); horizontal	4,128.25	A	
31375	Partial laryngectomy (hemilaryngectomy); lateroverical	3,363.48	A	

Code	Description	Rate	ASST	ASC
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	3,363.48	A	
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	3,363.48	A	
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	5,351.23	A	
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	6,130.18	A	
31400	Arytenoidectomy or arytenoidopexy, external approach	2,752.52	A	2
31420	Epiglottidectomy	2,293.23	A	2
31500	Intubation, endotracheal, emergency procedure	305.48	N	
31502	Tracheotomy tube change prior to establishment of fistula tract	198.46	N	
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	142.10	N	
31510	Laryngoscopy, indirect; with biopsy	333.21	S	2
31511	Laryngoscopy, indirect; with removal of foreign body	369.95	N	2
31512	Laryngoscopy, indirect; with removal of lesion	378.55	S	2
31513	Laryngoscopy, indirect; with vocal cord injection	416.50	S	2
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	344.23	N	1
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	629.68	N	1
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	894.01	N	2
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	1,399.01	S	1
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	926.13	S	2
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	467.95	S	2
31530	Laryngoscopy, direct, operative, with foreign body removal;	1,078.79	N	2
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	1,298.82	S	3
31535	Laryngoscopy, direct, operative, with biopsy;	1,078.79	N	2
	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	1,298.82	N	3
31536				
	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	1,249.55	N	3
31540				

Code	Description	Rate	ASST	ASC
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	1,550.90	N	4
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)	2,050.34	S	5
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	3,130.10	S	5
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	1,433.40	S	5
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	1,719.66	S	5
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	1,180.26	N	2
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	1,416.31	N	2
31575	Laryngoscopy, flexible fiberoptic; diagnostic	354.61	N	
31576	Laryngoscopy, flexible fiberoptic; with biopsy	775.45	N	2
31577	Laryngoscopy, flexible fiberoptic; with removal of foreign body	1,180.26	S	2
31578	Laryngoscopy, flexible fiberoptic; with removal of lesion	1,349.02	S	2
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	558.62	N	
31580	Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal	3,372.02	A	5
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	3,035.57	N	5
31584	Laryngoplasty; with open reduction of fracture	3,203.26	A	
31587	Laryngoplasty, cricoid split	3,035.57	A	
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	4,902.68	A	5
31590	Laryngeal reinnervation by neuromuscular pedicle	3,709.55	A	5
31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	1,686.55	A	2
31599	Unlisted procedure, larynx		BR S	
31600	Tracheostomy, planned (separate procedure);	887.60	N	

Code	Description	Rate	ASST	ASC
31603	Tracheostomy, emergency procedure; transtracheal	1,014.70	N	
31605	Tracheostomy, emergency procedure; cricothyroid membrane	887.60	N	
31610	Tracheostomy, fenestration procedure with skin flaps	1,520.99	N	
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	661.52	A	3
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	186.20	S	1
31613	Tracheostoma revision; simple, without flap rotation	753.39	N	2
31614	Tracheostoma revision; complex, with flap rotation	1,379.40	N	2
31615	Tracheobronchoscopy through established tracheostomy incision	425.30	N	1
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))	418.10		1
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	575.16	N	1
31623	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings	627.97	N	2
31624	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage	659.73	N	2
31625	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites	684.66	N	2
31628	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe	760.49	N	2
31629	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	888.16	N	2
31630	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture	811.76	N	2

Code	Description	Rate	ASST	ASC
31631	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	975.14	N	2
31632	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	310.53		
31633	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	380.25		
	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body	1,105.00	N	2
31635	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	1,313.20	N	2
31636	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)	467.98	N	2
31637				
31638	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	1,457.51	N	2
31640	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor	1,161.36	N	2
31641	Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	1,648.09	N	2
31643	Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application	577.25	N	2
31645	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)	684.66	N	1
31646	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent	684.66	N	1

Code	Description	Rate	ASST	ASC
31656	Bronchoscopy, (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)	583.19	S	1
31700	Catheterization, transglottic (separate procedure)	380.25	S	1
31708	Instillation of contrast material for laryngography or bronchography, without catheterization	127.11	S	
31710	Catheterization for bronchography, with or without instillation of contrast material	177.31	S	
31715	Transtacheal injection for bronchography	159.24	S	
31717	Catheterization with bronchial brush biopsy	127.11	N	1
31720	Catheter aspiration (separate procedure); nasotracheal	127.11	N	1
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	253.14	N	
31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	253.14	N	1
31750	Tracheoplasty; cervical	2,535.69	A	5
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	3,043.05	A	2
31760	Tracheoplasty; intrathoracic	3,043.05	A	
31766	Carinal reconstruction	3,372.02	A	
31770	Bronchoplasty; graft repair	3,372.02	A	
31775	Bronchoplasty; excision stenosis and anastomosis	3,372.02	A	
31780	Excision tracheal stenosis and anastomosis; cervical	3,169.08	A	
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	3,549.33	A	
31785	Excision of tracheal tumor or carcinoma; cervical	2,915.94	A	
31786	Excision of tracheal tumor or carcinoma; thoracic	3,423.29	A	
31800	Suture of tracheal wound or injury; cervical	1,648.09	S	
31805	Suture of tracheal wound or injury; intrathoracic	2,281.48	A	
31820	Surgical closure tracheostomy or fistula; without plastic repair	695.83	S	1
31825	Surgical closure tracheostomy or fistula; with plastic repair	926.13	S	2
31830	Revision of tracheostomy scar	760.49	S	2
31899	Unlisted procedure, trachea, bronchi	BR	S	
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	285.19	N	1
32002	Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)	414.07	N	



Code	Description	Rate	ASST	ASC
32005	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	308.68	N	
32019	Insertion of indwelling tunneled pleural catheter with cuff	838.35	N	
32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	771.18	N	
32035	Thoracostomy; with rib resection for empyema	2,004.84	A	
32036	Thoracostomy; with open flap drainage for empyema	2,147.51	A	
32095	Thoracotomy, limited, for biopsy of lung or pleura	1,892.71	A	
32100	Thoracotomy, major; with exploration and biopsy	2,467.33	A	
32110	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear	2,837.97	A	
32120	Thoracotomy, major; for postoperative complications	3,084.70	A	
32124	Thoracotomy, major; with open intrapleural pneumolysis	2,467.33	A	
32140	Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure	2,954.83	A	
32141	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure	3,035.69	A	
32150	Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit	2,501.57	A	
32151	Thoracotomy, major; with removal of intrapulmonary foreign body	2,501.57	A	
32160	Thoracotomy, major; with cardiac massage	2,598.34	A	
32200	Pneumonostomy; with open drainage of abscess or cyst	2,004.84	A	
32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	500.94	A	
32215	Pleural scarification for repeat pneumothorax	2,443.97	A	
32220	Decortication, pulmonary (separate procedure); total	3,084.70	A	
32225	Decortication, pulmonary (separate procedure); partial	2,313.53	A	
32310	Pleurectomy, parietal (separate procedure)	2,820.08	A	
32320	Decortication and parietal pleurectomy	3,661.69	A	
32400	Biopsy, pleura; percutaneous needle	374.87	N	1
32402	Biopsy, pleura; open	1,542.35	A	
32405	Biopsy, lung or mediastinum, percutaneous needle	524.44	N	1
32420	Pneumocentesis, puncture of lung for aspiration	347.14	N	1
32440	Removal of lung, total pneumonectomy;	4,009.68	A	

Code	Description	Rate	ASST	ASC
32442	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	4,521.68	A	
32445	Removal of lung, total pneumonectomy; extrapleural	4,627.05	A	
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	3,701.00	A	
32482	Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)	3,499.99	A	
32484	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)	3,637.18	A	
32486	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	3,896.90	A	
32488	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	4,352.62	A	
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure	3,101.84	A	
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	3,084.70	A	
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	872.24	A	
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	6,282.17	A	
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	7,184.88	A	
32540	Extrapleural enucleation of empyema (empyemectomy)	3,084.70	A	
32601	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy	904.09	S	

Code	Description	Rate	ASST	ASC
32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	1,079.86	S	
32603	Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy	1,233.67	S	
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	1,387.47	S	
32605	Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy	1,079.86	S	
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	1,233.67	S	
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	1,760.41	A	
32651	Thoracoscopy, surgical; with partial pulmonary decortication	2,430.52	A	
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	2,714.07	A	
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	1,784.91	A	
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	2,179.37	A	
32655	Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure	2,349.64	A	
32656	Thoracoscopy, surgical; with parietal pleurectomy	2,187.95	A	
32657	Thoracoscopy, surgical; with wedge resection of lung, single or multiple	2,432.96	A	
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	2,326.39	A	
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	2,234.50	A	
32660	Thoracoscopy, surgical; with total pericardiectomy	3,280.68	A	
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	2,156.09	A	
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	2,554.25	A	
32663	Thoracoscopy, surgical; with lobectomy, total or segmental	3,485.27	A	
32664	Thoracoscopy, surgical; with thoracic sympathectomy	2,437.86	A	
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	2,736.78	A	
32800	Repair lung hernia through chest wall	2,072.79	A	

Code	Description	Rate	ASST	ASC
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	1,233.67	A	
32815	Open closure of major bronchial fistula	4,318.37	A	
32820	Major reconstruction, chest wall (posttraumatic)	3,855.88	A	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	2,246.75	N	
32851	Lung transplant, single; without cardiopulmonary bypass	6,239.21	A	
32852	Lung transplant, single; with cardiopulmonary bypass	7,160.46	A	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	7,878.34	A	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	8,489.64	A	
	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral		BR	N
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral		BR	N
32856				
32900	Resection of ribs, extrapleural, all stages	2,158.65	A	
32905	Thoracoplasty, Schede type or extrapleural (all stages);	2,611.83	A	
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	3,469.36	A	
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	1,851.03	A	
32960	Pneumothorax, therapeutic, intrapleural injection of air	257.26	N	
32997	Total lung lavage (unilateral)	613.40	N	
32999	Unlisted procedure, lungs and pleura		BR	A
33010	Pericardiocentesis; initial	354.61	N	2
33011	Pericardiocentesis; subsequent	228.58	S	2
33015	Tube pericardiostomy	432.58	N	
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	2,006.63	A	
33025	Creation of pericardial window or partial resection for drainage	1,950.28	A	

Code	Description	Rate	ASST	ASC
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	2,479.52	A	
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	3,491.41	A	
33050	Excision of pericardial cyst or tumor	2,303.11	A	
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	4,558.44	A	
33130	Resection of external cardiac tumor	3,536.74	A	
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	3,205.49	S	
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	677.49	A	
33200	Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy	2,496.65	N	
33201	Insertion of permanent pacemaker with epicardial electrode(s); by xiphoid approach	1,737.12	N	
33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	1,967.44	N	
33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	1,993.09	N	
33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	2,160.79	N	
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	815.89	N	
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	614.97	N	
33212	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	984.80	N	
33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	1,018.02	N	
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)	1,248.32	S	
33216	Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator	1,008.30	N	

Code	Description	Rate	ASST	ASC
33217	Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator	951.85	N	
33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator	588.53	N	
33220	Repair of two transvenous electrodes for a dual chamber permanent pacemaker or dual chamber pacing cardioverter-defibrillator	636.59	N	
33222	Revision or relocation of skin pocket for pacemaker	749.73	N	2
33223	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator	792.54	S	2
33233	Removal of permanent pacemaker pulse generator	442.24	N	
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	744.47	N	
33235	Removal of transvenous pacemaker electrode(s); dual lead system	816.04	N	
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	1,811.86	S	
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	2,257.79	S	
33238	Removal of permanent transvenous electrode(s) by thoracotomy	2,329.55	S	
33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator	1,056.36	N	
33241	Subcutaneous removal of single or dual chamber pacing cardioverter-defibrillator pulse generator	552.21	S	
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy	2,329.55	A	
33244	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by transvenous extraction	816.04	N	
33245	Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy;	3,040.59	A	
33246	Insertion of epicardial single or dual chamber pacing cardioverter-defibrillator electrodes by thoracotomy; with insertion of pulse generator	3,479.16	A	

Code	Description	Rate	ASST	ASC
33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator	2,377.61	N	
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	2,785.63	A	
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	3,674.30	A	
33253	Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (eg, maze procedure)	4,808.35	A	
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	3,433.97	A	
33282	Implantation of patient-activated cardiac event recorder	836.63	S	
33284	Removal of an implantable, patient-activated cardiac event recorder	648.79	S	
33300	Repair of cardiac wound; without bypass	3,292.95	A	
33305	Repair of cardiac wound; with cardiopulmonary bypass	3,888.32	A	
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	3,043.05	A	
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	4,868.37	A	
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	4,199.49	A	
33321	Suture repair of aorta or great vessels; with shunt bypass	4,075.75	A	
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	5,336.34	A	
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	5,249.37	A	
33332	Insertion of graft, aorta or great vessels; with shunt bypass	4,137.02	A	
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	5,948.89	A	

Code	Description	Rate	ASST	ASC
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	4,914.91	A	
33401	Valvuloplasty, aortic valve; open, with inflow occlusion	5,112.17	A	
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	5,387.81	A	
33404	Construction of apical-aortic conduit	5,465.49	A	
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	6,062.81	A	
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)	6,878.68	A	
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve	5,825.64	A	
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp	5,030.09	A	
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	5,610.76	A	
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	7,393.22	A	
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	6,530.79	A	
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	5,141.56	A	
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	5,168.51	A	
33417	Aortoplasty (gusset) for supra-aortic stenosis	5,023.95	A	
33420	Valvotomy, mitral valve; closed heart	3,786.65	A	
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	4,886.74	A	
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	6,081.18	A	
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	5,918.24	A	
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	5,918.24	A	
33430	Replacement, mitral valve, with cardiopulmonary bypass	6,191.43	A	
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	4,949.24	A	
33463	Valvuloplasty, tricuspid valve; without ring insertion	5,946.42	A	



Code	Description	Rate	ASST	ASC
33464	Valvuloplasty, tricuspid valve; with ring insertion	6,218.40	A	
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	4,922.28	A	
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	4,673.58	A	
33470	Valvotomy, pulmonary valve, closed heart; transventricular	4,198.28	A	
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	4,557.21	A	
33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion	4,182.35	A	
33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass	4,669.92	A	
33475	Replacement, pulmonary valve	6,176.75	A	
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	4,900.22	A	
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	4,842.66	A	
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	4,515.26	A	
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	4,312.20	A	
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	3,020.98	A	
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	3,367.69	A	
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	3,816.04	S	
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	4,899.01	A	
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	6,151.02	A	
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	6,084.87	A	
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	5,309.52	A	

Code	Description	Rate	ASST	ASC
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	470.41	S	
33510	Coronary artery bypass, vein only; single coronary venous graft	5,613.21	A	
33511	Coronary artery bypass, vein only; two coronary venous grafts	6,311.49	A	
33512	Coronary artery bypass, vein only; three coronary venous grafts	6,764.77	A	
33513	Coronary artery bypass, vein only; four coronary venous grafts	7,633.33	A	
33514	Coronary artery bypass, vein only; five coronary venous grafts	7,578.21	A	
33516	Coronary artery bypass, vein only; six or more coronary venous grafts	7,688.46	A	
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for arterial graft)	482.66	A	
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); two venous grafts (List separately in addition to code for arterial graft)	885.70	A	
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); three venous grafts (List separately in addition to code for arterial graft)	1,171.15	A	
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); four venous grafts (List separately in addition to code for arterial graft)	1,410.03	A	
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); five venous grafts (List separately in addition to code for arterial graft)	1,615.84	A	
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); six or more venous grafts (List separately in addition to code for arterial graft)	1,836.36	A	
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (List separately in addition to code for primary procedure)	470.41	A	
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	4,717.70	A	
33534	Coronary artery bypass, using arterial graft(s); two coronary arterial grafts	5,389.02	A	

Code	Description	Rate	ASST	ASC
33535	Coronary artery bypass, using arterial graft(s); three coronary arterial grafts	6,115.48	A	
33536	Coronary artery bypass, using arterial graft(s); four or more coronary arterial grafts	6,610.41	A	
33542	Myocardial resection (eg, ventricular aneurysmectomy)	5,069.28	A	
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	5,870.46	A	
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, DOR procedures)	6,405.71	A	
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	924.91	A	
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	6,480.54	A	
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	6,155.91	A	
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	5,342.69	A	
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	6,931.37	A	
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	6,817.45	A	
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	7,149.44	A	
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	7,268.25	A	
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	7,025.72	A	
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	7,316.05	A	

Code	Description	Rate	ASST	ASC
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	8,049.86	A	
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	4,826.73	A	
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	4,726.27	A	
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	4,892.88	A	
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	4,998.25	A	
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	5,498.05	A	
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	5,637.71	A	
33681	Closure of ventricular septal defect, with or without patch;	4,684.63	A	
33684	Closure of ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	5,086.44	A	
33688	Closure of ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	5,101.15	A	
33690	Banding of pulmonary artery	2,412.13	A	
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	5,550.73	A	
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	5,569.10	A	
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	7,308.69	A	
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	4,677.26	A	
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	5,223.63	A	
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	4,655.22	A	
33722	Closure of aortico-left ventricular tunnel	6,158.37	A	

Code	Description	Rate	ASST	ASC
33730	Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	4,689.52	A	
33732	Repair of cor triatriatum or supravulvular mitral ring by resection of left atrial membrane	5,939.08	A	
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	2,986.68	A	
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	4,748.33	A	
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	3,943.46	A	
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	3,633.50	A	
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	3,655.56	A	
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	3,658.02	A	
33764	Shunt; central, with prosthetic graft	2,945.04	A	
33766	Shunt; superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)	3,655.56	A	
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	4,908.80	A	
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	1,467.85	A	
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	7,101.66	A	
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	7,319.71	A	
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	5,449.05	A	
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	5,348.60	A	
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	5,348.60	A	

Code	Description	Rate	ASST	ASC
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	5,409.85	A	
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	5,505.39	A	
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	5,404.95	A	
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	5,490.71	A	
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	5,456.39	A	
33786	Total repair, truncus arteriosus (Rastelli type operation)	5,836.17	A	
33788	Reimplantation of an anomalous pulmonary artery	3,398.32	A	
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	2,686.56	A	
33802	Division of aberrant vessel (vascular ring);	2,764.95	A	
33803	Division of aberrant vessel (vascular ring); with reanastomosis	2,942.57	A	
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	3,247.62	A	
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	4,491.05	A	
33820	Repair of patent ductus arteriosus; by ligation	2,681.64	A	
33822	Repair of patent ductus arteriosus; by division, under 18 years	2,739.24	A	
33824	Repair of patent ductus arteriosus; by division, 18 years and older	3,297.85	A	
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	3,540.40	A	
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	3,863.83	A	
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	3,678.85	A	

Code	Description	Rate	ASST	ASC
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	4,255.84	A	
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	6,633.68	A	
33860	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;	5,863.13	A	
33861	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with coronary reconstruction	7,307.48	A	
33863	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension; with aortic root replacement using composite prosthesis and coronary reconstruction	7,639.45	A	
33870	Transverse arch graft, with cardiopulmonary bypass	7,303.78	A	
33875	Descending thoracic aorta graft, with or without bypass	5,697.73	A	
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	6,532.00	A	
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora	6,364.72	A	
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t	5,467.84	A	
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	4,046.28	A	

