TEXAS WORKERS' COMPENSATION COMMISSION

MEDICAL FEE GUIDELINE 1996

EFFECTIVE APRIL 1, 1996

NOTICE OF DISCLAIMER

The five-digit numeric codes included in the Guideline are obtained from the *Physicians' Current Procedural Terminology*, Fourth Edition, Copyright 1994 by the American Medical Association (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians.

The Guideline includes CPT numeric identifying codes and modifiers and descriptive terms for reporting medical services and procedures that were selected by the Texas Workers' Compensation Commission. Any user of CPT outside the Guideline should refer to the *Physicians' Current Procedural Terminology*, Fourth Edition, copyright 1994 American Medical Association and any update thereto. These CPT publications contain the complete and most current listings of CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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TWCC and the Importance of Proper Coding

The accurate coding of services rendered is essential for proper reimbursement. The accurate coding/indexing of diseases is necessary to evaluate utilization patterns and to study health care costs. Coding shall be performed correctly and consistently to produce meaningful statistics and to aid in planning for health care needs.

Reimbursement for services is dependent on the accuracy of the coding and documentation. All participants shall be responsible for correctly applying the ground rules contained within the Medical Fee Guideline, and the rules contained within the CPT/HCPCS, the ICD-9-CM coding systems, and the global service surgery coding guidelines (e.g., *Global Service Data for Orthopedic Surgery*). All modifiers that are recommended by TWCC or by the AMA to further clarify services shall be used when required by the ground rules. Providers are encourage to bill their usual charges while following the ground rules as outlined in the *Medical Fee Guideline* regarding coding.

Medical Review is mandated by law to monitor health care providers and to ensure the quality of care and cost effectiveness. The consistent submission of proper codes is a large part of this process. By using the proper codes, participants in the workers compensation system can help speed the review and reimbursement of claims/services.

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GENERAL INSTRUCTIONS

GENERAL INSTRUCTIONS

The Texas Workers Compensation Commission Medical Fee Guideline (MFG) 1996, shall be effective for all medical services rendered by Health Care Providers (HCP) on or after April 1, 1996. The MFG does not supersede scope of practice limitations for HCP specialties. **The listed maximum allowable reimbursements (MAR) only apply when a licensed HCP is performing those services within the scope of practice for which the provider is licensed, or when a non-licensed individual is rendering care under the direct on-site supervision of a licensed HCP.** For the purposes of this guideline, on-site supervision is defined as the presence of the licensed HCP at the location where the services are being rendered by a non-licensed individual and direct visual and verbal contact with the patient at scheduled intervals during the period of time for which treatment is being provided by a non-licensed individual at that site.

Several special guidelines have been developed to cover other HCP services and are included in this document:

- Durable Medical Equipment Fee Guideline; and
- Pharmaceutical Fee Guideline.

Additional guidelines available under separate cover are:

- Dental Guideline; and
- Acute Care Inpatient Hospital Fee Guideline.

I. Current Procedural Terminology (CPT) Usage

A. The Texas Workers' Compensation Commission (TWCC) has incorporated usage of the American Medical Association's (AMA's) 1995 Current Procedural Terminology (CPT) codes. The description for each code, if not printed in its entirety in the MFG, can be substantiated by the AMA's CPT book, including the key components and examples for the E/M codes and instructions for its use.

B. Using the listed codes and ground rules, the HCP selects the name of the service or procedure that most accurately identifies each service performed. Any extenuating circumstances may be listed on the bill and identified by the appropriate modifier. Failure to use the codes in the MFG and when necessary, the appropriate modifiers and required documentation, may result in an incomplete bill, and the bill may be returned to the HCP.

C. An insurance carrier questioning the code or modifier used for a billed service or procedure shall call the HCP to verify the code or modifier or to request additional documentation, if this information is not already provided with the submitted bill. This not only allows the HCP the opportunity to submit additional documentation to justify the billing but also eliminates delays caused by return and resubmission of bills.

D. The listing of a service or procedure and its code number in a specific section of this guideline does not restrict its use to a specific specialty group or provider type. Any service or procedure in any section of this guideline may be used to designate the services rendered by the HCP as long as the service or procedure is within the HCP's scope of practice.

II. Ground Rules

Ground rules, presented at the beginning of each section, provide definitions necessary to correctly interpret, report, and reimburse the services and procedures contained in that section. Ground rules also provide explanations of terms that apply only to that particular section.

III. Documentation of Procedure

A. Documentation of procedure (DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill. DOP is used when the services provided are not specifically listed or are unusual or too variable to have an assigned MAR. The required documentation may vary based on the complexity of the procedure. DOP shall include pertinent information about the procedure including:

1. Exact description of procedure or service provided;
2. Nature, extent, and need (diagnosis and rationale) for the service or procedure;
3. Time required to perform the service or procedure;

4. Skill level necessary for performance of service or procedure;
5. Equipment used (if applicable); and
6. Other information as necessary.

B. Additional information regarding DOP:

1. Detailed clinical records are not usually necessary for DOP.
2. No additional reimbursement shall be allowed for the submission of documentation to substantiate the procedure or service.

IV. Materials Supplied by the Health Care Provider

Supplies and materials provided over and above those usually included in the office visit and in excess of a cumulative total of $5.00 for that date of service may be billed separately using the Health Care Financing Administration Procedure Coding System (HCPCS) codes listed in this guideline. If no HCPCS code is available for the supplies and materials, code 99070 shall be used for those supplies otherwise not coded and a description shall be included. Documentation of procedure (DOP)/Supplies is required for any single supply that is billed at $50.00 or greater.

V. Preauthorization of Specific Treatments/Services

Certain services or procedures require the HCP to obtain preauthorization from the insurance carrier prior to rendering the service or procedure. The references in this guideline to services or procedures requiring preauthorization are not inclusive. The HCP shall refer to adopted Commission rules for a complete listing.

VI. Reimbursement

An MAR is listed for each code excluding documentation of procedure (DOP) codes and HCPCS codes. HCPs shall bill their usual and customary charges. The insurance carrier will reimburse the lesser of the billed charge, or the MAR. CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate. HCPCS codes shall be reimbursed as provided in the DME Ground Rules. In the event of a dispute, fair and reasonable shall be determined by the Commission in accordance with the Texas Worker's Compensation Act and Commission rules and procedures.

VII. Broken or Missed Appointments

Broken or missed appointments shall not be reimbursed unless the appointment was scheduled by the Commission or the insurance carrier and less than 24 hours notice of cancellation was given. Billing for reimbursable appointments is outlined in the Evaluation and Management (E/M) Ground Rules section (XXI)(A)(2) and (B)(2) regarding spinal surgery 2nd opinion appointments, (XXIII)(E)(3) regarding designated doctor appointments and (XXIV)(E)(3) regarding required medical examination appointments.

VIII. TWCC Modifiers

A. Definition: A modifier provides the means by which the reporting HCP indicates a service or procedure performed that has been altered by some specific circumstance but not changed in its definition or code. The modifying circumstance shall be identified by use of the appropriate TWCC modifier, including the hyphen, following the procedure code. When two modifiers are applicable to a single code, indicate each modifier, including the hyphen for each modifier, on the bill.

NOTE: TWCC modifiers may differ from those published by the American Medical Association, and in submitting workers' compensation billing, only the modifiers set out in this Medical Fee Guideline shall be used.

B. General Modifiers - Apply to all sections

-21 **Prolonged Evaluation and Management (E/M) Services**: When the service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management service within a given category, add the modifier "-21" to the E/M code. DOP is required.

-22 **Unusual Services**: When the service(s) provided is greater than that usually required for the listed procedure, add the modifier "-22" to the CPT code. DOP is required.