Code	Description	Rate	ASST	ASC
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately)	1,504.27	A	
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	3,494.45	A	
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	3,008.53	A	
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	3,838.21	A	
	Pulmonary artery embolectomy; with cardiopulmonary bypass	5,130.54	A	
33910				
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	3,142.27	A	
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	6,122.83	A	
	Repair of pulmonary artery stenosis by reconstruction with patch or graft	5,790.85	A	
33917				
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	6,884.82	A	
33922	Transection of pulmonary artery with cardiopulmonary bypass	5,157.50	A	
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	1,021.70	A	
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	6,110.19	A	
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	8,255.02	A	
33930	Donor cardiectomy-pneumectomy (including cold preservation)	5,515.20	N	



Code	Description	Rate	ASST	ASC
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation		BR	N
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	18,935.62		A
33940	Donor cardiectomy (including cold preservation)	2,858.03		N
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for impl		BR	N
33945	Heart transplant, with or without recipient cardiectomy	9,687.75		A
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours	2,963.40		A
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours (List separately in addition to code for primary procedure)	2,268.79		A
33967	Insertion of intra-aortic balloon assist device, percutaneous	744.47		A
33968	Removal of intra-aortic balloon assist device, percutaneous	83.51		N
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	1,319.40		A
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	1,354.91		N
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	1,840.03		A
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	2,201.43		N
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	3,512.22		A
33976	Insertion of ventricular assist device; extracorporeal, biventricular	4,887.97		A
33977	Removal of ventricular assist device; extracorporeal, single ventricle	3,073.66		A
33978	Removal of ventricular assist device; extracorporeal, biventricular	3,513.45		A

Code	Description	Rate	ASST	ASC
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	4,811.59	A	
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	4,219.64	A	
33999	Unlisted procedure, cardiac surgery	BR	A	
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	1,663.62	A	
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	2,384.02	A	
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	1,563.16	A	
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	1,305.90	A	
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	2,229.60	A	
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	2,045.84	A	
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	1,577.87	A	
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	1,727.32	A	
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	1,292.43	A	
	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	2,099.75	A	
34451				
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	1,395.35	N	
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	1,087.84	N	
34501	Valvuloplasty, femoral vein	1,732.23	A	
34502	Reconstruction of vena cava, any method	4,818.15	A	
34510	Venous valve transposition, any vein donor	2,355.18	A	
34520	Cross-over vein graft to venous system	2,473.74	A	
34530	Saphenopopliteal vein anastomosis	2,092.40	A	

Code	Description	Rate	ASST	ASC
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	2,191.84	A	
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (one docking limb)	2,418.84	A	
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)	2,501.77	A	
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	2,418.84	A	
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	2,369.63		
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	416.28	A	
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	681.70	A	
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	484.18	A	
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	984.13	A	
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	1,309.20	A	
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	416.28	A	
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	3,411.21	A	

Code	Description	Rate	ASST	ASC
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	3,687.57	A	
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	3,687.57	A	
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	1,454.36	A	
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	684.40	A	
34900	Endovascular graft placement for repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)	2,147.82	A	
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	2,506.47	A	
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	3,302.74	A	
35005	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, vertebral artery	2,788.23	A	
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	2,528.52	A	
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	2,655.92	A	

Code	Description	Rate	ASST	ASC
35021	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, innominate, subclavian artery, by thoracic incision	2,470.93	A	
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	3,028.35	A	
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	2,391.29	A	
35081	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, abdominal aorta	4,466.55	A	
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	4,711.57	A	
35091	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, abdominal aorta involving visceral vessels (mesenteric, celiac, re	4,173.78	A	
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	4,647.87	A	
35102	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, abdominal aorta involving iliac vessels (common, hypogastric, exte	4,371.01	A	

Code	Description	Rate	ASST	ASC
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	4,418.78	A	
35111	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, splenic artery	2,704.92	A	
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	3,427.56	A	
35121	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, hepatic, celiac, renal, or mesenteric artery	3,340.73	A	
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	3,912.84	A	
35131	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, iliac artery (common, hypogastric, external)	3,501.21	A	
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	3,670.27	A	
35141	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, common femoral artery (profunda femoris, superficial femoral)	2,820.08	A	

Code	Description	Rate	ASST	ASC
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	3,039.36	A	
35151	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, popliteal artery	2,736.78	A	
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	3,398.32	A	
35180	Repair, congenital arteriovenous fistula; head and neck	2,791.90	A	
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	3,279.10	A	
35184	Repair, congenital arteriovenous fistula; extremities	2,641.22	A	
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	3,020.98	A	4
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	3,279.10	A	
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	2,513.82	A	
35201	Repair blood vessel, direct; neck	2,745.34	A	
35206	Repair blood vessel, direct; upper extremity	2,745.34	A	
35207	Repair blood vessel, direct; hand, finger	2,315.35	N	4
35211	Repair blood vessel, direct; intrathoracic, with bypass	4,324.46	A	
35216	Repair blood vessel, direct; intrathoracic, without bypass	3,158.19	A	
35221	Repair blood vessel, direct; intra-abdominal	3,341.96	A	
35226	Repair blood vessel, direct; lower extremity	2,464.81	A	
35231	Repair blood vessel with vein graft; neck	3,203.52	A	
35236	Repair blood vessel with vein graft; upper extremity	3,203.52	A	
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	4,635.62	A	
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	3,529.40	A	
35251	Repair blood vessel with vein graft; intra-abdominal	3,927.52	A	
35256	Repair blood vessel with vein graft; lower extremity	3,052.86	A	

Code	Description	Rate	ASST	ASC
35261	Repair blood vessel with graft other than vein; neck	2,256.55	A	
35266	Repair blood vessel with graft other than vein; upper extremity	2,185.49	A	
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	3,890.78	A	
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	3,055.28	A	
35281	Repair blood vessel with graft other than vein; intra-abdominal	2,605.69	A	
35286	Repair blood vessel with graft other than vein; lower extremity	2,349.64	A	
35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	3,424.03	A	
35311	Thromboendarterectomy, with or without patch graft; subclavian, innominate, by thoracic incision	3,386.05	A	
35321	Thromboendarterectomy, with or without patch graft; axillary-brachial	2,589.76	A	
35331	Thromboendarterectomy, with or without patch graft; abdominal aorta	2,979.33	A	
35341	Thromboendarterectomy, with or without patch graft; mesenteric, celiac, or renal	2,756.38	A	
35351	Thromboendarterectomy, with or without patch graft; iliac	2,713.49	A	
35355	Thromboendarterectomy, with or without patch graft; iliofemoral	3,100.61	A	
35361	Thromboendarterectomy, with or without patch graft; combined aortoiliac	3,234.15	A	
35363	Thromboendarterectomy, with or without patch graft; combined aortoiliofemoral	3,523.27	A	
35371	Thromboendarterectomy, with or without patch graft; common femoral	2,158.55	A	
35372	Thromboendarterectomy, with or without patch graft; deep (profunda) femoral	2,376.60	A	
35381	Thromboendarterectomy, with or without patch graft; femoral and/or popliteal, and/or tibioperoneal	2,589.76	A	
35390	Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)	672.57	A	
35400	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	403.82	S	



Code	Description	Rate	ASST	ASC
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	1,749.37	A	
35452	Transluminal balloon angioplasty, open; aortic	1,726.10	A	
35454	Transluminal balloon angioplasty, open; iliac	1,866.98	A	
35456	Transluminal balloon angioplasty, open; femoral-popliteal	2,000.52	A	
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	2,040.94	A	
35459	Transluminal balloon angioplasty, open; tibioperoneal trunk and branches	1,664.84	A	
35460	Transluminal balloon angioplasty, open; venous	1,266.72	N	
35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel	1,487.21	N	
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	1,682.00	N	
35472	Transluminal balloon angioplasty, percutaneous; aortic	1,149.10	S	
35473	Transluminal balloon angioplasty, percutaneous; iliac	1,307.13	N	
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	1,492.11	N	
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	1,459.04	N	
35476	Transluminal balloon angioplasty, percutaneous; venous	927.37	N	
35480	Transluminal peripheral atherectomy, open; renal or other visceral artery	2,620.41	A	
35481	Transluminal peripheral atherectomy, open; aortic	1,770.20	A	
35482	Transluminal peripheral atherectomy, open; iliac	1,653.82	A	
35483	Transluminal peripheral atherectomy, open; femoral-popliteal	1,871.89	A	
35484	Transluminal peripheral atherectomy, open; brachiocephalic trunk or branches, each vessel	2,162.22	A	
35485	Transluminal peripheral atherectomy, open; tibioperoneal trunk and branches	1,650.16	A	
35490	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	2,501.57	A	
35491	Transluminal peripheral atherectomy, percutaneous; aortic	1,659.96	A	
35492	Transluminal peripheral atherectomy, percutaneous; iliac	1,570.52	A	
35493	Transluminal peripheral atherectomy, percutaneous; femoral-popliteal	1,817.98	N	

Code	Description	Rate	ASST	ASC
35494	Transluminal peripheral atherectomy, percutaneous; brachiocephalic trunk or branches, each vessel	2,085.04	N	
35495	Transluminal peripheral atherectomy, percutaneous; tibioperoneal trunk and branches	1,597.47	S	
35500	Harvest of upper extremity vein, one segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	721.89	A	
35501	Bypass graft, with vein; carotid	2,638.77	A	
35506	Bypass graft, with vein; carotid-subclavian	2,807.82	A	
35507	Bypass graft, with vein; subclavian-carotid	2,631.42	A	
35508	Bypass graft, with vein; carotid-vertebral	2,633.87	A	
35509	Bypass graft, with vein; carotid-carotid	2,655.92	A	
35510	Bypass graft, with vein; carotid-brachial	3,131.42		
35511	Bypass graft, with vein; subclavian-subclavian	2,902.16	A	
35512	Bypass graft, with vein; subclavian-brachial	3,101.66		
35515	Bypass graft, with vein; subclavian-vertebral	2,995.58	A	
35516	Bypass graft, with vein; subclavian-axillary	2,924.21	A	
35518	Bypass graft, with vein; axillary-axillary	3,132.09	A	
35521	Bypass graft, with vein; axillary-femoral	3,161.88	A	
35522	Bypass graft, with vein; axillary-brachial	3,088.65		
35525	Bypass graft, with vein; brachial-brachial	3,060.76		
35526	Bypass graft, with vein; aortosubclavian or carotid	3,757.25	A	
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	3,330.94	A	
35533	Bypass graft, with vein; axillary-femoral-femoral	3,207.19	A	
35536	Bypass graft, with vein; splenorenal	3,354.21	A	
35541	Bypass graft, with vein; aortoiliac or bi-iliac	3,236.60	A	
35546	Bypass graft, with vein; aortofemoral or bifemoral	3,670.27	A	
35548	Bypass graft, with vein; aortoiliofemoral, unilateral	3,621.26	A	
35549	Bypass graft, with vein; aortoiliofemoral, bilateral	3,863.83	A	
35551	Bypass graft, with vein; aortofemoral-popliteal	3,831.97	A	
35556	Bypass graft, with vein; femoral-popliteal	3,437.50	A	
35558	Bypass graft, with vein; femoral-femoral	3,016.07	A	
35560	Bypass graft, with vein; aortorenal	3,491.41	A	
35563	Bypass graft, with vein; ilioiliac	3,290.50	A	
35565	Bypass graft, with vein; iliofemoral	4,023.09	A	
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	3,695.99	A	
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	3,111.64	A	

Code	Description	Rate	ASST	ASC
35572	Harvest of femoropopliteal vein, one segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	855.95	S	
35583	In-situ vein bypass; femoral-popliteal	3,492.64	A	
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	3,476.71	A	
35587	In-situ vein bypass; popliteal-tibial, peroneal	3,324.78	A	
35600	Harvest of upper extremity artery, one segment, for coronary artery bypass procedure	717.36	A	
35601	Bypass graft, with other than vein; carotid	2,954.83	A	
35606	Bypass graft, with other than vein; carotid-subclavian	3,044.25	A	
35612	Bypass graft, with other than vein; subclavian-subclavian	2,998.92	A	
35616	Bypass graft, with other than vein; subclavian-axillary	2,953.61	A	
35621	Bypass graft, with other than vein; axillary-femoral	2,981.79	A	
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	2,778.42	A	
35626	Bypass graft, with other than vein; aortosubclavian or carotid	3,667.82	A	
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	3,741.31	A	
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	3,709.47	A	
35641	Bypass graft, with other than vein; aortoiliac or bi-iliac	4,187.23	A	
35642	Bypass graft, with other than vein; carotid-vertebral	4,324.46	A	
35645	Bypass graft, with other than vein; subclavian-vertebral	4,431.02	A	
35646	Bypass graft, with other than vein; aortobifemoral	4,423.68	A	
35647	Bypass graft, with other than vein; aortofemoral	4,021.94	A	
35650	Bypass graft, with other than vein; axillary-axillary	3,050.41	A	
35651	Bypass graft, with other than vein; aortofemoral-popliteal	3,847.91	A	
35654	Bypass graft, with other than vein; axillary-femoral-femoral	3,683.76	A	
35656	Bypass graft, with other than vein; femoral-popliteal	3,428.92	A	
35661	Bypass graft, with other than vein; femoral-femoral	3,016.07	A	
35663	Bypass graft, with other than vein; ilioliac	3,351.74	A	
35665	Bypass graft, with other than vein; iliofemoral	3,346.87	A	

Code	Description	Rate	ASST	ASC
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	3,533.05	A	
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	2,769.85	A	
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	2,141.41	A	
35682	Bypass graft; autogenous composite, two segments of veins from two locations (List separately in addition to code for primary procedure)	921.06	A	
35683	Bypass graft; autogenous composite, three or more segments of vein from two or more locations (List separately in addition to code for primary procedure)	1,051.60	A	
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	502.61	N	
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	484.40	N	
35691	Transposition and/or reimplantation; vertebral to carotid artery	3,384.82	A	
35693	Transposition and/or reimplantation; vertebral to subclavian artery	2,828.67	A	
35694	Transposition and/or reimplantation; subclavian to carotid artery	3,170.45	A	
35695	Transposition and/or reimplantation; carotid to subclavian artery	3,170.45	A	
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	1,024.37		
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (List separately in addition to code for primary procedure)	703.17	A	
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	1,234.86	A	
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	1,063.34	A	

Code	Description	Rate	ASST	ASC
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	982.50	A	
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	1,119.68	A	
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	1,220.15	A	
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	1,896.37	A	
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	1,678.32	A	
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	1,307.13	A	
35870	Repair of graft-enteric fistula	3,524.48	A	
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	1,770.20	N	5
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	2,116.91	A	5
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	1,998.20	A	
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	2,190.99	A	
35901	Excision of infected graft; neck	1,716.30	A	
35903	Excision of infected graft; extremity	1,748.15	A	
35905	Excision of infected graft; thorax	2,960.80	A	
35907	Excision of infected graft; abdomen	2,842.24	A	
36000	Introduction of needle or intracatheter, vein	102.90	N	
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	338.59	N	
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	197.60	S	
36010	Introduction of catheter, superior or inferior vena cava	507.35	N	
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	426.30	N	
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	556.18	N	
36013	Introduction of catheter, right heart or main pulmonary artery	423.85	N	

Code	Description	Rate	ASST	ASC
36014	Selective catheter placement, left or right pulmonary artery	529.21	N	
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	562.29	N	
36100	Introduction of needle or intracatheter, carotid or vertebral artery	614.97	N	
36120	Introduction of needle or intracatheter; retrograde brachial artery	394.46	N	
36140	Introduction of needle or intracatheter; extremity artery	418.96	N	
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	493.47	N	
36160	Introduction of needle or intracatheter, aortic, translumbar	438.57	N	
36200	Introduction of catheter, aorta	629.68	N	
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	597.82	N	
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	733.80	N	
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	847.74	N	
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	225.37	N	
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	605.17	N	
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	744.83	N	
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	825.69	N	

Code	Description	Rate	ASST	ASC
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	182.65	N	
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	1,445.57	N	3
36261	Revision of implanted intra-arterial infusion pump	844.88	A	2
36262	Removal of implanted intra-arterial infusion pump	600.28	N	1
36299	Unlisted procedure, vascular injection	BR	S	
	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	34.28	N	
36410				
36415	Collection of venous blood by venipuncture	10.68	N	
	Collection of capillary blood specimen (eg, finger, heel, ear stick)	10.68	N	
36416				
36425	Venipuncture, cutdown; age 1 or over	100.44	N	
36430	Transfusion, blood or blood components	112.70	N	
36455	Exchange transfusion, blood; other than newborn	1,010.68	N	
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	139.64	S	
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	154.36	S	
36470	Injection of sclerosing solution; single vein	134.74	N	
36471	Injection of sclerosing solution; multiple veins, same leg	192.32	N	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	918.56	N	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in	448.77	N	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	918.56	N	

Code	Description	Rate	ASST	ASC
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition	448.77	N	
36481	Percutaneous portal vein catheterization by any method	965.34	N	
36500	Venous catheterization for selective organ blood sampling	392.00	N	
36511	Therapeutic apheresis; for white blood cells	432.26	N	
36512	Therapeutic apheresis; for red blood cells	432.26	N	
36513	Therapeutic apheresis; for platelets	432.26	N	
36514	Therapeutic apheresis; for plasma pheresis	432.26	N	
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	432.26	N	
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	432.26	N	
36522	Photopheresis, extracorporeal	437.33	N	
36540	Collection of blood specimen from a completely implantable venous access device	66.63	N	
36550	Dec clotting by thrombolytic agent of implanted vascular access device or catheter	466.41	N	
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	932.55		1
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	1,970.20		2
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	3,839.91		3
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	4,418.58		3
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	3,179.20		3
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)	3,489.57		3



Code	Description	Rate	ASST	ASC
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	918.32		1
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	4,059.23		3
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	502.12		2
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	1,044.18		2
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	1,708.48		2
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	907.99		1
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	1,861.77		2
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	3,792.89		3
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	3,005.88		3
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	758.46		1
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	3,699.18		3
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	491.21		1
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	935.92		1

Code	Description	Rate	ASST	ASC
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	2,494.24		
	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	523.92		
36596				
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	434.68		
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	405.23	N	
36600	Arterial puncture, withdrawal of blood for diagnosis	78.39	N	
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	230.32	N	
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	273.18	N	
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	438.57	N	1
36680	Placement of needle for intraosseous infusion	274.42	S	
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	530.85	N	3
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	1,019.24	N	3
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	709.30	N	3
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	1,864.65	A	3
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	2,137.21	A	3
36820	Arteriovenous anastomosis, open; by forearm vein transposition	2,218.46	A	3
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	1,577.87	A	3
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	1,303.45	N	

Code	Description	Rate	ASST	ASC
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	3,021.53	S	
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	1,947.84	A	4
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	1,880.46	A	4
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	944.91	A	5
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	1,870.64	A	4
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	1,826.93	A	4
36834	Plastic repair of arteriovenous aneurysm (separate procedure)	1,684.46	A	
36835	Insertion of Thomas shunt (separate procedure)	1,562.64	N	4
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	3,187.61		
36860	External cannula declotting (separate procedure); without balloon catheter	215.60	N	2
36861	External cannula declotting (separate procedure); with balloon catheter	718.84	N	3
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	1,609.64	N	5
37140	Venous anastomosis, open; portocaval	3,813.59	N	
37145	Venous anastomosis, open; renoportal	3,667.82	A	
37160	Venous anastomosis, open; caval-mesenteric	3,813.59	A	
37180	Venous anastomosis, open; splenorenal, proximal	3,813.59	A	
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	4,348.95	A	