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-24 **Unrelated E/M Service by the Same Physician during a Postoperative Period**: When the doctor performs an E/M service during the postoperative period for a reason(s) unrelated to the original procedure, add the modifier "-24" to the E/M code. DOP is required.

-25 **Significant, Separately Identifiable E/M Service by the Same Physician on the Day of a Procedure**: To indicate that on the day a procedure or service was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or the usual preoperative and postoperative care associated with the procedure that was performed, add the modifier "-25" to the appropriate E/M code. DOP is required.

-26 **Professional Component**: The listed value of certain procedures (laboratory, x-ray, specific diagnostic services, etc.) is a combination of a professional component and a technical component. When the professional component is billed separately, add the modifier "-26" to the procedure code.

-27 **Technical Component**: The listed value of certain procedures (laboratory, x-ray, specific diagnostic services, etc.) is a combination of a professional component and a technical component. When the technical component is billed separately, add the modifier "-27" to the procedure code.

-34 **Required Medical Examination (RME)**: For a Commission-ordered medical examination, established at the request of the Commission or the carrier, add modifier "-34" to the procedure code.

-35 **Designated Doctor**: For a doctor examination appointed by mutual agreement of the parties, or by the Commission, to recommend a resolution of a dispute as to the medical condition of an patient, add modifier "-35" to the procedure code.

-52 **Reduced Services**: Under certain circumstances, a service or procedure is partially reduced or eliminated at the HCP's election. Under these circumstances, the service provided can be identified by its procedure code with the addition of modifier "-52". DOP is required.

-61 **Initial Medical Report (Form TWCC-61)**: When the treating doctor completes the Initial Medical Report, add modifier "-61" to 99080. A copy of the form shall accompany the bill.

-69 **Report of Medical Evaluation (Form TWCC-69)**: When a doctor completes the Report of Medical Evaluation, add modifier "-69" to 99080. A copy of the form and report shall accompany the bill.

-75 **Concurrent Care, Services Rendered by More than One Doctor**: When similar services are provided to the same patient by more than one doctor on the same day, add the modifier "-75" to the procedure codes used by both doctors. (Refer to the Evaluation/Management Ground Rules)

-76 **Repeat Procedure by Same Doctor**: When a procedure or service is repeated subsequent to the original service, add the modifier "-76" to the procedure code.

-77 **Repeat Procedure by Another Doctor**: When a basic procedure has to be repeated and is performed by another doctor, add the modifier "-77" to the procedure code.

-90 **Reference (Outside) Laboratory**: When laboratory procedures are performed by a party other than the treating or referral doctor, add the modifier "-90" to the procedure code. (Refer to the Pathology Ground Rules)

-LT **Left Side**: This modifier is used to identify procedures performed on the left side of the body. This modifier has no direct effect on payment.

-RT **Right Side**: This modifier is used to identify procedures performed on the right side of the body. This modifier has no direct effect on payment.

***NOTE: See also Alpha Modifiers in the Medical Ground Rules Section**

C. Surgery Modifiers - Applies specifically to the Surgical Section

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-20 **Microsurgery**: When surgical services are performed using the techniques of microsurgery and requiring the use of an operating microscope, add modifier "-20" to the procedure code. Modifier "-20" is not be used when a magnifying surgical loupe is used, whether attached to the eyeglasses or on a headband, and no additional reimbursement is provided. DOP is required, and reimbursement shall be set at 25% above the MAR. (**NOTE:** Do not use this modifier with the following CPT codes: 61304-61711, 62010-62100, 63081-63308, and 63704-63710.)

-47 **Anesthesia by Surgeon**: When regional anesthesia (i.e., the administration of nerve blocks, see codes 64400-64640) is provided by the surgeon, use modifier "-47". Local infiltration, digital block, or topical anesthesia is included in the MAR of the procedure code. Regional anesthesia excludes the administration of sedatives, tranquilizers, hypnotics, and analgesics.

-50 **Bilateral Procedure**: When bilateral procedures requiring a separate incision are performed at the same operative session, use the appropriate procedure code for the first procedure. For the second (bilateral) procedure, add the modifier "-50" to the procedure code.

-51 **Multiple Procedures**: When multiple procedures are performed on the same day or at the same operative session, the major procedure or service is billed as listed. For the secondary additional, or lesser procedure(s) or services(s), add modifier "-51". (Refer to Surgery Ground Rules.)

-54 **Surgical Care Only**: When one doctor performs a surgical procedure and another provides preoperative and postoperative management, surgical services are identified by adding the modifier "-54" to the procedure code. The total reimbursement for all services shall not be greater than 100% of the MAR for the surgical procedure. Reimbursement shall reflect a reduction to allow for services provided by the other (non-operating) doctor. Reimbursement shall be 70% of the listed MAR of the surgical procedure. DOP is required.

-55 **Postoperative Management Only**: When one doctor performs the postoperative management and another doctor has performed the surgical procedure, the postoperative component is identified by adding the modifier "-55" to the procedure code. The total reimbursement of both doctors shall not be greater than 100% of the MAR for the surgical procedure. Reimbursement to the surgeon shall reflect a reduction to allow for services provided by the subsequent doctor. Reimbursement shall be 30% of the listed MAR of the surgical procedure. DOP is required.

-56 **Preoperative Management Only**: When one doctor performs the preoperative care and evaluation and another doctor performs the surgical procedure, the preoperative component is identified by adding the modifier "-56" to the procedure code. The total reimbursement of both doctors shall not be greater than 100% of the MAR for the surgical procedure. Reimbursement to the surgeon shall reflect a reduction to allow for services provided by the preceding doctor. Reimbursement shall be 10% of the listed MAR of the surgical procedure. DOP is required.

-58 **Staged or Related Procedure or Service by the Same Physician During the Postoperative Period**: To indicate that a procedure performed during the postoperative period was a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure, add the modifier "-58" to the procedure code.

NOTE: This modifier ("-58") is not used to report the treatment of a problem/complication that requires a return to the operating room (See modifier "-78").

-62 **Two Surgeons**: Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. In these circumstances, add the modifier "-62" to the procedure code used for reporting services by each surgeon. DOP is required.

-65 **Co-Surgeons**: If two surgeons each perform separate procedures through the same incision, the total value for each surgeon's primary procedure shall be reimbursed at 75% of the MAR for each primary surgical procedure. Each surgeon's primary procedure shall be identified by adding the modifier "-65" to the procedure code. DOP is required.

-66 **Surgical Team**: Under some circumstances, highly complex procedures requiring the concomitant services of several doctors (often of different specialties) plus other highly skilled,

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specially trained personnel and various types of complex equipment are carried out under the "surgical team" concept. Each participating doctor shall be identified by adding the modifier "-66" to the procedure codes used for reporting services. The total reimbursement of team doctors shall not be greater than 100% of the MAR for the surgical procedures (Refer to Surgery Ground Rules, Multiple Procedures). DOP is required.

-78 **Return to the Operating Room for a Related Procedure During the Postoperative Period**: To indicate that another procedure was performed during the postoperative period of the initial procedure, when this subsequent procedure is related to the first, and requires the use of the operating room, add the modifier "-78" to the related procedure code. (For repeat procedures on the same day, see modifier "-76" under General Modifiers.)

-79 **Unrelated Procedure or Service by the Same Doctor During the Postoperative Period**: To indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure, add the modifier "-79" to the procedure code. (For repeat procedures on the same day, see "-76" under General Modifiers.)

-80 **Assistant Surgeon**: For surgical assistant services by a doctor, add the modifier "-80" to the usual procedure number(s). Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure(s).