Code	Description	Rate	ASST	ASC
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated ima	1,961.17	S	
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated	911.17	S	
	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	6,437.72	S	
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same v	2,098.55	S	
37185				
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, pro	4,347.10	S	
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	6,263.89	S	
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	5,415.43	S	
37195	Thrombolysis, cerebral, by intravenous infusion	662.66	S	
37200	Transcatheter biopsy	720.33	N	
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	1,076.82	N	

Code	Description	Rate	ASST	ASC
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	829.36	N	
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	844.07	N	
37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	2,512.58	N	
37205	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel	1,670.96	S	
37206	Transcatheter placement of an intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	826.92	S	
37207	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel	1,670.96	A	
37208	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; each additional vessel (List separately in addition to code for primary procedure)	839.15	A	
37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy	399.36	N	
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	3,639.55	A	
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection	3,506.01	A	
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	177.64	S	
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	135.97	S	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	1,509.52	A	

Code	Description	Rate	ASST	ASC
37501	Unlisted vascular endoscopy procedure		BR	S
37565	Ligation, internal jugular vein	1,232.39	S	
37600	Ligation; external carotid artery	1,176.04	A	
37605	Ligation; internal or common carotid artery	1,214.03	A	
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	1,296.09	A	
37607	Ligation or banding of angioaccess arteriovenous fistula	624.84	N	3
37609	Ligation or biopsy, temporal artery	520.63	N	2
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	1,154.00	A	
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	2,343.43	A	
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	1,853.51	A	
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	1,249.69	A	
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)	1,844.94	N	
37650	Ligation of femoral vein	902.85	N	2
37660	Ligation of common iliac vein	937.80	A	
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	1,129.50	N	2
37718	Ligation, division, and stripping, short saphenous vein	1,757.54	S	3
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	2,093.98	S	3
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	1,999.50	A	3
37760	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open	1,906.58	A	3
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	734.00		
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	891.83		
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	432.45	N	3

Code	Description	Rate	ASST	ASC
37785	Ligation, division, and/or excision of varicose vein cluster(s), one leg	610.08	N	3
37788	Penile revascularization, artery, with or without vein graft	2,196.51	A	
37790	Penile venous occlusive procedure	1,624.60	S	3
37799	Unlisted procedure, vascular surgery	BR	S	
38100	Splenectomy; total (separate procedure)	2,316.58	A	
38101	Splenectomy; partial (separate procedure)	2,305.55	A	
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	1,052.32	A	
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	2,009.08	A	
38120	Laparoscopy, surgical, splenectomy	1,327.05	S	
38129	Unlisted laparoscopy procedure, spleen	BR	S	
38200	Injection procedure for splenoportography	227.86	S	
38220	Bone marrow; aspiration only	318.30	S	
38221	Bone marrow; biopsy, needle or trocar	342.86	S	
38230	Bone marrow harvesting for transplantation	1,806.17	S	
38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic	1,309.50	S	
38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous	1,182.40	S	
38300	Drainage of lymph node abscess or lymphadenitis; simple	316.06	N	1
38305	Drainage of lymph node abscess or lymphadenitis; extensive	508.42	N	2
38308	Lymphangiectomy or other operations on lymphatic channels	695.83	A	2
38380	Suture and/or ligation of thoracic duct; cervical approach	1,024.13	A	
38381	Suture and/or ligation of thoracic duct; thoracic approach	1,873.11	A	
38382	Suture and/or ligation of thoracic duct; abdominal approach	1,803.28	A	
38500	Biopsy or excision of lymph node(s); open, superficial	492.47	N	2
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	425.10	N	1
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	673.77	N	2
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	698.27	N	2

Code	Description	Rate	ASST	ASC
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	625.99	N	2
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	742.38	A	2
38542	Dissection, deep jugular node(s)	1,004.54	A	2
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	882.04	S	3
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	1,945.73	A	4
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	1,443.12	A	
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	1,708.94	A	
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	1,457.81	A	5
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	2,060.54	A	5
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	2,396.22	A	5
38589	Unlisted laparoscopy procedure, lymphatic system	BR	S	
38700	Suprahyoid lymphadenectomy	1,783.68	A	
38720	Cervical lymphadenectomy (complete)	2,800.49	A	
38724	Cervical lymphadenectomy (modified radical neck dissection)	2,957.29	A	
38740	Axillary lymphadenectomy; superficial	1,163.81	A	2
38745	Axillary lymphadenectomy; complete	1,853.51	A	4
38746	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)	770.56	A	
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	856.31	A	
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)	1,155.22	A	2
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	3,050.41	A	



Code	Description	Rate	ASST	ASC
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	2,295.75	A	
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	4,086.79	A	
38790	Injection procedure; lymphangiography	448.35	N	
38792	Injection procedure; for identification of sentinel node	514.53	N	
38794	Cannulation, thoracic duct	514.53	S	
38999	Unlisted procedure, hemic or lymphatic system	BR	A	
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	1,014.34	A	
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	1,911.09	A	
39200	Excision of mediastinal cyst	2,861.73	A	
39220	Excision of mediastinal tumor	2,761.29	A	
39400	Mediastinoscopy, with or without biopsy	1,425.97	N	
39499	Unlisted procedure, mediastinum	BR	A	
39501	Repair, laceration of diaphragm, any approach	2,244.31	A	
39502	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	2,295.75	A	
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	2,942.57	A	
39520	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic	2,315.35	A	
39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	2,570.16	A	
39531	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)	2,464.81	A	
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	2,538.32	A	
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	2,783.33	A	
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	2,358.57	A	

Code	Description	Rate	ASST	ASC
39560	Resection, diaphragm; with simple repair (eg, primary suture)	1,693.16	A	
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	2,321.66	A	
39599	Unlisted procedure, diaphragm	BR	A	
40490	Biopsy of lip	159.24	N	
40500	Vermilionectomy (lip shave), with mucosal advancement	943.28	N	2
40510	Excision of lip; transverse wedge excision with primary closure	874.69	N	2
40520	Excision of lip; V-excision with primary direct linear closure	830.60	N	2
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	1,103.77	N	2
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	2,281.06	S	2
40530	Resection of lip, more than one-fourth, without reconstruction	978.81	N	2
40650	Repair lip, full thickness; vermilion only	520.63	S	3
40652	Repair lip, full thickness; up to half vertical height	703.17	S	3
40654	Repair lip, full thickness; over one-half vertical height, or complex	1,151.55	N	3
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	2,206.32	S	5
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure	2,507.68	A	5
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages	1,652.60	A	
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	1,984.59	S	5
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	2,187.95	A	3
40799	Unlisted procedure, lips	BR	A	
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	98.01	N	
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	229.08	N	2
40804	Removal of embedded foreign body, vestibule of mouth; simple	83.29	S	
40805	Removal of embedded foreign body, vestibule of mouth; complicated	273.43	S	
40806	Incision of labial frenum (frenotomy)	165.37	S	

Code	Description	Rate	ASST	ASC
40808	Biopsy, vestibule of mouth	145.77	N	
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	182.52	N	
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	231.52	N	
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	432.45	N	2
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	438.57	N	2
40818	Excision of mucosa of vestibule of mouth as donor graft	215.60	S	1
40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	219.28	S	1
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	151.90	N	
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	172.73	S	
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	247.47	S	1
40840	Vestibuloplasty; anterior	798.74	A	2
40842	Vestibuloplasty; posterior, unilateral	786.47	S	3
40843	Vestibuloplasty; posterior, bilateral	1,097.64	A	3
40844	Vestibuloplasty; entire arch	1,310.81	A	5
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	1,569.29	S	5
40899	Unlisted procedure, vestibule of mouth	BR	S	
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	105.35	N	
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	122.16	S	1
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	311.17	S	1
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	264.60	S	1
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	316.27	S	1

Code	Description	Rate	ASST	ASC
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	328.30	S	1
41010	Incision of lingual frenum (frenotomy)	183.75	S	1
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	339.33	S	1
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	297.68	S	1
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	301.36	S	1
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	407.31	S	1
41100	Biopsy of tongue; anterior two-thirds	178.85	N	
41105	Biopsy of tongue; posterior one-third	208.25	N	
41108	Biopsy of floor of mouth	159.24	N	
41110	Excision of lesion of tongue without closure	193.56	N	
41112	Excision of lesion of tongue with closure; anterior two-thirds	313.72	N	2
41113	Excision of lesion of tongue with closure; posterior one-third	325.86	N	2
41114	Excision of lesion of tongue with closure; with local tongue flap	526.79	S	2
41115	Excision of lingual frenum (frenectomy)	240.10	S	
41116	Excision, lesion of floor of mouth	373.24	N	1
41120	Glossectomy; less than one-half tongue	1,156.45	A	5
41130	Glossectomy; hemiglossectomy	1,559.48	A	
41135	Glossectomy; partial, with unilateral radical neck dissection	2,812.73	A	
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	2,023.79	A	
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	3,185.15	A	
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	2,680.41	A	
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	3,185.15	A	
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	3,975.30	A	
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	175.17	S	2

Code	Description	Rate	ASST	ASC
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	320.95	S	2
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	471.56	S	2
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	568.42	S	1
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	1,139.30	S	1
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	280.53	S	2
41599	Unlisted procedure, tongue, floor of mouth	BR	S	
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	117.60	N	1
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	176.40	S	
41806	Removal of embedded foreign body from dentoalveolar structures; bone	215.60	S	
41820	Gingivectomy, excision gingiva, each quadrant	418.96	S	
41821	Operculectomy, excision pericoronal tissues	110.25	S	
41822	Excision of fibrous tuberosities, dentoalveolar structures	301.36	S	
41823	Excision of osseous tuberosities, dentoalveolar structures	426.30	S	
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	242.55	N	
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	261.49	N	
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	284.21	N	2
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	248.62	S	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	287.87	S	
41850	Destruction of lesion (except excision), dentoalveolar structures	143.27	S	
41870	Periodontal mucosal grafting	416.50	S	
41872	Gingivoplasty, each quadrant (specify)	533.41	S	
41874	Alveoloplasty, each quadrant (specify)	396.91	S	
41899	Unlisted procedure, dentoalveolar structures	BR	S	
42000	Drainage of abscess of palate, uvula	156.78	S	2
42100	Biopsy of palate, uvula	180.09	N	
42104	Excision, lesion of palate, uvula; without closure	259.70	N	

Code	Description	Rate	ASST	ASC
42106	Excision, lesion of palate, uvula; with simple primary closure	300.13	N	
42107	Excision, lesion of palate, uvula; with local flap closure	1,358.64	N	2
42120	Resection of palate or extensive resection of lesion	1,891.50	A	4
42140	Uvulectomy, excision of uvula	546.56	N	2
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	1,585.20	N	5
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	159.24	S	
42180	Repair, laceration of palate; up to 2 cm	256.04	S	1
42182	Repair, laceration of palate; over 2 cm or complex	411.62	S	2
42200	Palatoplasty for cleft palate, soft and/or hard palate only	2,043.39	A	5
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	2,293.29	A	5
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	2,420.71	A	5
42215	Palatoplasty for cleft palate; major revision	2,241.68	A	5
42220	Palatoplasty for cleft palate; secondary lengthening procedure	2,162.22	A	5
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	2,168.35	A	
42226	Lengthening of palate, and pharyngeal flap	2,099.75	A	5
42227	Lengthening of palate, with island flap	2,099.75	A	
42235	Repair of anterior palate, including vomer flap	1,079.55	A	5
42260	Repair of nasolabial fistula	757.06	A	4
42280	Maxillary impression for palatal prosthesis	216.83	S	
42281	Insertion of pin-retained palatal prosthesis	200.91	S	
42299	Unlisted procedure, palate, uvula	BR	A	
42300	Drainage of abscess; parotid, simple	203.36	N	1
42305	Drainage of abscess; parotid, complicated	333.21	S	2
42310	Drainage of abscess; submaxillary or sublingual, intraoral	159.24	S	1
42320	Drainage of abscess; submaxillary, external	441.02	S	1
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	220.50	N	
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	389.20	N	
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	661.52	S	2
42400	Biopsy of salivary gland; needle	167.82	N	

Code	Description	Rate	ASST	ASC
42405	Biopsy of salivary gland; incisional	259.70	N	2
42408	Excision of sublingual salivary cyst (ranula)	465.51	S	3
42409	Marsupialization of sublingual salivary cyst (ranula)	366.67	A	3
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	1,090.28	A	3
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	2,506.47	A	5
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	2,668.18	A	5
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	2,213.67	A	5
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	3,484.06	A	
42440	Excision of submandibular (submaxillary) gland	1,288.75	A	3
42450	Excision of sublingual gland	1,183.39	S	2
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	803.64	S	3
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	1,157.68	N	4
42507	Parotid duct diversion, bilateral (Wilke type procedure);	1,440.66	A	3
42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland	1,492.11	A	4
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	2,437.86	S	4
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	1,637.89	A	4
42550	Injection procedure for sialography	105.35	N	
42600	Closure salivary fistula	1,160.12	S	1
42650	Dilation salivary duct	96.78	N	
42660	Dilation and catheterization of salivary duct, with or without injection	100.44	S	
42665	Ligation salivary duct, intraoral	181.32	S	
42699	Unlisted procedure, salivary glands or ducts	BR	A	
42700	Incision and drainage abscess; peritonsillar	281.76	N	1
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	394.46	S	1
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	730.12	A	2

Code	Description	Rate	ASST	ASC
42800	Biopsy; oropharynx	164.14	N	
42802	Biopsy; hypopharynx	233.92	N	1
42804	Biopsy; nasopharynx, visible lesion, simple	205.08	N	1
42806	Biopsy; nasopharynx, survey for unknown primary lesion	318.51	N	2
42808	Excision or destruction of lesion of pharynx, any method	492.47	N	2
42809	Removal of foreign body from pharynx	158.03	N	
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	656.63	A	3
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	1,384.30	A	5
42821	Tonsillectomy and adenoidectomy; age 12 or over	746.05	S	5
42826	Tonsillectomy, primary or secondary; age 12 or over	736.26	N	4
42831	Adenoidectomy, primary; age 12 or over	539.02	S	4
42836	Adenoidectomy, secondary; age 12 or over	415.30	S	4
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	1,708.94	S	
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	1,977.24	A	
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	1,977.24	A	
42860	Excision of tonsil tags	427.54	S	3
42870	Excision or destruction lingual tonsil, any method (separate procedure)	661.52	S	3
42890	Limited pharyngectomy	1,587.67	A	5
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	2,380.27	A	5
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap	2,687.77	A	
42900	Suture pharynx for wound or injury	650.50	S	1
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	1,558.26	A	2
42953	Pharyngoesophageal repair	1,558.26	A	
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	515.75	A	2
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	176.40	S	1



Code	Description	Rate	ASST	ASC
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	328.30	A	
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	516.98	A	2
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	347.90	N	
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	379.76	A	
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	445.90	A	3
42999	Unlisted procedure, pharynx, adenoids, or tonsils	BR	S	
43020	Esophagotomy, cervical approach, with removal of foreign body	1,528.87	A	
43030	Cricopharyngeal myotomy	1,466.39	A	
43045	Esophagotomy, thoracic approach, with removal of foreign body	2,435.43	A	
43100	Excision of lesion, esophagus, with primary repair; cervical approach	1,768.99	A	
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	2,443.97	A	
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	5,365.75	A	
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	6,201.23	A	
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	5,545.83	A	
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	6,356.81	A	

Code	Description	Rate	ASST	ASC
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	5,782.27	A	
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	5,664.66	A	
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(e)	5,994.21	A	
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	5,340.02	A	
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	5,340.02	A	
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	5,994.21	A	
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	5,026.42	A	
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	1,661.17	A	
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	2,222.25	A	
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	714.21	N	1
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	595.70	N	1
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	739.93	N	1

Code	Description	Rate	ASST	ASC
43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices	933.50	N	1
43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	694.61	S	1
43215	Esophagoscopy, rigid or flexible; with removal of foreign body	890.61	N	1
43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	562.29	S	1
43217	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	928.59	N	1
43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	1,002.09	N	1
43220	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)	853.86	N	1
43226	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire	818.17	N	1
43227	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	960.45	N	2
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	850.18	N	2
43231	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination	810.77	N	2
43232	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	942.17	N	2
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	613.31	N	1
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	676.23	N	1
43236	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance	972.47	N	2

Code	Description	Rate	ASST	ASC
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	660.72		
43238	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscopic ultraso	795.74		
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	799.68	N	2
	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst	1,105.78	S	2
43240				
43241	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement	954.89	N	2
43242	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (Includes endoscopic ultrasound examina	1,056.36	S	2
43243	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices	1,058.45	N	2
43244	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices	822.01	S	2
43245	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)	945.74	N	2

Code	Description	Rate	ASST	ASC
43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	1,169.92	S	2
43247	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body	1,004.54	N	2
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	621.09	N	2
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	579.43	N	2
43250	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	753.39	N	2
43251	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1,024.13	N	2
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method	1,011.89	N	2
43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	863.54	N	3
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal ref	1,193.48	N	3

Code	Description	Rate	ASST	ASC
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	986.18	N	3
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate	903.62	S	3
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	1,107.44	N	2
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	988.61	N	2
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	1,526.42	N	2
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	1,291.22	N	2
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts	1,639.12	N	2
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method	1,697.91	N	2
43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	1,432.08	N	2
43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	1,538.67	N	2
43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	1,365.95	N	2
43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	1,365.95	N	2

Code	Description	Rate	ASST	ASC
43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1,431.27	S	2
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	2,172.95	A	
43289	Unlisted laparoscopy procedure, esophagus		BR	S
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	2,683.09	A	
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	3,513.45	A	
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	4,007.17	A	
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	4,451.86	A	
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	3,577.10	A	
43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	3,332.14	A	
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	3,572.26	A	
43326	Esophagogastric fundoplasty; with gastroplasty (eg, Collis)	4,480.04	A	
43330	Esophagomyotomy (Heller type); abdominal approach	3,141.03	A	
43331	Esophagomyotomy (Heller type); thoracic approach	3,190.05	A	
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	3,852.81	A	
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	4,008.38	A	
43350	Esophagostomy, fistulization of esophagus, external; abdominal approach	2,363.13	A	
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	2,156.09	A	
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	2,145.83	A	

Code	Description	Rate	ASST	ASC
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	4,845.10	A	
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and	5,543.39	A	
43400	Ligation, direct, esophageal varices	3,214.55	A	
43401	Transection of esophagus with repair, for esophageal varices	1,967.46	A	
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	1,967.46	A	
43410	Suture of esophageal wound or injury; cervical approach	2,074.27	A	
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	3,202.30	A	
43420	Closure of esophagostomy or fistula; cervical approach	2,145.83	S	
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	2,896.71	A	
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	243.78	N	1
43453	Dilation of esophagus, over guide wire	404.25	N	1
43456	Dilation of esophagus, by balloon or dilator, retrograde	625.99	N	2
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	481.45	N	2
43460	Esophagogastric tamponade, with balloon (Sengstaaken type)	625.99	N	
43496	Free jejunum transfer with microvascular anastomosis	6,507.07	A	
43499	Unlisted procedure, esophagus	BR	A	
43500	Gastrotomy; with exploration or foreign body removal	1,859.63	A	
43501	Gastrotomy; with suture repair of bleeding ulcer	2,401.11	A	
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	2,342.30	A	
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	1,682.27	A	



Code	Description	Rate	ASST	ASC
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	1,597.47	A	
43600	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	230.32	N	1
43605	Biopsy of stomach; by laparotomy	1,911.09	A	
43610	Excision, local; ulcer or benign tumor of stomach	2,347.21	A	
43611	Excision, local; malignant tumor of stomach	2,385.18	A	
43620	Gastrectomy, total; with esophagoenterostomy	3,998.58	A	
43621	Gastrectomy, total; with Roux-en-Y reconstruction	3,688.64	A	
43622	Gastrectomy, total; with formation of intestinal pouch, any type	3,889.57	A	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	2,469.71	A	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	2,692.67	A	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	3,092.04	A	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	3,743.78	A	
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)	1,189.87	A	
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	2,461.14	A	
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	2,700.02	A	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	4,251.66	A	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	4,585.39	A	
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	1,528.87	A	
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	2,220.05	A	
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	1,049.46	A	5
43659	Unlisted laparoscopy procedure, stomach	BR	S	
43750	Percutaneous placement of gastrostomy tube	943.28	N	2

Code	Description	Rate	ASST	ASC
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	96.63	N	
43760	Change of gastrostomy tube	188.66	N	1
43761	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition	274.42	N	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)	2,608.97	A	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	3,003.94	A	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	2,289.47	A	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	3,004.93	A	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	2,295.35	A	
43800	Pyloroplasty	2,141.41	A	
43810	Gastroduodenostomy	2,118.12	A	
43820	Gastrojejunostomy; without vagotomy	2,293.29	A	
43825	Gastrojejunostomy; with vagotomy, any type	2,704.92	A	
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	1,623.20	A	
43831	Gastrostomy, open; neonatal, for feeding	1,105.00	A	
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	2,170.80	A	
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	2,054.40	A	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	3,929.98	A	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	3,929.98	A	

Code	Description	Rate	ASST	ASC
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)		BR	A
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	3,702.12		A
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	3,022.22		A
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band (separate procedure)	3,297.85		A
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	2,800.49		A
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	3,226.80		A
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	2,859.28		A
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	3,228.03		A
43870	Closure of gastrostomy, surgical	1,462.72	A	1
43880	Closure of gastrocolic fistula	2,223.46	A	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	434.80	A	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	425.98	A	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	604.25	A	
43999	Unlisted procedure, stomach		BR	S
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	2,222.25		A
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	2,254.11		A

Code	Description	Rate	ASST	ASC
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	1,166.26	A	
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	2,185.49	A	
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	1,374.51	A	
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	2,317.80	A	
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	2,112.00	A	
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	1,325.50	A	
44100	Biopsy of intestine by capsule, tube, peroral (one or more specimens)	420.18	N	1
44110	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	2,107.09	A	
44111	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	2,383.95	A	
44120	Enterectomy, resection of small intestine; single resection and anastomosis	2,753.93	A	
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	730.12	A	
44125	Enterectomy, resection of small intestine; with enterostomy	2,184.26	A	
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	2,234.50	A	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	BR	A	
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	BR	A	
44135	Intestinal allotransplantation; from cadaver donor	BR	A	
44136	Intestinal allotransplantation; from living donor	BR	A	
44137	Removal of transplanted intestinal allograft, complete	BR	A	

Code	Description	Rate	ASST	ASC
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	251.01	A	
44140	Colectomy, partial; with anastomosis	3,061.43	A	
44141	Colectomy, partial; with skin level cecostomy or colostomy	3,072.44	A	
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	3,333.37	A	
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	3,371.37	A	
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	3,660.46	A	
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	3,575.95	A	
44147	Colectomy, partial; abdominal and transanal approach	4,148.04	A	
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	3,770.73	A	
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	3,844.22	A	
44152	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy	4,567.01	A	
44153	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	6,345.79	A	
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	4,482.49	A	
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	4,856.12	A	
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	3,638.41	A	
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	2,853.95	A	
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	2,007.39	A	
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	3,316.51	A	
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	3,638.41	A	
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	2,565.04	A	

Code	Description	Rate	ASST	ASC
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	490.10	S	
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	2,817.62	A	
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	2,494.92	A	
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	3,134.62	S	
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	3,430.64	A	
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	3,709.51	A	
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	3,284.19	A	
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy	4,077.97	A	
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	3,810.79	A	
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	393.75	A	
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	3,092.00	A	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	BR	S	
44300	Enterostomy or cecostomy, tube (eg, for decompression or feeding) (separate procedure)	1,450.47	A	
44310	Ileostomy or jejunostomy, non-tube	2,167.11	A	
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	580.67	S	1
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	2,393.75	A	

Code	Description	Rate	ASST	ASC
44316	Continent ileostomy (Kock procedure) (separate procedure)	3,087.15	A	
44320	Colostomy or skin level cecostomy;	1,675.87	A	
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	1,636.67	A	
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	460.61	A	3
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	1,970.66	A	
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	1,920.89	A	
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	655.40	N	2
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	663.98	N	2
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body	670.10	S	2
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	711.76	S	2
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	739.93	S	2
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	820.79	N	2
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	862.43	S	2

Code	Description	Rate	ASST	ASC
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	686.14	S	5
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	922.45	N	2
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	922.45	N	2
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)	1,042.52	S	2
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	1,096.43	S	2
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1,298.55	S	2
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	1,170.32	S	5
44380	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	474.10	N	1
44382	Ileoscopy, through stoma; with biopsy, single or multiple	539.02	N	1
44383	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	733.67	N	5
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	417.73	N	1
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	534.13	S	1



Code	Description	Rate	ASST	ASC
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	671.33	N	1
	Colonoscopy through stoma; with biopsy, single or multiple	715.42	N	1
44389	Colonoscopy through stoma; with removal of foreign body	948.19	S	1
44390	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	818.33	S	1
44391				
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	951.85	N	1
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1,020.47	N	1
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	845.30	N	1
44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	620.31	N	
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	93.09	S	
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	1,577.87	A	
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	2,287.18	A	
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	2,142.63	A	
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	2,259.00	A	
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	2,161.00	A	
44620	Closure of enterostomy, large or small intestine;	1,580.34	A	

Code	Description	Rate	ASST	ASC
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	2,316.58	A	
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	2,913.80	A	
44640	Closure of intestinal cutaneous fistula	1,835.14	A	
44650	Closure of enteroenteric or enterocolic fistula	2,119.35	A	
44660	Closure of enterovesical fistula; without intestinal or bladder resection	2,119.35	A	
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	3,093.26	A	
44680	Intestinal plication (separate procedure)	2,729.42	A	
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	2,251.58	A	
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	317.31	N	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein		BR	S
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	649.34		S
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	950.15		S
44799	Unlisted procedure, intestine		BR	A
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	1,694.25	A	
44820	Excision of lesion of mesentery (separate procedure)	1,414.95	A	
44850	Suture of mesentery (separate procedure)	1,663.62	A	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery		BR	A
44900	Incision and drainage of appendiceal abscess; open	1,308.35	A	
44901	Incision and drainage of appendiceal abscess; percutaneous	399.47	A	
44950	Appendectomy;	1,452.93	A	

Code	Description	Rate	ASST	ASC
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	833.04	A	
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	1,751.82	A	
44970	Laparoscopy, surgical, appendectomy	1,161.36	A	
44979	Unlisted laparoscopy procedure, appendix	BR	S	
45000	Transrectal drainage of pelvic abscess	554.95	N	1
45005	Incision and drainage of submucosal abscess, rectum	330.77	N	2
45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	634.57	N	2
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	589.24	N	1
45108	Anorectal myomectomy	1,102.54	A	2
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	4,319.55	A	
45111	Proctectomy; partial resection of rectum, transabdominal approach	2,839.68	A	
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	4,094.14	A	
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	4,522.90	A	
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	3,849.13	A	
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	3,013.63	A	
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	3,566.54	A	
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	4,516.78	A	
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	4,089.24	A	
45123	Proctectomy, partial, without anastomosis, perineal approach	2,757.59	A	

Code	Description	Rate	ASST	ASC
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary	4,577.42	A	
45130	Excision of rectal procidentia, with anastomosis; perineal approach	2,202.66	A	
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	3,670.27	A	
45136	Excision of ileoanal reservoir with ileostomy	3,420.09	A	
45150	Division of stricture of rectum	1,329.80	S	2
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	2,875.22	A	2
45170	Excision of rectal tumor, transanal approach	1,278.95	A	2
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	760.49	A	5
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	138.43	N	
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	162.93	N	
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	249.94	N	1
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	357.82	S	1
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	307.48	N	1
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	357.82	N	1
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	406.72	N	1
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	467.95	N	1
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	531.67	N	1

Code	Description	Rate	ASST	ASC
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	464.63	N	1
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	232.85	N	
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	276.86	N	
	Sigmoidoscopy, flexible; with biopsy, single or multiple	366.29	N	1
45331	Sigmoidoscopy, flexible; with removal of foreign body	429.99	N	1
45332				
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	556.18	N	1
45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	553.72	N	1
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	545.36	N	1
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method	477.77	N	1
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	454.50	N	1
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	574.55	N	1
45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	442.20	N	1
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	442.20	N	
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	508.42	N	
45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	393.15	N	
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	455.71	N	1
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	987.38	N	2

Code	Description	Rate	ASST	ASC
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body	1,251.82	N	2
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	1,127.02	N	2
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	907.82	N	2
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	1,314.48	N	2
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	1,408.80	N	2
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	1,041.29	N	2
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	1,356.13	N	2
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	1,323.39	N	2
45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	873.22	N	2
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	749.90	S	2
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	946.40	S	2
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	4,790.07	A	
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	5,203.68	A	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	2,797.13	A	
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	3,791.60	A	
45499	Unlisted laparoscopy procedure, rectum	BR	A	
45500	Proctoplasty; for stenosis	1,873.11	S	2

Code	Description	Rate	ASST	ASC
45505	Proctoplasty; for prolapse of mucous membrane	1,967.46	N	2
45520	Perirectal injection of sclerosing solution for prolapse	143.13	N	
45540	Proctopexy (eg, for prolapse); abdominal approach	2,695.12	A	
45541	Proctopexy (eg, for prolapse); perineal approach	2,711.05	A	
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	3,466.92	A	
45560	Repair of rectocele (separate procedure)	1,216.58	A	2
45562	Exploration, repair, and presacral drainage for rectal injury;	2,185.49	A	
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	3,401.97	A	
45800	Closure of rectovesical fistula;	3,212.11	A	
45805	Closure of rectovesical fistula; with colostomy	3,401.97	A	
45820	Closure of rectourethral fistula;	3,291.72	A	
45825	Closure of rectourethral fistula; with colostomy	3,430.15	A	
45900	Reduction of procidentia (separate procedure) under anesthesia	259.55	S	1
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	328.30	N	1
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	325.86	N	1
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	350.37	N	1
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	174.56	N	2
45999	Unlisted procedure, rectum	BR	S	
46020	Placement of seton	178.37	S	3
46030	Removal of anal seton, other marker	134.74	S	1
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	622.32	N	3
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	558.62	N	2
46050	Incision and drainage, perianal abscess, superficial	294.02	N	1
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	1,474.98	N	2
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	648.06	N	3
46083	Incision of thrombosed hemorrhoid, external	172.73	N	
46200	Fissurectomy, with or without sphincterotomy	980.05	N	2

Code	Description	Rate	ASST	ASC
46210	Cryptectomy; single	245.01	S	2
46211	Cryptectomy; multiple (separate procedure)	735.02	S	2
46220	Papillectomy or excision of single tag, anus (separate procedure)	214.69	N	1
46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)	182.52	N	
46230	Excision of external hemorrhoid tags and/or multiple papillae	249.91	N	
46250	Hemorrhoidectomy, external, complete	828.14	N	3
46255	Hemorrhoidectomy, internal and external, simple;	1,242.21	N	3
46257	Hemorrhoidectomy, internal and external, simple; with fissurectomy	1,455.37	N	3
46258	Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy	1,510.47	S	3
46260	Hemorrhoidectomy, internal and external, complex or extensive;	1,587.67	N	3
46261	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy	1,592.56	N	4
46262	Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy	1,670.96	N	4
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	883.25	N	3
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular	1,335.30	N	3
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton	1,636.67	N	4
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	374.87	A	1
46288	Closure of anal fistula with rectal advancement flap	1,130.71	N	4
46320	Enucleation or excision of external thrombotic hemorrhoid	245.01	N	
46500	Injection of sclerosing solution, hemorrhoids	124.96	N	
46505	Chemodenervation of internal anal sphincter	231.78	S	
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	80.83	N	
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	115.14	N	
46606	Anoscopy; with biopsy, single or multiple	161.28	N	
46608	Anoscopy; with removal of foreign body	161.28	S	1



Code	Description	Rate	ASST	ASC
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	173.97	N	1
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	276.86	S	1
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	180.09	S	1
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	357.82	N	
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	375.97	S	2
46700	Anoplasty, plastic operation for stricture; adult	1,466.52	N	3
46706	Repair of anal fistula with fibrin glue	571.69	N	
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	3,667.85	N	
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	7,691.54	N	
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	1,430.20	A	
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	1,788.02	A	
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	2,496.65	A	
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	3,731.53	A	
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	3,966.72	A	
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	4,574.35	A	
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	5,188.12	A	
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	5,687.93	A	

Code	Description	Rate	ASST	ASC
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	6,327.42	A	
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	1,718.74	A	3
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	1,788.02	A	
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	1,251.82	N	3
46754	Removal of Thiersch wire or suture, anal canal	286.25	S	2
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	2,219.80	A	2
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	3,038.14	A	3
46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	3,768.27	A	5
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	154.36	N	
	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	183.75	N	
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	177.64	N	
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	465.51	N	1
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	445.90	N	1
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	874.69	N	1
46924				
46934	Destruction of hemorrhoids, any method; internal	296.46	N	
46935	Destruction of hemorrhoids, any method; external	254.82	N	
46936	Destruction of hemorrhoids, any method; internal and external	443.47	N	
46937	Cryosurgery of rectal tumor; benign	383.45	S	2
46938	Cryosurgery of rectal tumor; malignant	458.17	S	2

Code	Description	Rate	ASST	ASC
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	178.37	N	
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	178.37	S	
46945	Ligation of internal hemorrhoids; single procedure	257.26	N	
46946	Ligation of internal hemorrhoids; multiple procedures	301.36	N	
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	442.72	N	
46999	Unlisted procedure, anus	BR	S	
47000	Biopsy of liver, needle; percutaneous	384.65	N	1
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	265.83	A	
47010	Hepatotomy; for open drainage of abscess or cyst, one or two stages	2,289.62	A	
47011	Hepatotomy; for percutaneous drainage of abscess or cyst, one or two stages	523.24	A	
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	1,635.44	A	
47100	Biopsy of liver, wedge	1,379.40	A	
47120	Hepatectomy, resection of liver; partial lobectomy	4,273.00	A	
47122	Hepatectomy, resection of liver; trisegmentectomy	5,714.88	A	
47125	Hepatectomy, resection of liver; total left lobectomy	5,714.88	A	
47130	Hepatectomy, resection of liver; total right lobectomy	5,714.88	A	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	6,518.53	N	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	14,854.92	A	
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	13,911.67	A	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	9,842.52		
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	12,000.37		

Code	Description	Rate	ASST	ASC
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	14,618.28		
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and com		BR	N
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and com		BR	N
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and com		BR	N
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	1,185.70		S
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	1,383.31		S
47300	Marsupialization of cyst or abscess of liver	2,141.41		A
47350	Management of liver hemorrhage; simple suture of liver wound or injury	2,055.63		A
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	2,726.97		A
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	4,576.81		A
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	1,645.24		A
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	1,452.28		A
47371	Laparoscopy, surgical, ablation of one or more liver tumor(s); cryosurgical	1,369.17		A

Code	Description	Rate	ASST	ASC
47379	Unlisted laparoscopic procedure, liver		BR	S
47380	Ablation, open, of one or more liver tumor(s); radiofrequency	1,705.48	A	
47381	Ablation, open, of one or more liver tumor(s); cryosurgical	1,685.95	A	
47382	Ablation, one or more liver tumor(s), percutaneous, radiofrequency	1,016.15	S	
47399	Unlisted procedure, liver		BR	S
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	2,726.97	A	
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	2,381.50	A	
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	2,726.97	A	
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	2,567.72	A	
47480	Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)	1,840.03	A	
47490	Percutaneous cholecystostomy	736.26	N	
47500	Injection procedure for percutaneous transhepatic cholangiography	323.40	N	
47505	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	313.60	S	
47510	Introduction of percutaneous transhepatic catheter for biliary drainage	782.92	N	2
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	1,000.87	N	5
47525	Change of percutaneous biliary drainage catheter	428.76	N	1
47530	Revision and/or reinsertion of transhepatic tube	826.72	N	1
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	652.62	A	
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)	779.12	A	2

Code	Description	Rate	ASST	ASC
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	858.75	N	3
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	877.15	A	3
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	852.65	N	3
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	1,043.54	N	5
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	690.20	S	3
47561	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	829.45	S	3
47562	Laparoscopy, surgical; cholecystectomy	2,114.45	A	
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	2,249.19	A	
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	2,363.13	A	
47570	Laparoscopy, surgical; cholecystoenterostomy	2,239.40	A	
47579	Unlisted laparoscopy procedure, biliary tract	BR	S	
47600	Cholecystectomy;	2,300.66	A	
47605	Cholecystectomy; with cholangiography	2,410.92	A	
47610	Cholecystectomy with exploration of common duct;	2,873.98	A	
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy	3,319.90	A	
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	3,266.00	A	
47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)	884.48	A	3
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	2,528.52	A	
47701	Portoenterostomy (eg, Kasai procedure)	4,141.91	S	
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	3,066.31	A	
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	3,871.17	A	
47715	Excision of choledochal cyst	3,312.55	A	
47716	Anastomosis, choledochal cyst, without excision	2,981.79	A	

Code	Description	Rate	ASST	ASC
47720	Cholecystoenterostomy; direct	2,283.51	A	
47721	Cholecystoenterostomy; with gastroenterostomy	2,544.44	A	
47740	Cholecystoenterostomy; Roux-en-Y	2,518.71	A	
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	3,117.77	A	
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	3,020.98	A	
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	2,762.50	A	
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	3,345.63	A	
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	4,030.42	A	
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	3,100.61	A	
47801	Placement of choledochal stent	2,871.08	A	
47802	U-tube hepaticoenterostomy	4,128.20	A	
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	2,827.29	A	
47999	Unlisted procedure, biliary tract		BR	A
48000	Placement of drains, peripancreatic, for acute pancreatitis;	1,864.55	A	
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	2,484.41	A	
48005	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	2,426.84	A	
48020	Removal of pancreatic calculus	2,869.08	A	
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	2,087.49	A	
48102	Biopsy of pancreas, percutaneous needle	497.37	N	1
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	2,481.97	A	
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	3,013.63	A	
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	3,345.63	A	
48148	Excision of ampulla of Vater	3,345.63	A	
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	5,217.51	A	

Code	Description	Rate	ASST	ASC
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	5,005.59	A	
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	5,303.27	A	
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	5,004.36	A	
48155	Pancreatectomy, total	4,903.91	A	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	4,453.08	N	
48180	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	3,525.72	A	
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	290.33	S	
48500	Marsupialization of pancreatic cyst	2,067.89	A	
48510	External drainage, pseudocyst of pancreas; open	2,844.59	A	
48511	External drainage, pseudocyst of pancreas; percutaneous	748.42	A	
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	2,428.06	A	
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	2,628.96	A	
48545	Pancreatorrhaphy for injury	2,339.85	A	
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	3,324.78	A	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	BR	N	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft art	BR	N	