-85 **Certified Physician Assistant (PA) or Certified Surgical Technologist/Certified First Assistant (CST/CFA) as Assistant to Surgeon (in lieu of Assistant Surgeon)**: For services rendered by a Certified PA or CST/CFA in lieu of an assistant surgeon, add modifier "-85" to the procedure code. The services of a Certified PA or CST/CFA in lieu of an assistant surgeon requires documentation that supports the specific need for an assistant surgeon. The documentation shall further identify the appropriateness of the services of the Certified PA or CST/CFA in lieu of the services of an assistant surgeon and be consistent with the requirements as identified in modifier "-80". An assistant surgeon and a Certified PA or CST/CFA cannot both be present or their services billed on the same surgical case. Reimbursement shall be 10% of the listed MAR of the surgical procedure. (Refer to the Surgery Ground Rules for an additional explanation.)

D. Anesthesia Modifiers - Applies specifically to the Anesthesia Section

-23 **Unusual Anesthesia**: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia shall be done under general anesthesia. In this circumstance, add the modifier "-23" to the procedure code. DOP is required.

-41 **Medical Direction of Nonphysician Anesthetist (CRNA) by and Anesthesiologist:** Indicate by using this modifier when the services are performed by the nonphysician anesthetist (CRNA) who is supervised by an anesthesiologist. Refer to concurrent supervision guidelines in the general information section of the anesthesia section.

-42 **Concurrent Supervision of Two Certified Registered Nurse Anesthetists (CRNA) by an Anesthesiologist:** Indicated by using this modifier when the Anesthesiologist is directing two concurrent anesthetic procedures. The reimbursement shall be at 90% of the total anesthesia value.

-43 **Concurrent Supervision of Three Certified Registered Nurse Anesthetists (CRNA) by an Anesthesiologist:** Indicated by using this modifier when the Anesthesiologist is directing three concurrent anesthetic procedures. The reimbursement shall be at 85% of the total anesthesia value.

-44 **Concurrent Supervision of Four Certified Registered Nurse Anesthetists (CRNA) by an Anesthesiologist:** Indicated by using this modifier when the Anesthesiologist is directing four concurrent anesthetic procedures. The reimbursement shall be at 80% of the total anesthesia value.

-46 **Anesthesia by CRNA**: When the CRNA works independently of the anesthesiologist's supervision to provide the total anesthesia care, add the modifier "-46."

E. Radiology & Pathology Modifiers - Applies to Radiology & Pathology Sections only

-WP **Whole Procedure**: The listed value of certain procedures (laboratory, x-ray, specific diagnostic services, etc.) is a combination of a professional component and a technical component. When both the professional and technical components are performed by a single provider, add the modifier "-WP" to the procedure code.

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EVALUATION & MANAGEMENT

EVALUATION/MANAGEMENT GROUND RULES

In addition to the General Instructions, several other instructions pertaining specifically to the Evaluation and Management Section are contained in the Evaluation/Management (E/M) Ground Rules below. This information is necessary for correct reporting and billing of the procedure codes.

I. New Patients and Established Patients

A. New Patient: one who has not received any professional service from the doctor, or another specialist within the same group practice, within the past three years, and whose medical and administrative records need to be established.

B. Established Patient: one who has received professional services from the doctor, or another specialist within the same group practice, within the past three years, and whose medical and administrative records are available to the doctor.

C. On-Call or Substitute Doctor: When a doctor is on call for or covering another doctor, the patient encounter is classified as if it had been with the doctor who is unavailable. This office visit can be either a new patient or an established patient based on both the time and the availability of medical records to the on call doctor. (Refer to paragraphs A and B of this section for definitions).

D. Emergency Situation: No distinction is made between new and established patients in an emergency situation. Only doctors treating patients in an emergency situation shall use procedure codes 99281 through 99288. When a doctor's office is a minor emergency center, the doctor shall use procedure codes 99201 through 99215 to bill for appropriate office visits.

II. Concurrent Care

Concurrent care is the provision of similar services to the same patient by more than one doctor on the same day. When concurrent care is provided, that care shall be coordinated by the treating doctor, and the necessity of concurrent care shall be documented. Duplicate services shall not be reimbursed. Use modifier "-75" when concurrent E/M care is provided.

III. Counseling

For the purposes of E/M, counseling is defined as a discussion with the patient and/or family member(s) concerning one or more of the following:

1. diagnostic results, impressions, and/or recommended diagnostic studies;
2. prognosis;
3. risks and benefits of treatment options;
4. instructions for treatment and/or follow-up;
5. importance of compliance with chosen treatment options;
6. risk factor reduction; and
7. patient and family education.

IV. Levels of Evaluation/Management (E/M) Services

A. The levels of E/M services encompass the wide variations in skill, effort, time, responsibility, and medical knowledge required for the diagnosis and treatment of illness or injury and the promotion of optimal health. These services may include examinations, evaluations, treatments, counseling, and conferences with or concerning the patient(s).

   1. When the doctor performs a complete diagnostic service during an office visit (e.g., technical and professional component of a study), both components of the service shall be reimbursed in addition to the office visit.

   2. When the complete diagnostic service is performed by an outside specialist, the doctor performing the office visit shall not receive any additional reimbursement for a second interpretation.

B. When a significant and separately identifiable E/M service is performed by the doctor on the same day as a procedure, add modifier "-25" to the E/M code. DOP is required to show that the patient's condition required this E/M service above and beyond the usual preoperative and postoperative care.

C. Appropriate level of E/M services is based on the following:

1. For the following categories/subcategories, **ALL OF THE KEY COMPONENTS** (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M service: office, new patient; hospital observation services; initial hospital care; office consultations; initial inpatient consultations; confirmatory consultations; emergency department services; comprehensive nursing facility assessments; domiciliary care, new patient; and home, new patient.

2. For the following categories/subcategories, **TWO OF THE THREE KEY COMPONENTS** (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; subsequent hospital care; follow-up inpatient consultations; subsequent nursing facility care; domiciliary care, established patient; and home, established patient.

3. In the case where counseling and/or coordination of care constitutes more than 50% of the physician/patient and/or family encounter whether face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility, then **time** is considered the controlling factor in qualifying for a particular level of E/M services. The extent of counseling and/or coordination of care shall be documented in the medical record.

a. **Office or outpatient setting**

i. Face-to-face time: For coding purposes, face-to-face time is defined as only that time that the physician spends face-to-face with the patient and/or family. This includes the time in which the physician performs such tasks as obtaining a history, performing an examination, and counseling the patient.

ii. Non-face-to-face time: Physicians also spend time working before or after the face-to-face time with the patient, performing such tasks as reviewing records and tests, arranging for further services, and communicating with other professionals and the patient through written reports and telephone contact. This **non**-face-to-face time for office services is not included in the time component described in the E/M codes. However, the non-face-to-face work associated with an encounter was included in calculating the total work of typical services in physician surveys. Therefore, the face-to-face time associated with the services described by any E/M code is a valid proxy for the total work done before, during, and after the visit.

b. **Floor/unit setting**

i. Floor time: For reporting purposes, floor time includes the time in which the physician establishes and/or reviews the patient's chart, examines the patient, writes notes, and communicates with other professionals and the patient's family.

ii. Non-floor time: In the hospital, non-floor time includes time spent off the patient's floor performing such tasks as reviewing pathology and radiology findings in another part of the hospital. This time is not included in the time component described in these codes. However, it was included in calculating the total work of typical services in physician surveys. Therefore, the floor time associated with the services described by any code is a valid proxy for the total work done before, during, and after the visit.

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V. Coordination of Care

A. When no patient encounter occurs, coordination of care by the doctor or HCP with other HCPs outside the normal practice is reported and billed using case management codes (99361 - 99373). An example of a service which is within the normal practice and therefore **not** billed under this code is calling a pharmacy with a prescription.