Code	Description	Rate	ASST	ASC
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	517.76	N	
48554	Transplantation of pancreatic allograft	4,819.37	N	
48556	Removal of transplanted pancreatic allograft	1,960.08	A	
48999	Unlisted procedure, pancreas	BR	A	
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	2,280.41	A	
49002	Reopening of recent laparotomy	1,630.56	A	
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	1,817.98	A	
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	1,624.43	A	
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	456.08	A	
49040	Drainage of subdiaphragmatic or subphrenic abscess; open	1,881.68	A	
49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	646.21	A	
49060	Drainage of retroperitoneal abscess; open	1,729.77	A	
49061	Drainage of retroperitoneal abscess; percutaneous	617.37	A	
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	1,809.96	A	
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial	262.15	N	2
49081	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent	200.91	N	2
49085	Removal of peritoneal foreign body from peritoneal cavity	1,384.30	N	2
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	494.92	N	1
49200	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;	2,153.66	A	
49201	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive	3,025.88	A	
49215	Excision of presacral or sacrococcygeal tumor	1,547.25	A	

Code	Description	Rate	ASST	ASC
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	3,459.57	A	
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	1,329.80	A	4
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	1,795.93	A	
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	991.07	A	3
49321	Laparoscopy, surgical; with biopsy (single or multiple)	1,116.03	A	4
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	1,141.76	A	4
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	1,166.69	A	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	BR	S	
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	183.75	N	
49419	Insertion of intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (ie, totally implantable)	1,136.69	S	
49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary	583.13	N	1
49421	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent	1,140.52	N	1
49422	Removal of permanent intraperitoneal cannula or catheter	858.75	N	1
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	217.64	S	
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	114.73	S	
49425	Insertion of peritoneal-venous shunt	1,879.23	A	
49426	Revision of peritoneal-venous shunt	1,239.74	N	2
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	237.67	S	

Code	Description	Rate	ASST	ASC
49428	Ligation of peritoneal-venous shunt	429.99	N	
49429	Removal of peritoneal-venous shunt	1,059.67	N	
49491	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	1,888.42	A	
49492	Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	2,154.38	A	
49505	Repair initial inguinal hernia, age 5 years or over; reducible	1,541.12	A	4
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated	1,251.99	A	5
49520	Repair recurrent inguinal hernia, any age; reducible	1,783.68	A	5
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	1,618.29	A	5
49525	Repair inguinal hernia, sliding, any age	1,549.69	A	4
49540	Repair lumbar hernia	1,450.47	A	2
49550	Repair initial femoral hernia, any age; reducible	1,448.01	A	5
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	1,376.95	A	5
49555	Repair recurrent femoral hernia; reducible	1,629.32	A	5
49557	Repair recurrent femoral hernia; incarcerated or strangulated	1,729.77	A	5
49560	Repair initial incisional or ventral hernia; reducible	1,908.64	A	4
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	1,733.46	A	5
49565	Repair recurrent incisional or ventral hernia; reducible	2,158.55	A	4
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	1,866.98	A	5
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)	494.92	A	5
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	1,076.82	A	4
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	1,048.64	A	5

Code	Description	Rate	ASST	ASC
49585	Repair umbilical hernia, age 5 years or over; reducible	1,006.98	A	4
49587	Repair umbilical hernia, age 5 years or over; incarcerated or strangulated	1,276.51	A	5
49590	Repair spigelian hernia	1,467.62	A	3
49600	Repair of small omphalocele, with primary closure	1,754.26	A	4
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	2,167.11	A	
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	2,176.92	A	
49610	Repair of omphalocele (Gross type operation); first stage	1,745.69	A	
49611	Repair of omphalocele (Gross type operation); second stage	1,802.04	A	
49650	Laparoscopy, surgical; repair initial inguinal hernia	1,145.43	A	4
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	1,263.02	A	5
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy		BR	S
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	1,053.54	A	
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	1,957.85	A	
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	1,515.39	A	
49906	Free omental flap with microvascular anastomosis	3,966.44	A	
49999	Unlisted procedure, abdomen, peritoneum and omentum		BR	S
49999	Renal exploration, not necessitating other specific procedures	2,178.16	A	
50010				
50020	Drainage of perirenal or renal abscess; open	1,822.88	N	
50021	Drainage of perirenal or renal abscess; percutaneous	427.10	A	
50040	Nephrostomy, nephrotomy with drainage	2,507.68	A	
50045	Nephrotomy, with exploration	2,512.58	A	
50060	Nephrolithotomy; removal of calculus	2,709.81	A	
50065	Nephrolithotomy; secondary surgical operation for calculus	3,458.32	A	
50070	Nephrolithotomy; complicated by congenital kidney abnormality	3,312.55	A	

Code	Description	Rate	ASST	ASC
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	3,650.68	A	
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	2,780.88	N	
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	3,381.15	A	
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	1,986.68	A	
50120	Pyelotomy; with exploration	2,660.80	A	
50125	Pyelotomy; with drainage, pyelostomy	2,681.64	A	
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	2,932.78	A	
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	3,577.16	A	
50200	Renal biopsy; percutaneous, by trocar or needle	595.37	N	1
50205	Renal biopsy; by surgical exposure of kidney	1,351.24	A	
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	2,898.48	A	
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	3,490.18	A	
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	4,143.14	A	
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	3,322.34	A	
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	3,807.81	A	
50240	Nephrectomy, partial	3,438.72	A	
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound, if performed	3,226.38	A	
50280	Excision or unroofing of cyst(s) of kidney	2,229.60	A	
50290	Excision of perinephric cyst	2,187.95	A	

Code	Description	Rate	ASST	ASC
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	2,980.03	N	
50320	Donor nephrectomy (including cold preservation); open, from living donor	3,953.26	A	
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal v		BR	N
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as ne		BR	A
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	633.60		S
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	554.96		S
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	530.25		S
50340	Recipient nephrectomy (separate procedure)	2,980.03		A
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	5,469.87		A
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	6,198.79		A
50370	Removal of transplanted renal allograft	2,648.91		A
50380	Renal autotransplantation, reimplantation of kidney	4,990.87		A
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	5,950.01		S
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	5,747.71		S
50387	Removal and replacement of externally accessible transnephric ureteral stent (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	2,883.05		N

Code	Description	Rate	ASST	ASC
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	1,973.43	S	
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	463.07	N	1
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	491.48	N	1
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	529.21	N	1
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	663.98	N	1
50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	165.56	N	
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	940.84	N	1
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	165.56	S	1
50398	Change of nephrostomy or pyelostomy tube	190.12	N	1
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	3,076.12	A	
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kid	3,406.89	A	
50500	Nephrorrhaphy, suture of kidney wound or injury	2,788.23	A	
50520	Closure of nephrocutaneous or pyelocutaneous fistula	2,980.03	A	
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	3,355.42	A	
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	3,436.28	A	
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)	3,966.72	A	

Code	Description	Rate	ASST	ASC
50541	Laparoscopy, surgical; ablation of renal cysts	1,964.42	A	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s)	2,497.57	A	
50543	Laparoscopy, surgical; partial nephrectomy	3,140.05	A	
50544	Laparoscopy, surgical; pyeloplasty	2,706.53	A	
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	2,932.74	A	
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	2,511.40	A	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	3,225.97	A	
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	2,946.65	A	
50549	Unlisted laparoscopy procedure, renal	BR	S	
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	331.11	S	1
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	441.02	N	1
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	600.28	S	1
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	612.54	S	1
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	742.38	S	1



Code	Description	Rate	ASST ASC
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	692.58	S
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	397.34	S
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	761.56	S
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	794.67	S
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, inc	1,324.46	N
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	960.23	S
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	828.14	S
50590	Lithotripsy, extracorporeal shock wave	2,699.11	N
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	5,739.83	A
50600	Ureterotomy with exploration or drainage (separate procedure)	2,158.65	A
50605	Ureterotomy for insertion of indwelling stent, all types	1,349.02	A
50610	Ureterolithotomy; upper one-third of ureter	2,294.30	A
50620	Ureterolithotomy; middle one-third of ureter	2,158.65	A
50630	Ureterolithotomy; lower one-third of ureter	2,294.30	A

Code	Description	Rate	ASST	ASC
50650	Ureterectomy, with bladder cuff (separate procedure)	2,428.88	A	
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	2,833.70	A	
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	87.59	N	
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	106.57	S	
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	93.99	N	1
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	100.44	N	
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	2,428.88	A	
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	2,428.88	A	
50722	Ureterolysis for ovarian vein syndrome	1,693.02	A	
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	3,238.51	A	
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	1,619.25	A	
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	2,158.65	A	
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	2,833.70	A	
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	2,968.28	A	
50760	Ureteroureterostomy	2,833.70	A	
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	2,968.28	A	
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	2,833.70	A	
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	3,103.93	A	
50783	Ureteroneocystostomy; with extensive ureteral tailoring	3,238.51	A	
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	3,374.16	A	
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	2,833.70	A	

Code	Description	Rate	ASST	ASC
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	4,220.33	A	
50815	Ureterocolon conduit, including intestine anastomosis	2,292.08	A	
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	4,064.74	A	
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	3,011.17	A	
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	2,699.11	A	
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	3,944.68	A	
50845	Cutaneous appendico-vesicostomy	2,811.49	A	
50860	Ureterostomy, transplantation of ureter to skin	2,158.65	A	
50900	Ureterorrhaphy, suture of ureter (separate procedure)	2,428.88	A	
50920	Closure of ureterocutaneous fistula	2,428.88	A	
50930	Closure of ureterovisceral fistula (including visceral repair)	2,968.28	A	
50940	Deligation of ureter	1,445.57	A	
50945	Laparoscopy, surgical; ureterolithotomy	1,255.01	S	
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	1,867.51	A	5
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	1,707.62	A	5
50949	Unlisted laparoscopy procedure, ureter	BR	S	
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	242.46	S	1
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	539.40	S	1

Code	Description	Rate	ASST	ASC
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	550.04	S	1
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	585.57	S	1
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	551.27	S	1
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	296.93	S	1
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	593.87	S	1
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	647.27	S	1
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	756.22	S	1
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	622.32	S	1
51000	Aspiration of bladder by needle	116.38	N	
51005	Aspiration of bladder; by trocar or intracatheter	138.64	N	
51010	Aspiration of bladder; with insertion of suprapubic catheter	309.94	N	1
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	1,810.63	A	4
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	1,831.46	S	4
51040	Cystostomy, cystostomy with drainage	1,544.79	A	4

Code	Description	Rate	ASST	ASC
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	1,630.09	A	4
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	1,702.83	A	4
51060	Transvesical ureterolithotomy	2,918.08	A	
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	2,918.08	S	4
51080	Drainage of perivesical or prevesical space abscess	1,602.88	A	1
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	1,920.89	A	4
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	2,138.95	A	4
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	2,540.76	A	
51530	Cystotomy; for excision of bladder tumor	2,048.29	A	
51535	Cystotomy for excision, incision, or repair of ureterocele	2,067.89	A	
51550	Cystectomy, partial; simple	2,423.17	A	
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	2,800.49	A	
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	3,427.70	A	
51570	Cystectomy, complete; (separate procedure)	3,542.86	A	
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	4,583.16	A	
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	4,875.73	A	
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	5,854.55	A	
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	6,044.43	A	
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	6,875.03	A	
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	6,392.15	A	

Code	Description	Rate	ASST	ASC
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination ther	7,095.52	A	
51600	Injection procedure for cystography or voiding urethrocytography	110.25	N	
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	127.40	N	
51610	Injection procedure for retrograde urethrocytography	105.35	N	
51700	Bladder irrigation, simple, lavage and/or instillation	86.97	N	
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	66.17	N	
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	104.04	N	
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	109.02	N	
51705	Change of cystostomy tube; simple	88.20	N	
51710	Change of cystostomy tube; complicated	247.30	N	1
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	583.13	S	3
51720	Bladder instillation of anticarcinogenic agent (including detention time)	161.70	N	
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	233.98	S	
51726	Complex cystometrogram (eg, calibrated electronic equipment)	275.62	N	1
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	79.62	S	
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	156.78	N	
51772	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique	227.86	S	1
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	153.13	N	
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	236.43	S	1

Code	Description	Rate	ASST	ASC
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	281.76	S	
51795	Voiding pressure studies (VP); bladder voiding pressure, any technique	188.66	S	
51797	Voiding pressure studies (VP); intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)	208.25	S	
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	52.36	N	
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	2,606.91	A	
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	3,925.07	A	
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	2,229.60	A	
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	2,837.23	A	
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	2,718.39	A	
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	2,083.81	A	
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	2,413.36	A	
51880	Closure of cystostomy (separate procedure)	915.10	A	1
51900	Closure of vesicovaginal fistula, abdominal approach	3,861.37	A	
51920	Closure of vesicouterine fistula;	2,636.32	A	
51925	Closure of vesicouterine fistula; with hysterectomy	3,782.97	A	
51940	Closure, exstrophy of bladder	2,207.78	A	
51960	Enterocystoplasty, including intestinal anastomosis	3,978.98	A	
51980	Cutaneous vesicostomy	2,396.21	A	
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	1,629.83	S	
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	1,774.16	S	
51999	Unlisted laparoscopy procedure, bladder	BR	N	
52000	Cystourethroscopy (separate procedure)	377.31	N	1
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	248.15	N	2

Code	Description	Rate	ASST	ASC
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	565.97	N	2
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	627.23	N	2
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	553.72	N	2
52204	Cystourethroscopy, with biopsy	605.17	N	2
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	686.03	N	2
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	681.11	N	2
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	1,142.88	N	2
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	1,558.26	N	3
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	2,261.45	N	3
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	624.76	N	4
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	548.81	N	2
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	418.96	N	
52270	Cystourethroscopy, with internal urethrotomy; female	614.97	N	2
52275	Cystourethroscopy, with internal urethrotomy; male	806.08	N	2
52276	Cystourethroscopy with direct vision internal urethrotomy	1,033.94	N	3
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	1,014.34	S	2



Code	Description	Rate	ASST	ASC
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	569.64	N	2
52282	Cystourethroscopy, with insertion of urethral stent	723.11	N	5
52283	Cystourethroscopy, with steroid injection into stricture	487.58	N	2
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	627.23	N	2
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	646.84	N	2
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	918.79	S	2
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	667.66	S	
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	917.56	N	2
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	712.98	N	2
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	1,160.12	N	2
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	1,352.45	N	1
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	1,748.15	N	2
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	1,136.85	N	5
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electrohydraulic technique)	1,191.98	N	4
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	738.71	N	2

Code	Description	Rate	ASST	ASC
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	971.47	N	2
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	902.85	N	2
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	968.78	N	3
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,243.95	N	3
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,346.44	N	3
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,491.62	N	3
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,594.10	N	3
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,699.43	N	3
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	1,911.49	N	3
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	1,269.59	N	3
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	1,571.31	N	4
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	1,820.40	N	4
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	1,592.67	N	4
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	1,870.22	N	4
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	2,224.61	N	3

Code	Description	Rate	ASST	ASC
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	1,163.62	N	4
52450	Transurethral incision of prostate	1,259.34	N	3
52500	Transurethral resection of bladder neck (separate procedure)	1,558.26	N	3
52510	Transurethral balloon dilation of the prostatic urethra	1,746.92	N	3
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	2,673.06	N	4
52606	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	618.65	N	1
52612	Transurethral resection of prostate; first stage of two-stage resection (partial resection)	3,040.59	N	2
52614	Transurethral resection of prostate; second stage of two-stage resection (resection completed)	977.59	N	1
52620	Transurethral resection; of residual obstructive tissue after 90 days postoperative	933.50	N	1
52630	Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative	2,971.98	N	2
52640	Transurethral resection; of postoperative bladder neck contracture	1,512.93	N	2
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	1,853.51	N	5
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	2,001.73	N	5
52700	Transurethral drainage of prostatic abscess	1,222.60	S	2
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	480.22	N	1
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	825.69	N	1
53020	Meatotomy, cutting of meatus (separate procedure); except infant	281.76	N	1
53040	Drainage of deep periurethral abscess	438.57	S	2

Code	Description	Rate	ASST	ASC
53060	Drainage of Skene's gland abscess or cyst	208.25	A	
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	568.42	A	3
53085	Drainage of perineal urinary extravasation; complicated	1,122.58	A	
53200	Biopsy of urethra	281.76	N	1
53210	Urethrectomy, total, including cystostomy; female	1,947.84	A	5
53215	Urethrectomy, total, including cystostomy; male	2,484.41	A	5
53220	Excision or fulguration of carcinoma of urethra	1,438.19	S	2
53230	Excision of urethral diverticulum (separate procedure); female	1,737.12	A	2
53235	Excision of urethral diverticulum (separate procedure); male	1,685.68	A	3
53240	Marsupialization of urethral diverticulum, male or female	579.43	A	2
53250	Excision of bulbourethral gland (Cowper's gland)	541.48	A	2
53260	Excision or fulguration; urethral polyp(s), distal urethra	235.20	N	2
53265	Excision or fulguration; urethral caruncle	445.90	N	2
53270	Excision or fulguration; Skene's glands	418.96	N	2
53275	Excision or fulguration; urethral prolapse	542.69	N	2
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	1,452.93	A	3
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	1,895.15	A	2
53410	Urethroplasty, one-stage reconstruction of male anterior urethra	2,292.08	A	2
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra	2,967.09	A	
53420	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	2,626.51	N	3
53425	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage	2,668.18	A	2
53430	Urethroplasty, reconstruction of female urethra	1,911.09	A	2
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	2,082.20	A	2
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	2,668.18	A	2
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	747.28	A	1
53444	Insertion of tandem cuff (dual cuff)	1,045.70	A	2

Code	Description	Rate	ASST	ASC
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	3,457.47	A	1
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	2,829.42	A	1
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	1,134.42	A	1
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	1,778.32	A	
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	1,239.74	A	1
53450	Urethromeatoplasty, with mucosal advancement	602.73	N	1
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	710.53	S	1
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	2,004.05		
53502	Urethrorrhaphy, suture of urethral wound or injury, female	1,319.40	A	2
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	1,350.01	A	2
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	1,891.50	A	2
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	2,577.50	A	2
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	896.75	A	2
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	86.97	N	
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	74.73	N	
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	170.29	N	2
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	129.85	N	
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	91.87	N	

Code	Description	Rate	ASST	ASC
53660	Dilation of female urethra including suppository and/or instillation; initial	71.04	N	
53661	Dilation of female urethra including suppository and/or instillation; subsequent	61.25	N	
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	166.61	N	1
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	1,057.51	N	5
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	1,104.80	N	
53853	Transurethral destruction of prostate tissue; by water-induced thermotherapy	735.79	N	
53899	Unlisted procedure, urinary system	BR	S	
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	265.83	N	2
54015	Incision and drainage of penis, deep	333.21	S	4
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	95.55	N	
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	191.11	N	
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	142.10	N	
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	749.73	N	1
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	471.65	N	1
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	651.71	N	1
54100	Biopsy of penis; (separate procedure)	242.55	N	1
54105	Biopsy of penis; deep structures	305.03	N	1
54110	Excision of penile plaque (Peyronie disease);	1,156.45	A	2
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	2,481.97	A	2
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	2,578.74	A	2

Code	Description	Rate	ASST	ASC
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	698.27	A	1
54120	Amputation of penis; partial	1,364.70	A	2
54125	Amputation of penis; complete	2,716.20	A	
54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	3,836.89	A	
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4,716.47	A	
54152	Circumcision, using clamp or other device; except newborn	372.41	N	1
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	596.60	N	2
54164	Frenulotomy of penis	364.23	N	2
54200	Injection procedure for Peyronie disease;	96.78	N	
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	655.40	A	4
54220	Irrigation of corpora cavernosa for priapism	301.36	N	1
54230	Injection procedure for corpora cavernosography	230.32	N	
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	360.16	N	
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	132.30	N	
54240	Penile plethysmography	271.30	S	
54250	Nocturnal penile tumescence and/or rigidity test	289.11	S	
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	1,401.45	A	3
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	2,114.45	A	3
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	2,112.00	A	3
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	2,175.70	A	3
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	2,499.12	A	3
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	1,460.26	A	3

Code	Description	Rate	ASST	ASC
54322	One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	2,050.73	A	3
54324	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)	2,535.88	A	3
54326	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	2,584.87	A	3
54328	One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	3,388.50	A	3
54332	One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	3,427.70	A	
54336	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	3,606.56	A	
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	1,379.40	A	3
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	2,061.77	A	3
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	2,736.78	A	3
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as	4,580.06	A	3
54360	Plastic operation on penis to correct angulation	931.04	A	3
54380	Plastic operation on penis for epispadias distal to external sphincter;	1,136.85	A	3



Code	Description	Rate	ASST	ASC
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	1,479.87	A	3
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	1,746.92	A	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	1,865.99	A	3
54401	Insertion of penile prosthesis; inflatable (self-contained)	2,068.93	A	3
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	2,612.60	A	3
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	2,137.29	S	3
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	2,035.82	S	3
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	2,374.41	S	3
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	3,299.39	S	
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	1,696.16	S	3
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	1,814.72	S	3
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	2,628.62	S	
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	1,668.52	A	4
54430	Corpora cavernosa-corporis spongiosum shunt (priapism operation), unilateral or bilateral	1,668.52	A	
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	561.07	A	4
54440	Plastic operation of penis for injury	1,865.99	A	4

Code	Description	Rate	ASST	ASC
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	169.06	N	1
54500	Biopsy of testis, needle (separate procedure)	157.41	S	1
54505	Biopsy of testis, incisional (separate procedure)	529.21	S	1
54512	Excision of extraparenchymal lesion of testis	1,222.01	N	2
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	1,037.62	N	3
54522	Orchiectomy, partial	1,652.37	S	3
54530	Orchiectomy, radical, for tumor; inguinal approach	1,359.80	A	4
54535	Orchiectomy, radical, for tumor; with abdominal exploration	1,553.37	A	
54550	Exploration for undescended testis (inguinal or scrotal area)	1,303.45	A	4
54560	Exploration for undescended testis with abdominal exploration	1,712.63	A	
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	1,293.67	A	4
54620	Fixation of contralateral testis (separate procedure)	640.68	A	3
54640	Orchiopexy, inguinal approach, with or without hernia repair	1,739.57	N	4
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	1,696.72	A	
54660	Insertion of testicular prosthesis (separate procedure)	712.98	S	2
54670	Suture or repair of testicular injury	1,215.25	S	3
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	1,411.26	A	3
54690	Laparoscopy, surgical; orchiectomy	1,309.94	A	5
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	1,348.34	A	
54699	Unlisted laparoscopy procedure, testis	BR	A	
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	443.47	N	2
54800	Biopsy of epididymis, needle	254.82	S	1
54820	Exploration of epididymis, with or without biopsy	743.61	S	1
54830	Excision of local lesion of epididymis	796.30	S	3
54840	Excision of spermatocele, with or without epididymectomy	1,046.19	N	4
54860	Epididymectomy; unilateral	1,053.54	N	3
54861	Epididymectomy; bilateral	1,575.43	S	4

Code	Description	Rate	ASST	ASC
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	2,360.52	S	4
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	3,458.54	S	4
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	110.25	N	
55040	Excision of hydrocele; unilateral	1,078.05	N	3
55041	Excision of hydrocele; bilateral	1,670.96	N	5
55060	Repair of tunica vaginalis hydrocele (Bottle type)	1,036.40	S	4
55100	Drainage of scrotal wall abscess	235.20	N	1
55110	Scrotal exploration	866.10	N	2
55120	Removal of foreign body in scrotum	365.06	S	2
55150	Resection of scrotum	1,499.58	A	1
55175	Scrotoplasty; simple	1,254.45	S	1
55180	Scrotoplasty; complicated	1,656.28	S	2
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	485.13	S	2
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	607.63	N	2
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	595.37	S	
55400	Vasovasostomy, vasovasorrhaphy	3,038.14	A	1
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	379.76	S	
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	999.64	S	3
55520	Excision of lesion of spermatic cord (separate procedure)	874.69	A	4
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	1,258.13	A	4
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	1,347.56	A	4
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	1,362.26	A	5
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	964.12	A	5
55559	Unlisted laparoscopy procedure, spermatic cord	BR	S	
55600	Vesiculotomy;	901.65	S	
55605	Vesiculotomy; complicated	1,552.15	S	
55650	Vesiculectomy, any approach	2,766.17	A	
55680	Excision of Mullerian duct cyst	2,766.17	S	1

Code	Description	Rate	ASST	ASC
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	401.82	N	2
55705	Biopsy, prostate; incisional, any approach	1,265.48	N	2
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	1,265.48	A	1
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	1,878.81	A	2
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	2,893.58	A	
55810	Prostatectomy, perineal radical;	3,567.37	A	
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3,971.62	A	
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	4,694.42	A	
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	2,518.71	A	
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	2,415.82	A	
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	3,577.16	A	
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	3,817.28	A	
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	4,662.57	A	
55859	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	1,362.26	S	5
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	1,295.62	N	
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	2,202.44	A	

Code	Description	Rate	ASST	ASC
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	3,886.85	A	
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	4,210.49	A	
55870	Electroejaculation	189.87	A	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance for interstitial cryosurgical probe placement)	1,201.02	A	
55899	Unlisted procedure, male genital system	BR	A	
56405	Incision and drainage of vulva or perineal abscess	193.56	N	
56420	Incision and drainage of Bartholin's gland abscess	226.65	N	
56440	Marsupialization of Bartholin's gland cyst	656.63	N	2
56441	Lysis of labial adhesions	190.12	S	1
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	171.51	N	
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrocautery, cryosurgery, chemosurgery)	654.17	N	3
56605	Biopsy of vulva or perineum (separate procedure); one lesion	134.74	N	
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	67.37	N	
56620	Vulvectomy simple; partial	1,251.99	A	5
56625	Vulvectomy simple; complete	1,805.74	A	5
56630	Vulvectomy, radical, partial;	2,539.54	A	
56631	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy	3,214.55	A	
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy	3,428.92	A	
56633	Vulvectomy, radical, complete;	2,708.60	A	
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy	3,383.62	A	
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy	3,517.14	A	
56640	Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy	3,849.13	A	
56700	Partial hymenectomy or revision of hymenal ring	565.97	A	1
56720	Hymenotomy, simple incision	257.26	S	1
56740	Excision of Bartholin's gland or cyst	610.08	N	3

Code	Description	Rate	ASST	ASC
56800	Plastic repair of introitus	695.83	A	3
56805	Clitoroplasty for intersex state	1,001.89	A	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	628.44	A	5
57000	Colpotomy; with exploration	580.67	S	1
57010	Colpotomy; with drainage of pelvic abscess	806.08	S	2
57020	Colpocentesis (separate procedure)	206.53	S	2
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	351.16	N	
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	351.16	N	1
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	264.60	N	
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery)	625.99	N	1
57100	Biopsy of vaginal mucosa; simple (separate procedure)	158.03	N	
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	249.91	N	2
57106	Vaginectomy, partial removal of vaginal wall;	733.00	A	
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	2,348.10	A	
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	2,870.92	A	
57110	Vaginectomy, complete removal of vaginal wall;	1,842.49	A	
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	2,844.52	A	
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	3,030.08	A	
57120	Colpocleisis (Le Fort type)	1,372.05	A	
57130	Excision of vaginal septum	578.22	A	2
57135	Excision of vaginal cyst or tumor	570.88	N	2

Code	Description	Rate	ASST	ASC
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	86.67	N	
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	958.03	N	
57160	Fitting and insertion of pessary or other intravaginal support device	66.15	N	
57170	Diaphragm or cervical cap fitting with instructions	71.04	S	
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	263.05	N	1
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	765.65	A	1
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	835.49	A	2
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	1,063.34	A	3
57230	Plastic repair of urethrocele	864.89	A	3
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	1,305.90	A	5
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	1,284.94	A	5
57260	Combined anteroposterior colporrhaphy;	1,987.04	A	5
57265	Combined anteroposterior colporrhaphy; with enterocele repair	2,251.65	A	5
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	903.31	S	
57268	Repair of enterocele, vaginal approach (separate procedure)	1,158.90	A	3
57270	Repair of enterocele, abdominal approach (separate procedure)	1,403.90	A	
57280	Colpopexy, abdominal approach	1,825.34	A	
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliooccygeus)	1,825.34	A	
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	1,895.78		
57284	Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)	1,966.22	A	
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	1,687.03	A	

Code	Description	Rate	ASST	ASC
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	2,075.25	A	
57289	Pereyra procedure, including anterior colporrhaphy	1,617.07	A	5
57291	Construction of artificial vagina; without graft	1,792.29	A	5
57292	Construction of artificial vagina; with graft	3,286.57	A	
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	1,947.60	A	
57300	Closure of rectovaginal fistula; vaginal or transanal approach	1,778.79	A	3
57305	Closure of rectovaginal fistula; abdominal approach	2,413.36	A	
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	2,481.97	A	
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	1,606.76	A	
57310	Closure of urethrovaginal fistula;	1,686.91	A	
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	2,138.95	A	
57320	Closure of vesicovaginal fistula; vaginal approach	1,884.15	A	
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	2,227.14	A	
57335	Vaginoplasty for intersex state	1,344.75	A	
57400	Dilation of vagina under anesthesia	202.13	S	2
57410	Pelvic examination under anesthesia	231.52	N	2
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia	175.17	S	2
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	2,009.03		
57452	Colposcopy of the cervix including upper/adjacent vagina;	251.12	N	
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	331.97	N	
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	476.53	N	
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	194.77	N	
57505	Endocervical curettage (not done as part of a dilation and curettage)	197.60	N	
57510	Cautery of cervix; electro or thermal	180.09	N	



Code	Description	Rate	ASST	ASC
57511	Cautery of cervix; cryocautery, initial or repeat	222.96	N	
57513	Cautery of cervix; laser ablation	931.04	N	2
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	1,002.09	N	2
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	563.54	N	2
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	796.30	A	3
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	3,490.10	A	
57540	Excision of cervical stump, abdominal approach;	1,440.66	A	
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	1,835.14	A	
57550	Excision of cervical stump, vaginal approach;	1,331.63	A	3
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	1,835.14	A	
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	1,749.37	A	5
57700	Cerclage of uterine cervix, nonobstetrical	974.12	S	1
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	754.62	A	3
	Dilation of cervical canal, instrumental (separate procedure)	154.36	N	
57800				
57820	Dilation and curettage of cervical stump	602.73	N	3
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	219.28	N	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	136.03	N	
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	752.19	N	2
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach	2,313.53	A	

Code	Description	Rate	ASST	ASC
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; vaginal approach	1,389.21	A	5
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams, abdominal approach	2,783.49	A	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	2,723.31	A	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	3,029.56	A	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	2,069.13	A	
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	2,812.73	A	
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	4,889.20	A	
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal res	5,741.83	A	
58260	Vaginal hysterectomy, for uterus 250 grams or less;	2,553.01	A	
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	2,344.75	A	
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	2,572.61	A	
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	3,082.24	A	

Code	Description	Rate	ASST	ASC
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	2,616.71	A	
58275	Vaginal hysterectomy, with total or partial vaginectomy;	2,594.68	A	
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	2,374.15	A	
58285	Vaginal hysterectomy, radical (Schauta type operation)	3,076.12	A	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	287.32	N	
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	755.85	A	
58346	Insertion of Heyman capsules for clinical brachytherapy	1,261.98	A	
58353	Endometrial ablation, thermal, without hysteroscopic guidance	610.25	S	4
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	1,000.53	S	4
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	1,391.65	A	
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	2,174.46	A	
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	1,362.26	A	
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	2,320.25	A	
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas	2,282.55	A	5
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams	2,745.04	A	5
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	2,343.52	A	5
58555	Hysteroscopy, diagnostic (separate procedure)	513.28	S	1

Code	Description	Rate	ASST	ASC
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	644.38	S	3
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	752.18	S	2
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	807.30	S	3
58561	Hysteroscopy, surgical; with removal of leiomyomata	977.59	S	3
58562	Hysteroscopy, surgical; with removal of impacted foreign body	667.66	S	3
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	1,153.31	S	4
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	1,447.32	S	4
58578	Unlisted laparoscopy procedure, uterus	BR	S	
58579	Unlisted hysteroscopy procedure, uterus	BR	S	
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	1,215.24	A	5
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	1,454.13	A	5
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	1,270.37	A	5
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	1,168.70	A	3
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	1,076.82	N	3
58672	Laparoscopy, surgical; with fimbrioplasty	1,733.83	A	5
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	1,720.84	A	5
58679	Unlisted laparoscopy procedure, oviduct, ovary	BR	S	
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	1,531.33	A	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	1,842.49	A	
58740	Lysis of adhesions (salpingolysis, ovariolysis)	2,453.79	A	
58750	Tubotubal anastomosis	3,540.40	A	
58752	Tubouterine implantation	2,494.20	A	
58760	Fimbrioplasty	2,587.32	A	

Code	Description	Rate	ASST	ASC
58770	Salpingostomy (salpingoneostomy)	2,393.75	A	
58800	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach	725.23	A	3
58805	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); abdominal approach	1,332.86	A	
58820	Drainage of ovarian abscess; vaginal approach, open	673.77	A	3
58822	Drainage of ovarian abscess; abdominal approach	1,276.51	A	
58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	469.97	A	
58825	Transposition, ovary(s)	1,666.06	A	
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	1,161.36	A	3
58920	Wedge resection or bisection of ovary, unilateral or bilateral	1,520.28	A	
58925	Ovarian cystectomy, unilateral or bilateral	1,952.73	A	
58940	Oophorectomy, partial or total, unilateral or bilateral;	1,901.29	A	
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingect	2,746.58	A	
58950	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	2,082.59	A	
58951	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	3,523.27	A	
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	3,213.32	A	
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	4,029.75	A	

Code	Description	Rate	ASST	ASC
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	4,380.43	A	
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	2,805.36	A	
58960	Laparotomy, for staging or restaging of ovarian, tubal or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aorti	2,775.99	A	
58999	Unlisted procedure, female genital system (nonobstetrical)		BR	A
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	357.63	S	
59012	Cordocentesis (intrauterine), any method	442.76	S	
59015	Chorionic villus sampling, any method	327.18	S	
59070	Transabdominal amnioinfusion, including ultrasound guidance	900.32		
59072	Fetal umbilical cord occlusion, including ultrasound guidance	1,077.45		
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	857.33		
59076	Fetal shunt placement, including ultrasound guidance	1,077.48		
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	176.48	N	
59300	Episiotomy or vaginal repair, by other than attending physician	384.19	N	
59350	Hysterorrhaphy of ruptured uterus	611.40	A	
59870	Uterine evacuation and curettage for hydatidiform mole	737.46	A	5
59871	Removal of cerclage suture under anesthesia (other than local)	255.28	S	5
59897	Unlisted fetal invasive procedure, including ultrasound guidance		BR	
59898	Unlisted laparoscopy procedure, maternity care and delivery		BR	S
59899	Unlisted procedure, maternity care and delivery		BR	A

Code	Description	Rate	ASST	ASC
60000	Incision and drainage of thyroglossal duct cyst, infected	117.60	S	1
60001	Aspiration and/or injection, thyroid cyst	116.42	N	
60100	Biopsy thyroid, percutaneous core needle	220.50	N	
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	1,345.10	A	2
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	1,708.94	A	
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2,236.95	A	
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	1,989.49	A	
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	2,568.94	A	
60240	Thyroidectomy, total or complete	2,481.97	A	
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	3,034.47	A	
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	3,680.08	A	
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	1,962.53	A	
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	2,736.78	A	
60271	Thyroidectomy, including substernal thyroid; cervical approach	2,334.95	A	
60280	Excision of thyroglossal duct cyst or sinus;	1,563.16	A	4
60281	Excision of thyroglossal duct cyst or sinus; recurrent	1,558.26	A	4
60500	Parathyroidectomy or exploration of parathyroid(s);	2,516.27	A	
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	2,145.08	A	
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	2,790.68	A	
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	576.78	A	
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	2,577.50	A	

Code	Description	Rate	ASST	ASC
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	2,949.93	A	
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	3,398.32	A	
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	2,535.88	A	
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	2,859.28	A	
60600	Excision of carotid body tumor; without excision of carotid artery	2,432.96	A	
60605	Excision of carotid body tumor; with excision of carotid artery	3,329.69	A	
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	2,225.55	S	
60659	Unlisted laparoscopy procedure, endocrine system	BR	S	
60699	Unlisted procedure, endocrine system	BR	A	
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	301.36	N	1
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	399.36	N	1
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	275.62	S	1
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)	395.68	N	1
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	186.20	N	1
61105	Twist drill hole for subdural or ventricular puncture;	1,330.41	S	
61107	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device	1,443.12	N	



Code	Description	Rate	ASST	ASC
61108	Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma	2,771.08	N	
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	1,528.87	S	
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	2,862.95	A	
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	3,018.52	N	
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	562.89	A	
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	3,605.34	A	
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	3,006.28	A	
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure)	2,029.92	A	
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	1,550.92	A	3
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	2,044.62	A	
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	3,537.96	A	
61304	Craniectomy or craniotomy, exploratory; supratentorial	4,649.08	A	
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	4,826.73	A	
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	4,809.59	A	
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	5,120.74	A	
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	5,369.42	A	
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	6,000.32	A	
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	288.43	A	
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	4,696.88	A	

Code	Description	Rate	ASST	ASC
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	4,824.28	A	
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	4,629.97	A	
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	4,792.69	A	
61330	Decompression of orbit only, transcranial approach	3,508.54	A	
61332	Exploration of orbit (transcranial approach); with biopsy	4,710.33	A	
61333	Exploration of orbit (transcranial approach); with removal of lesion	5,057.04	A	
61334	Exploration of orbit (transcranial approach); with removal of foreign body	4,881.26	A	
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	2,926.66	A	
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	6,110.60	A	
61345	Other cranial decompression, posterior fossa	2,658.37	A	
61440	Craniotomy for section of tentorium cerebelli (separate procedure)	3,416.68	A	
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	4,587.84	A	
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	5,032.54	A	
61460	Craniectomy, suboccipital; for section of one or more cranial nerves	4,807.12	A	
61470	Craniectomy, suboccipital; for medullary tractotomy	4,760.58	A	
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	4,355.75	A	
61490	Craniotomy for lobotomy, including cingulotomy	3,239.06	A	
61500	Craniectomy; with excision of tumor or other bone lesion of skull	4,707.90	A	
61501	Craniectomy; for osteomyelitis	4,591.51	A	