B. When a patient encounter occurs, any counseling and/or coordination of care with other HCPs provided as a part of or a result of the encounter is considered to be part of the E/M code for that session.

VI. Office or Other Outpatient Services

These codes are used to report E/M services provided in the doctor's office or in an outpatient or other ambulatory facility.

A. New Patient (99201-99205): These codes are used to report E/M services provided to new patients who present for initial evaluation and treatment.

B. Established Patient (99211-99215): These codes are used to report the E/M services provided to established patients who present for follow-up and/or periodic re-evaluation of problems or for the E/M of new problem(s) in established patients.

VII. Hospital Observation Services

A. When the patient is admitted to a hospital for "observation status" in the course of an encounter in another site of service, all E/M services provided by that doctor in conjunction with admission are considered part of the initial observation care when performed on the same date admitted. The observation care level of service reported by the admitting doctor should include the services related to admission to "observation status" provided in the other sites of service as well as in the observation setting. E/M services provided on the same date in sites other than the hospital that are related to admission to "observation status" shall **not** be reported separately.

B. These codes are used to report E/M services provided to patients admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

C. Observation Care Admission Services (99218-99220): E/M services for new or established patients that are provided on the same date in sites other than the hospital and are related to the "observation status" admission shall not be billed separately.

D. Observation Care Discharge Services (99217): Observation care discharge of a patient from "observation status" includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records. This code shall be used to report all services provided to a patient if the discharge occurs greater than twenty four hours after admission to observation care.

NOTE: For surgical pre- and post-operative services, refer to Surgery Ground Rules, Global Fee Concept.

VIII. Hospital Inpatient Services

A. These codes are used to report E/M services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes shall be used to report these partial hospitalization services.

B. "Partial hospital services," as used by AMA, refers to the items and services prescribed by a physician and provided under a program supervised by that physician pursuant to an individualized, written plan of treatment, established and periodically reviewed by that physician, which sets forth the diagnosis, the type, amount, frequency, and duration of the services provided under the plan; and the goals for treatment under the plan.

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The items and services are described as follows:

1. Individual and group therapy with physician(s) or psychologist(s) or other mental health professional(s) to the extent authorized under State law;
2. Occupational therapy requiring the skills of a qualified occupational therapist;
3. Physical therapy requiring the skills of a qualified physical therapist;
4. Services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients;
5. Drugs and biologicals furnished for therapeutic purposes that cannot be self-administered, as determined in accordance with regulations;
6. Individualized activity therapies that are not primarily recreational or diversionary;
7. Family counseling, the primary purpose of which is treatment of the individual's condition;
8. Patient training and education to the extent that training and education activities are closely and clearly related to the individual's care and treatment;
9. Diagnostic services; and
10. Other services as may be indicated.

C. A program is furnished by a hospital to its outpatients or by a community health center. It is a distinct and organized intensive ambulatory treatment service offering less than 24-hour-daily care.

D. Initial Hospital Care, New or Established Patient (99221-99223): These codes are used to report the first hospital inpatient encounter with the patient by the admitting doctor. When the patient is admitted to the hospital as an inpatient in the course of an encounter in another site of service, all E/M services provided by that doctor in conjunction with that admission are considered part of the initial hospital care when performed on the same admission date. The admitting doctor's billing of inpatient care level of service should include the services related to the admission whether in other sites of service or in the inpatient setting. E/M services provided on the same date in sites other than the hospital, related to the admission shall not be billed separately.

E. Subsequent Hospital Care, Established Patient (99231-99233): All levels of subsequent hospital care include reviewing the medical record and reviewing the results of diagnostic studies and changes in the patient's status since the last assessment by the doctor.

F. Hospital Discharge Service (99238): Hospital discharge of a patient includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records. To report services to a patient admitted as an inpatient and discharged on the same date, use only the codes for Initial Hospital Inpatient Services (99221-99223).