Code	Description	Rate	ASST	ASC
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	5,697.73	A	
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	5,597.29	A	
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	5,253.03	A	
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	5,253.03	A	
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	238.61	N	
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	6,233.10	A	
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	6,692.48	A	
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	6,872.57	A	
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	7,796.25	A	
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	5,656.09	A	
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	5,702.63	A	
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	5,975.83	N	
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	6,024.82	N	
61531	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring	3,975.30	A	
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring	4,807.12	A	

Code	Description	Rate	ASST	ASC
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	4,775.27	A	
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	2,872.37	A	
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	7,409.87	A	
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	5,490.83		
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	5,861.90	A	
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	6,892.77	A	
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	6,667.28		
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	6,286.59	A	
61542	Craniotomy with elevation of bone flap; for total hemispherectomy	6,784.37	A	
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	6,595.70	A	
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	5,177.09	A	
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	8,590.10	A	
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	5,351.04	A	
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transeptal approach, nonstereotactic	5,270.19	A	
61550	Craniectomy for craniosynostosis; single cranial suture	3,366.45	A	
61552	Craniectomy for craniosynostosis; multiple cranial sutures	3,775.62	A	
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	3,688.64	A	

Code	Description	Rate	ASST	ASC
61557	Craniotomy for craniosynostosis; bifrontal bone flap	4,020.65	A	
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts	5,425.76	A	
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	5,990.53	A	
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	5,235.89	A	
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	6,375.20	A	
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	5,652.04		
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	6,452.19		
61570	Craniectomy or craniotomy; with excision of foreign body from brain	6,222.07	A	
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	6,258.81	A	
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	5,000.68	A	
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	4,723.83	A	
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	4,693.28	A	
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	5,978.28	A	
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	5,418.44	A	

Code	Description	Rate	ASST	ASC
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	6,151.02	A	
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	4,693.28	A	
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	6,571.01	A	
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	4,042.69	A	
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilizatio	7,316.05	A	
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression an	7,655.39	A	
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	6,905.65	A	
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	5,102.35	A	
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	6,197.56	A	

Code	Description	Rate	ASST	ASC
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	6,555.28	A	
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	5,632.14	A	
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	4,450.62	A	
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	4,775.27	A	
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	5,038.64	A	
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	6,743.95	A	
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	6,291.88	A	
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	7,331.95	A	
61609	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)	1,766.53	A	
61610	Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	5,816.56	A	
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	1,315.69	A	

Code	Description	Rate	ASST	ASC
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	5,462.53	A	
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	7,195.98	A	
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	5,550.73	A	
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	7,526.75	A	
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	2,893.58	A	
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occ	3,623.72	A	
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic	1,769.87	A	
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	3,425.27	N	



Code	Description	Rate	ASST	ASC
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	2,810.28	N	
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	4,283.36		
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	4,672.97		
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel		BR	N
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)		BR	N
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)		BR	N
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	8,209.10		A
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	9,436.62		A
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	8,332.82		A
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	9,560.35		A
61690	Surgery of intracranial arteriovenous malformation; dural, simple	7,321.89		A
61692	Surgery of intracranial arteriovenous malformation; dural, complex	8,786.27		A
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	9,187.60		S
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	8,843.54		A
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	6,600.61		A
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	6,796.62		A

Code	Description	Rate	ASST	ASC
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	3,013.63	A	
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	7,681.12	A	
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	5,613.21	A	
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	3,003.53	S	
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	5,441.70	A	
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	4,552.31	N	
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	4,241.14	A	
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	4,273.00	A	
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	4,356.30	A	
61760	Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring	3,725.40	A	
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	3,792.78	A	
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	2,980.57	N	3
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	3,763.39	S	3

Code	Description	Rate	ASST	ASC
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions	5,267.75	A	
61795	Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)	1,202.99	N	
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	3,191.51	A	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	3,952.02	A	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraopera	3,026.44		
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraopera	1,112.45		
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperativ	5,176.90		
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperativ	1,976.49		
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	2,604.48	A	
61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	2,653.45	A	
61880	Revision or removal of intracranial neurostimulator electrodes	1,149.37	A	

Code	Description	Rate	ASST	ASC
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	1,109.60	S	2
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	1,393.56	S	3
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	1,051.02	A	1
62000	Elevation of depressed skull fracture; simple, extradural	2,420.71	A	
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	2,780.88	A	
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	3,802.56	A	
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	4,518.00	A	
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	3,449.76	A	
62116	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty	3,801.35	A	
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	4,259.52	A	
62120	Repair of encephalocele, skull vault, including cranioplasty	3,486.51	A	
62121	Craniotomy for repair of encephalocele, skull base	4,216.64	A	
62140	Cranioplasty for skull defect; up to 5 cm diameter	3,295.41	A	
62141	Cranioplasty for skull defect; larger than 5 cm diameter	3,800.13	A	
62142	Removal of bone flap or prosthetic plate of skull	3,111.64	A	
62143	Replacement of bone flap or prosthetic plate of skull	3,405.65	A	
62145	Cranioplasty for skull defect with reparative brain surgery	4,667.47	A	
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	3,785.43	A	
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	4,853.68	A	

Code	Description	Rate	ASST	ASC
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	449.16	A	
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	646.80	A	
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	4,617.36	A	
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	5,930.26	A	
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	3,754.97	A	
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	6,411.21	A	
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	5,018.13	A	
62180	Ventriculocisternostomy (Torkildsen type operation)	3,081.02	A	
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	2,832.33	N	
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	3,012.41	A	
62194	Replacement or irrigation, subarachnoid/subdural catheter	989.84	S	1
62200	Ventriculocisternostomy, third ventricle;	4,680.94	A	
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	2,554.25	A	
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	3,073.66	A	
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	3,474.27	A	
62225	Replacement or irrigation, ventricular catheter	1,554.59	N	1
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	2,229.60	A	2

Code	Description	Rate	ASST	ASC
62252	Reprogramming of programmable cerebrospinal shunt	159.87	S	
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	1,003.32	A	
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	3,093.26	A	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	1,346.89	A	1
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	918.39	A	
62268	Percutaneous aspiration, spinal cord cyst or syrinx	721.72	N	1
62269	Biopsy of spinal cord, percutaneous needle	560.84	S	1
62270	Spinal puncture, lumbar, diagnostic	173.97	N	1
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	205.81	N	1
62273	Injection, epidural, of blood or clot patch	349.15	N	1
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	434.89	N	1
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	438.57	N	1
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	434.89	N	1
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	578.22	N	

Code	Description	Rate	ASST	ASC
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous diskectomy, percutaneous laser diskectomy)	1,999.27	N	5
62290	Injection procedure for diskography, each level; lumbar	514.53	N	
62291	Injection procedure for diskography, each level; cervical or thoracic	507.19	N	
62292	Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar	2,206.32	S	
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	667.66	A	3
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, ot	252.39	N	1
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, ot	255.07	N	1
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic,	289.12	N	1
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic,	289.12	N	1

Code	Description	Rate	ASST	ASC
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	1,243.41	A	2
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	1,832.68	A	
62355	Removal of previously implanted intrathecal or epidural catheter	1,009.45	S	2
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	575.58	S	2
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump	959.20	S	2
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	1,247.10	S	2
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	1,005.78	S	2
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	96.78	S	
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	149.45	S	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; cervical	4,163.97	A	



Code	Description	Rate	ASST	ASC
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; thoracic	4,108.83	A	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; lumbar, except for spondylolisthesis	3,959.38	A	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; sacral	3,905.48	A	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	4,094.14	A	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), more than 2 vertebral segments; cervical	4,366.10	A	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), more than 2 vertebral segments; thoracic	4,366.10	A	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), more than 2 vertebral segments; lumbar	4,150.49	A	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical	4,568.24	A	

Code	Description	Rate	ASST	ASC
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach)	4,253.40	A	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; each additional interspace, cervical or lumbar (List separately in addition to code for prima	918.79	A	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical	4,407.77	A	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar	4,466.55	A	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional cervical interspace (List separately in add	855.68	A	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional lumbar interspace (List separately in addit	855.69	A	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; cervical	4,553.54	A	

Code	Description	Rate	ASST	ASC
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; thoracic	4,601.30	A	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; lumbar	4,535.16	A	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; each additional segment, cervical, thoracic, or l	1,002.09	A	
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	4,682.22	A	
63051	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini	5,327.40	A	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic	5,058.26	A	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disk)	4,424.90	A	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	938.39	A	
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment	4,596.41	A	

Code	Description	Rate	ASST	ASC
63066	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; each additional segment (List separately in addition to code for primary procedure)	901.65	A	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	4,205.62	A	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	960.45	A	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace	3,420.36	A	
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	938.39	A	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	5,142.79	A	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	1,141.77	A	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	5,277.55	A	
	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	1,141.77	A	
63086				

Code	Description	Rate	ASST	ASC
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	5,485.79	A	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code)	1,141.77	A	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	4,973.74	A	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately)	1,141.77	A	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic, single segment	8,456.41		
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); lumbar, single segment	8,456.41		
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retracted bone fragments); thoracic or lumbar, each additional segment (List s)	1,891.35		
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	5,054.60	A	
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	5,050.96	A	

Code	Description	Rate	ASST	ASC
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	5,873.49	A	
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments	4,701.76	A	
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than two segments	5,431.91	A	
63185	Laminectomy with rhizotomy; one or two segments	4,052.48	A	
63190	Laminectomy with rhizotomy; more than two segments	4,587.84	A	
63191	Laminectomy with section of spinal accessory nerve	4,298.73	A	
63194	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical	4,270.54	A	
63195	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic	4,282.79	A	
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical	4,451.86	A	
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic	4,432.25	A	
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical	5,098.69	A	
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic	5,098.69	A	
63200	Laminectomy, with release of tethered spinal cord, lumbar	4,737.29	A	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	5,199.14	A	
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	5,199.14	A	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	5,542.14	A	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	4,840.20	A	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	4,840.20	A	

Code	Description	Rate	ASST	ASC
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	4,689.52	A	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	4,689.52	A	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	5,142.79	A	
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	5,010.47	A	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	4,797.33	A	
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	4,728.72	A	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	5,142.79	A	
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	4,988.44	A	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	4,689.52	A	
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	4,689.52	A	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	5,142.79	A	
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	5,142.79	A	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	4,840.20	A	
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	4,840.20	A	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	5,446.61	A	
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	5,446.61	A	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	5,311.85	A	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	5,446.61	A	

Code	Description	Rate	ASST	ASC
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	688.18	S	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	4,890.88	A	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	5,048.96	A	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	5,048.96	A	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	5,048.96	A	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	4,890.88	A	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	5,048.96	A	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	5,048.96	A	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	5,048.96	A	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	960.45	A	
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	2,543.22	S	2



Code	Description	Rate	ASST	ASC
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	2,528.52	S	1
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	2,756.38	A	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	2,499.12	N	2
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	2,976.88	A	
63660	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)	1,131.95	A	1
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	1,128.27	A	2
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	816.74	N	1
63700	Repair of meningocele; less than 5 cm diameter	2,266.36	A	
63702	Repair of meningocele; larger than 5 cm diameter	2,638.77	A	
63704	Repair of myelomeningocele; less than 5 cm diameter	3,947.11	A	
63706	Repair of myelomeningocele; larger than 5 cm diameter	3,944.68	A	
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	3,786.65	A	
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	4,111.28	A	
63710	Dural graft, spinal	4,135.78	A	
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	3,511.01	A	
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	2,161.00	A	
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	1,871.89	A	3
63746	Removal of entire lumbosubarachnoid shunt system without replacement	1,430.85	S	2
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	237.67	N	
64402	Injection, anesthetic agent; facial nerve	192.32	N	
64405	Injection, anesthetic agent; greater occipital nerve	171.51	N	
64408	Injection, anesthetic agent; vagus nerve	159.24	S	
64410	Injection, anesthetic agent; phrenic nerve	159.24	S	1

Code	Description	Rate	ASST	ASC
64412	Injection, anesthetic agent; spinal accessory nerve	171.38	N	
64413	Injection, anesthetic agent; cervical plexus	159.24	N	
64415	Injection, anesthetic agent; brachial plexus, single	178.85	N	1
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	234.08	N	
64417	Injection, anesthetic agent; axillary nerve	197.26	N	1
64418	Injection, anesthetic agent; suprascapular nerve	178.85	N	
64420	Injection, anesthetic agent; intercostal nerve, single	178.85	N	1
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	259.06	N	1
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	178.85	N	
64430	Injection, anesthetic agent; pudendal nerve	169.06	N	1
64435	Injection, anesthetic agent; paracervical (uterine) nerve	165.37	N	
64445	Injection, anesthetic agent; sciatic nerve, single	182.24	N	
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter, (including catheter placement) including daily management for anesthetic agent administration	242.19	N	
64447	Injection, anesthetic agent; femoral nerve, single	113.53	N	
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	222.74	N	
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration	209.98		
64450	Injection, anesthetic agent; other peripheral nerve or branch	88.20	N	
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level	288.69	N	1
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	242.05	N	1

Code	Description	Rate	ASST	ASC
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level	303.81	N	1
64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	193.33	N	1
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	281.37	N	1
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	254.31	N	1
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	259.57	N	1
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	240.58	N	1
64505	Injection, anesthetic agent; sphenopalatine ganglion	144.55	N	
64508	Injection, anesthetic agent; carotid sinus (separate procedure)	144.55	S	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	257.26	N	1
64517	Injection, anesthetic agent; superior hypogastric plexus	273.71		
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	274.42	N	1
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	351.06	N	1
64550	Application of surface (transcutaneous) neurostimulator	71.04	N	
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	396.91	S	1
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	264.60	N	
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve	312.38	S	

Code	Description	Rate	ASST	ASC
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	514.83	S	
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	193.56	N	
64573	Incision for implantation of neurostimulator electrodes; cranial nerve	644.07	S	1
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	772.24	N	1
64577	Incision for implantation of neurostimulator electrodes; autonomic nerve	772.24	A	1
64580	Incision for implantation of neurostimulator electrodes; neuromuscular	772.24	A	1
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)	772.24	A	
64585	Revision or removal of peripheral neurostimulator electrodes	580.67	A	1
64590	Insertion or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling	624.76	A	2
64595	Revision or removal of peripheral neurostimulator pulse generator or receiver	355.27	A	1
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	357.72	N	1
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	540.24	S	1
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	634.46	N	1
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)	254.82	N	
64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	285.43	N	
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	446.86	N	
64620	Destruction by neurolytic agent, intercostal nerve	183.75	N	1

Code	Description	Rate	ASST	ASC
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level	301.36	N	1
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	106.90	N	1
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level	343.51	N	1
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	113.84	N	1
64630	Destruction by neurolytic agent; pudendal nerve	258.48	S	2
64640	Destruction by neurolytic agent; other peripheral nerve or branch	292.09	N	
64650	Chemodeneration of eccrine glands; both axillae	65.76	N	
64653	Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day	75.85	N	
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	335.66	N	2
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	791.11		
64702	Neuroplasty; digital, one or both, same digit	585.57	N	1
64704	Neuroplasty; nerve of hand or foot	943.28	A	1
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified	1,596.23	A	2
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve	1,716.30	A	2
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus	2,241.85	A	2
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus	1,699.15	A	2
64716	Neuroplasty and/or transposition; cranial nerve (specify)	1,935.58	A	3
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	1,639.12	S	2
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	1,146.64	N	2
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	1,291.22	N	2
64722	Decompression; unspecified nerve(s) (specify)	1,456.58	A	1
64726	Decompression; plantar digital nerve	585.57	N	1

Code	Description	Rate	ASST	ASC
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	745.54	N	1
64732	Transection or avulsion of; supraorbital nerve	847.74	A	2
64734	Transection or avulsion of; infraorbital nerve	869.78	S	2
64736	Transection or avulsion of; mental nerve	1,207.91	A	2
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	1,269.16	A	2
64740	Transection or avulsion of; lingual nerve	1,153.77	A	2
64742	Transection or avulsion of; facial nerve, differential or complete	1,274.05	A	2
64744	Transection or avulsion of; greater occipital nerve	1,168.70	S	2
64746	Transection or avulsion of; phrenic nerve	629.68	A	2
64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic	1,874.33	A	
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	2,619.17	A	
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	1,735.91	A	
64761	Transection or avulsion of; pudendal nerve	644.38	A	
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	844.07	A	
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	1,250.77	A	
64771	Transection or avulsion of other cranial nerve, extradural	1,471.30	A	2
64772	Transection or avulsion of other spinal nerve, extradural	1,105.00	A	2
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	643.16	N	2
64776	Excision of neuroma; digital nerve, one or both, same digit	645.61	S	3
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	276.86	A	2
64782	Excision of neuroma; hand or foot, except digital nerve	910.20	A	3
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	345.46	A	2

Code	Description	Rate	ASST	ASC
64784	Excision of neuroma; major peripheral nerve, except sciatic	1,152.78	S	3
64786	Excision of neuroma; sciatic nerve	1,319.40	A	3
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	758.31	S	2
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	894.29	N	3
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	1,122.16	S	3
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	1,384.30	A	3
64795	Biopsy of nerve	460.61	N	2
64802	Sympathectomy, cervical	1,815.54	A	2
64804	Sympathectomy, cervicothoracic	2,501.57	A	
64809	Sympathectomy, thoracolumbar	2,462.37	A	
64818	Sympathectomy, lumbar	1,495.79	A	
64820	Sympathectomy; digital arteries, each digit	1,380.00	N	
64821	Sympathectomy; radial artery	1,380.00	N	4
64822	Sympathectomy; ulnar artery	1,380.00	N	
64823	Sympathectomy; superficial palmar arch	1,380.00	S	
64831	Suture of digital nerve, hand or foot; one nerve	945.74	N	4
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	333.21	S	1
64834	Suture of one nerve, hand or foot; common sensory nerve	1,065.79	S	2
64835	Suture of one nerve, hand or foot; median motor thenar	1,283.86	A	3
64836	Suture of one nerve, hand or foot; ulnar motor	1,421.05	A	3
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	623.54	A	1
64840	Suture of posterior tibial nerve	1,501.92	A	2
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	1,462.72	N	2
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	1,477.42	A	2
64858	Suture of sciatic nerve	1,822.88	A	2
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	502.27	A	1
64861	Suture of; brachial plexus	1,673.42	A	3
64862	Suture of; lumbar plexus	1,805.74	A	3

Code	Description	Rate	ASST	ASC
64864	Suture of facial nerve; extracranial	1,724.88	A	3
64865	Suture of facial nerve; infratemporal, with or without grafting	1,724.88	A	4
64866	Anastomosis; facial-spinal accessory	3,611.47	A	
64868	Anastomosis; facial-hypoglossal	3,611.47	A	
64870	Anastomosis; facial-phrenic	3,611.47	A	4
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neuroorrhaphy)	260.92	A	2
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	260.92	A	3
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	260.92	A	3
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	3,030.23	A	2
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	3,648.22	A	2
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	1,751.82	A	2
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	1,969.90	A	2
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	1,773.87	A	2
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	1,944.18	A	2
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	2,187.95	A	3
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	2,512.58	A	3
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	2,179.37	A	3
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	2,447.66	A	3
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	901.65	A	2
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	1,067.01	A	2
64905	Nerve pedicle transfer; first stage	1,200.56	A	2



Code	Description	Rate	ASST	ASC
64907	Nerve pedicle transfer; second stage	1,528.87	A	1
64999	Unlisted procedure, nervous system	BR	S	
65091	Evisceration of ocular contents; without implant	1,330.41	S	3
65093	Evisceration of ocular contents; with implant	1,749.37	N	3
65101	Enucleation of eye; without implant	1,798.38	N	3
65103	Enucleation of eye; with implant, muscles not attached to implant	1,864.55	N	3
65105	Enucleation of eye; with implant, muscles attached to implant	2,158.55	A	4
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	2,617.95	A	5
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	2,886.22	A	5
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	3,060.20	A	5
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	632.11	A	
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	1,536.22	A	3
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	1,668.52	A	2
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	1,879.23	A	3
65150	Reinsertion of ocular implant; with or without conjunctival graft	1,525.19	S	2
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	1,953.96	A	3
65175	Removal of ocular implant	987.38	A	1
65205	Removal of foreign body, external eye; conjunctival superficial	85.75	N	
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	104.11	N	
65220	Removal of foreign body, external eye; corneal, without slit lamp	115.14	N	
65222	Removal of foreign body, external eye; corneal, with slit lamp	137.18	N	
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	1,656.28	S	2

Code	Description	Rate	ASST	ASC
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	2,192.85	A	3
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	2,234.50	A	4
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	309.94	S	2
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	447.14	A	2
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	681.11	A	
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	650.48	S	4
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	1,938.03	S	4
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	2,481.97	A	4
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	1,501.76	N	
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	1,200.56	A	3
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	1,017.91	N	1
65410	Biopsy of cornea	212.55	S	2
65420	Excision or transposition of pterygium; without graft	800.01	N	2
65426	Excision or transposition of pterygium; with graft	1,090.54	N	5
65430	Scraping of cornea, diagnostic, for smear and/or culture	100.44	N	
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	110.25	N	
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	242.46	N	
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	194.40	N	
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	654.75	N	
65710	Keratoplasty (corneal transplant); lamellar	2,667.07	A	5
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia)	3,272.69	A	5
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	3,394.45	A	5

Code	Description	Rate	ASST	ASC
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	3,056.52	A	5
65760	Keratomileusis	3,030.23	N	
65765	Keratophakia	3,515.15	N	
65767	Epikeratoplasty	3,272.69	N	
65770	Keratoprosthesis	2,933.03	A	5
65771	Radial keratotomy	1,781.61	N	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	1,042.48	N	4
65775	Corneal wedge resection for correction of surgically induced astigmatism	1,187.74	N	4
65780	Ocular surface reconstruction; amniotic membrane transplantation	1,817.92		
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	2,787.77		
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	2,424.61		
65800	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous	230.71	N	1
65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	230.71	N	1
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	998.68	N	3
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	1,122.58	N	2
65820	Goniotomy	1,408.80	S	
65850	Trabeculotomy ab externo	1,497.49	N	4
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	1,347.95	N	
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	906.54	S	
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae	1,497.49	A	1
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae	1,000.87	A	4

Code	Description	Rate	ASST	ASC
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae	1,020.47	A	4
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	1,020.47	A	4
65900	Removal of epithelial downgrowth, anterior chamber of eye	844.07	A	5
65920	Removal of implanted material, anterior segment of eye	1,996.30	A	5
65930	Removal of blood clot, anterior segment of eye	1,273.19	N	5
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	249.94	N	1
66030	Injection, anterior chamber of eye (separate procedure); medication	206.15	N	1
66130	Excision of lesion, sclera	727.67	S	5
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	1,430.20	A	4
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	1,341.55	N	4
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	1,341.55	A	2
66165	Fistulization of sclera for glaucoma; iridencleisis or iridotaxis	1,341.55	A	4
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	1,519.92	A	4
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	1,824.33	A	4
66180	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)	1,699.36	A	5
66185	Revision of aqueous shunt to extraocular reservoir	1,018.98	A	2
66220	Repair of scleral staphyloma; without graft	1,967.46	A	3
66225	Repair of scleral staphyloma; with graft	2,325.28	A	4
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	983.73	N	2
66500	Iridotomy by stab incision (separate procedure); except transfixion	447.54	A	1

Code	Description	Rate	ASST	ASC
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	357.82	A	1
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	1,341.55	N	3
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	1,824.33	A	3
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	1,001.89	N	3
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	1,001.89	N	3
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	1,001.89	N	3
66680	Repair of iris, ciliary body (as for iridodialysis)	822.44	A	3
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	983.73	A	2
66700	Ciliary body destruction; diathermy	858.76	S	2
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	894.01	N	2
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	1,352.13	N	2
66720	Ciliary body destruction; cryotherapy	858.76	N	2
66740	Ciliary body destruction; cyclodialysis	1,162.10	N	2
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)	894.01	N	
66762	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	912.17	N	
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	894.01	N	
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	1,151.42	N	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)	1,288.14	N	2
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	2,241.96	S	4

Code	Description	Rate	ASST	ASC
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	1,280.66	N	4
66840	Removal of lens material; aspiration technique, one or more stages	2,334.89	N	4
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	2,511.13	N	5
66852	Removal of lens material; pars plana approach, with or without vitrectomy	3,013.14	S	4
66920	Removal of lens material; intracapsular	2,209.92	S	4
66930	Removal of lens material; intracapsular, for dislocated lens	2,511.13	S	5
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	2,385.09	S	5
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in rout	3,139.18	S	5
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	2,485.49	N	5
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	2,611.53	N	5
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	2,109.52	N	5
66986	Exchange of intraocular lens	2,762.13	A	5
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	285.99	N	
66999	Unlisted procedure, anterior segment of eye	BR	S	
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	2,177.88	A	4
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	2,541.03	A	4
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	1,016.84	A	1

Code	Description	Rate	ASST	ASC
67025	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure)	1,210.17	A	1
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	4,476.45	A	4
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	472.10	N	
67030	Discission of vitreous strands (without removal), pars plana approach	1,451.56	A	1
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)	1,210.17	N	2
67036	Vitrectomy, mechanical, pars plana approach;	3,508.74	A	4
67038	Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping	4,476.45	A	5
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	3,871.90	A	5
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	4,113.29	A	5
67101	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid	2,057.18	N	
67105	Repair of retinal detachment, one or more sessions; photocoagulation, with or without drainage of subretinal fluid	2,057.18	N	
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid	3,097.52	A	5
67108	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	4,839.61	A	5
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	2,420.34	N	
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	2,734.36	A	5
67115	Release of encircling material (posterior segment)	919.64	A	2

Code	Description	Rate	ASST	ASC
67120	Removal of implanted material, posterior segment; extraocular	1,161.04	A	2
67121	Removal of implanted material, posterior segment; intraocular	1,330.87	A	2
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy	1,204.83	N	2
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; photocoagulation (laser or xenon arc)	1,249.69	N	
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; cryotherapy, diathermy	1,249.69	N	
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; photocoagulation	1,295.62	N	
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)	2,500.45	A	5
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions	1,295.62	N	
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	431.52	S	
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	139.14	N	
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy	1,340.48	N	1
67228	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; photocoagulation (laser or xenon arc)	1,386.41	N	
67250	Scleral reinforcement (separate procedure); without graft	1,817.92	A	3
67255	Scleral reinforcement (separate procedure); with graft	2,272.94	A	3
67299	Unlisted procedure, posterior segment		BR	S



Code	Description	Rate	ASST	ASC
67311	Strabismus surgery, recession or resection procedure; one horizontal muscle	1,862.08	N	3
67312	Strabismus surgery, recession or resection procedure; two horizontal muscles	2,156.09	N	4
67314	Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)	1,930.69	A	4
67316	Strabismus surgery, recession or resection procedure; two or more vertical muscles (excluding superior oblique)	2,315.35	S	4
67318	Strabismus surgery, any procedure, superior oblique muscle	2,124.25	A	4
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	1,300.96	N	4
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	650.48	N	4
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	1,382.13	A	4
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	1,382.13	A	4
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	498.59	N	4
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	1,219.78	A	4
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	975.18	A	
67345	Chemodenervation of extraocular muscle	480.22	N	
67350	Biopsy of extraocular muscle	585.32	S	1
67399	Unlisted procedure, ocular muscle	BR	A	

Code	Description	Rate	ASST	ASC
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	2,241.85	A	3
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	2,113.22	A	4
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	2,600.85	A	5
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	2,600.85	A	5
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	1,946.61	A	
67415	Fine needle aspiration of orbital contents	389.86	S	1
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	2,959.73	A	5
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	2,859.28	A	5
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	2,865.41	A	5
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	2,179.37	A	
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	2,544.44	A	5
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	190.12	N	
67505	Retrobulbar injection; alcohol	205.81	N	
67515	Injection of medication or other substance into Tenon's capsule	120.04	N	
67550	Orbital implant (implant outside muscle cone); insertion	1,677.10	N	4
67560	Orbital implant (implant outside muscle cone); removal or revision	1,227.51	S	2
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	1,266.72	A	
67599	Unlisted procedure, orbit	BR	A	
67700	Blepharotomy, drainage of abscess, eyelid	153.13	N	
67710	Severing of tarsorrhaphy	146.99	N	
67715	Canthotomy (separate procedure)	181.32	N	1
67800	Excision of chalazion; single	176.40	N	

Code	Description	Rate	ASST	ASC
67801	Excision of chalazion; multiple, same lid	256.04	N	
67805	Excision of chalazion; multiple, different lids	279.32	N	
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	369.95	N	2
67810	Biopsy of eyelid	160.48	N	
67820	Correction of trichiasis; epilation, by forceps only	81.10	N	
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrocautery, cryotherapy, laser surgery)	153.13	N	
67830	Correction of trichiasis; incision of lid margin	247.46	N	2
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	1,394.11	S	2
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	286.66	N	
67850	Destruction of lesion of lid margin (up to 1 cm)	162.93	N	
67875	Temporary closure of eyelids by suture (eg, Frost suture)	294.02	N	
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	590.48	N	3
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	923.69	N	3
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	804.86	N	4
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	1,895.15	N	5
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	2,034.80	A	5
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	2,109.54	N	4
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	2,338.63	N	4
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	2,023.79	A	5
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	1,580.34	N	4
67909	Reduction of overcorrection of ptosis	1,580.34	N	4
67911	Correction of lid retraction	1,421.87	N	3

Code	Description	Rate	ASST	ASC
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	3,046.52		
67914	Repair of ectropion; suture	735.02	N	3
67915	Repair of ectropion; thermocauterization	249.91	N	
67916	Repair of ectropion; excision tarsal wedge	1,249.55	N	4
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	1,773.87	N	4
67921	Repair of entropion; suture	791.38	N	3
67922	Repair of entropion; thermocauterization	279.32	N	
67923	Repair of entropion; excision tarsal wedge	1,070.68	N	4
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	1,407.58	N	4
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	625.99	N	
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	1,097.64	N	2
67938	Removal of embedded foreign body, eyelid	96.78	N	
67950	Canthoplasty (reconstruction of canthus)	1,570.52	A	2
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	1,555.83	S	3
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	2,339.85	N	3
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage	2,393.75	A	3
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage	2,250.44	A	3
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage	2,481.97	A	3
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	1,051.09	N	3
67999	Unlisted procedure, eyelids		BR	S

Code	Description	Rate	ASST	ASC
68020	Incision of conjunctiva, drainage of cyst	96.78	N	
68040	Expression of conjunctival follicles (eg, for trachoma)	101.69	N	
68100	Biopsy of conjunctiva	187.42	N	
68110	Excision of lesion, conjunctiva; up to 1 cm	330.77	N	
68115	Excision of lesion, conjunctiva; over 1 cm	448.35	N	2
68130	Excision of lesion, conjunctiva; with adjacent sclera	717.87	N	2
68135	Destruction of lesion, conjunctiva	188.66	N	
68200	Subconjunctival injection	115.14	N	
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	1,566.83	A	4
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	1,978.45	N	4
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	1,778.79	N	4
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	1,950.28	S	4
68330	Repair of symblepharon; conjunctivoplasty, without graft	1,346.34	S	4
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	1,570.52	A	4
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	788.94	S	4
68360	Conjunctival flap; bridge or partial (separate procedure)	868.56	N	2
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	1,294.90	A	2
68371	Harvesting conjunctival allograft, living donor	903.93		
68399	Unlisted procedure, conjunctiva	BR	S	
68400	Incision, drainage of lacrimal gland	257.26	N	
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	254.82	N	
68440	Snip incision of lacrimal punctum	120.04	N	
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	1,784.91	A	3
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	1,765.29	A	3
68510	Biopsy of lacrimal gland	387.12	S	1
68520	Excision of lacrimal sac (dacryocystectomy)	1,825.34	S	3

Code	Description	Rate	ASST	ASC
68525	Biopsy of lacrimal sac	361.39	N	1
68530	Removal of foreign body or dacryolith, lacrimal passages	1,294.90	N	
68540	Excision of lacrimal gland tumor; frontal approach	2,142.63	A	3
68550	Excision of lacrimal gland tumor; involving osteotomy	2,191.63	A	3
68700	Plastic repair of canaliculi	1,575.43	N	2
68705	Correction of everted punctum, cautery	186.20	N	
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	2,113.22	A	4
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	2,148.75	A	4
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	2,614.27	A	4
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	215.60	N	
68761	Closure of the lacrimal punctum; by plug, each	186.20	S	
68770	Closure of lacrimal fistula (separate procedure)	921.23	S	4
68801	Dilation of lacrimal punctum, with or without irrigation	89.42	N	
68810	Probing of nasolacrimal duct, with or without irrigation;	194.36	N	1
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	257.26	N	2
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	338.11	N	2
68840	Probing of lacrimal canaliculi, with or without irrigation	113.94	N	
68850	Injection of contrast medium for dacryocystography	90.64	N	
68899	Unlisted procedure, lacrimal system	BR	S	
69000	Drainage external ear, abscess or hematoma; simple	110.25	N	
69005	Drainage external ear, abscess or hematoma; complicated	575.76	N	
69020	Drainage external auditory canal, abscess	154.36	N	
69090	Ear piercing	56.34	N	
69100	Biopsy external ear	134.74	N	
69105	Biopsy external auditory canal	184.98	N	
69110	Excision external ear; partial, simple repair	654.17	N	1
69120	Excision external ear; complete amputation	1,269.16	N	2
69140	Excision exostosis(es), external auditory canal	1,710.17	S	2
69145	Excision soft tissue lesion, external auditory canal	460.61	N	2

Code	Description	Rate	ASST	ASC
69150	Radical excision external auditory canal lesion; without neck dissection	2,412.13	A	3
69155	Radical excision external auditory canal lesion; with neck dissection	3,295.41	A	
69200	Removal foreign body from external auditory canal; without general anesthesia	124.96	N	
69205	Removal foreign body from external auditory canal; with general anesthesia	395.68	N	1
69210	Removal impacted cerumen (separate procedure), one or both ears	66.15	N	
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	77.18	N	
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	222.96	N	
69300	Otoplasty, protruding ear, with or without size reduction	1,729.77	S	3
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	2,322.71	N	3
69320	Reconstruction external auditory canal for congenital atresia, single stage	3,013.63	A	5
69399	Unlisted procedure, external ear	BR	S	
69400	Eustachian tube inflation, transnasal; with catheterization	73.49	N	
69401	Eustachian tube inflation, transnasal; without catheterization	53.41	N	
69405	Eustachian tube catheterization, transtympanic	106.81	S	
69420	Myringotomy including aspiration and/or eustachian tube inflation	313.60	N	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	423.85	N	3
69424	Ventilating tube removal requiring general anesthesia	317.27	N	
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	383.45	N	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	536.19	N	3
69440	Middle ear exploration through postauricular or ear canal incision	1,743.16	N	3
69450	Tympanolysis, transcanal	1,743.16	S	1
69501	Transmastoid antrotomy (simple mastoidectomy)	1,759.19	A	5
69502	Mastoidectomy; complete	2,495.10	S	5

Code	Description	Rate	ASST	ASC
69505	Mastoidectomy; modified radical	2,816.61	S	5
69511	Mastoidectomy; radical	3,219.28	S	5
69530	Petrous apicectomy including radical mastoidectomy	3,773.19	A	5
69535	Resection temporal bone, external approach	4,030.42	A	
69540	Excision aural polyp	313.60	N	
69550	Excision aural glomus tumor; transcanal	2,683.09	A	5
69552	Excision aural glomus tumor; transmastoid	3,219.28	A	5
69554	Excision aural glomus tumor; extended (extratemporal)	4,023.57	A	
69601	Revision mastoidectomy; resulting in complete mastoidectomy	2,012.32	S	5
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	2,768.63	S	5
69603	Revision mastoidectomy; resulting in radical mastoidectomy	3,219.28	S	5
69604	Revision mastoidectomy; resulting in tympanoplasty	3,060.20	A	5
69605	Revision mastoidectomy; with apicectomy	3,317.45	A	5
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	241.39	N	
69620	Myringoplasty (surgery confined to drumhead and donor area)	2,145.83	N	2
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	2,896.71	N	5
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	3,272.69	N	5
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular rep	3,487.38	N	5
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	3,352.80	N	5



Code	Description	Rate	ASST	ASC
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	3,567.49	S	5
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), tota	3,755.47	S	5
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	3,621.96	N	5
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	3,808.88	N	5
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	3,755.47	N	5
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	3,970.16	N	5
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	3,621.96	N	5
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	3,890.06	S	5
69650	Stapes mobilization	1,817.98	A	5
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	3,004.59	N	5
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	2,971.98	S	5
69662	Revision of stapedectomy or stapedotomy	3,594.19	N	5

Code	Description	Rate	ASST	ASC
69666	Repair oval window fistula	2,683.09	S	4
69667	Repair round window fistula	2,683.09	S	4
69670	Mastoid obliteration (separate procedure)	2,957.29	A	3
69676	Tympanic neurectomy	1,877.74	A	3
69700	Closure postauricular fistula, mastoid (separate procedure)	804.29	A	3
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	1,576.63	N	
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	973.92	A	1
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	1,129.40	S	5
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	1,430.34	S	5
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	1,163.25	S	5
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	1,447.53	S	5
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	3,219.28	S	5
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	5,223.63	A	5
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	3,755.47	A	5
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	5,181.99	A	5
69799	Unlisted procedure, middle ear		BR S	
69801	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal	2,413.93	S	5

Code	Description	Rate	ASST	ASC
69802	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy	3,219.28	A	5
69805	Endolymphatic sac operation; without shunt	3,219.28	A	5
69806	Endolymphatic sac operation; with shunt	3,863.35	N	5
69820	Fenestration semicircular canal	3,219.28	A	5
69840	Revision fenestration operation	1,743.16	A	5
69905	Labyrinthectomy; transcanal	2,683.09	A	5
69910	Labyrinthectomy; with mastoidectomy	3,219.28	S	5
69915	Vestibular nerve section, translabyrinthine approach	4,828.93	A	5
69930	Cochlear device implantation, with or without mastoidectomy	3,755.47	S	5
69949	Unlisted procedure, inner ear		BR	S
69950	Vestibular nerve section, transcranial approach	5,321.65	A	
69955	Total facial nerve decompression and/or repair (may include graft)	5,304.50	A	
69960	Decompression internal auditory canal	5,052.14	A	
69970	Removal of tumor, temporal bone	6,169.38	A	
69979	Unlisted procedure, temporal bone, middle fossa approach		BR	S
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	270.73	N	