NOTE: For surgical pre- and post-operative services, refer to Surgery Ground Rules, Global Fee Concept.

IX. Consultations

A. A consultation is a type of service provided by a doctor whose opinion or advice regarding evaluation and/or management of a specific problem is requested by the treating doctor, TWCC, or the insurance carrier; reimbursement includes the preparation of appropriate reports. A consulting doctor shall only initiate diagnostic and/or therapeutic services with approval from the treating doctor.

B. The request and the need for a consultation shall be documented in the patient's medical record. The consulting doctor's opinion and any services that were performed (with the treating doctor's approval) shall also be documented in the patient's medical record and the results communicated to the treating doctor.

C. Following a consultation, if the consulting doctor assumes responsibility for management of all or part of the patient's condition(s), "established patient" codes rather than "follow-up consultation" codes shall be used for office visits. In the hospital setting, the consulting doctor receiving a patient for complete or partial transfer of care shall use the appropriate inpatient hospital consultation codes for the initial encounter and then subsequent hospital care codes rather than follow-up consultation codes.

D. There are four subcategories of consultations: office, initial inpatient, follow-up inpatient, and confirmatory.

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1. **Office or Other Outpatient Consultations, New or Established Patients (99241-99245)**: These codes are used to report consultations provided in the doctor's office, emergency department, or any other outpatient setting. Follow-up visits in the consulting doctor's office or other outpatient facility initiated by the consulting doctor are reported using office visit codes for established patients (99211-99215).

2. **Initial Inpatient Consultations, New or Established Patient (99251-99255)**: These codes are used to bill for doctor consultations provided to hospital inpatients, residents of nursing facilities, or patients in a partial hospital setting. Only one initial consultation shall be reported by a consulting doctor per admission.

3. **Follow-up Inpatient Consultations, Established Patient (99261-99263)**: Follow-up consultations are visits to complete the initial consultation or subsequent consultative visits requested by the treating doctor. A follow-up consultation requires a report of the patient's progress including recommendations for management modifications, and/or advice on a new plan of care in response to changes in the patient's status.

4. **Confirmatory Consultations, New or Established Patient (99271-99275)**

   a. These codes are used to bill the E/M services provided to patients when the consulting doctor is aware of the confirmatory nature of the opinion sought (e.g., when a second opinion is requested or required on the necessity or appropriateness of a previously recommended medical treatment or surgical procedure). Confirmatory consultations may be provided in any setting. (For second opinions on spinal surgery, please refer to Section XXI of these ground rules.)

   b. A doctor providing a confirmatory consultation is expected to provide an opinion and/or advice only. Any additional diagnostic testing necessary to complete the confirmatory consultation requires approval from the treating doctor. If approval for additional diagnostic testing is not forthcoming from the treating doctor, the consulting doctor shall complete his examination and report without the additional studies and shall note in the report that approval for the additional tests was not granted by the treating doctor.

X. Referred Doctor

When a consulting doctor initiates health care treatments at the request of the treating doctor, the consulting doctor then becomes a referral doctor; however, the referral doctor shall only initiate treatment if approved or recommended by the treating doctor. Once the referral doctor initiates treatment, communication shall continue between the treating doctor and the referral doctor.

XI. Emergency Department Services, New or Established Patient

A. An emergency department is defined as an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility shall be available 24 hours a day.

B. Emergency Care in the Hospital Based Emergency Department (99281-99285): These codes are used to bill for E/M services provided in the emergency department. No distinction is made between new and established patients in the emergency department.

C. Doctor Directed Emergency Care (99288): In doctor directed emergency care, advanced life support, the doctor is located in a hospital emergency or critical care department and is in two-way voice communication with ambulance or rescue personnel outside the hospital.

XII. Emergency Medical Services (EMS), Ambulance

A. EMS services, including mileage, level of service, and any supplies used in transport shall be billed using the HCPCS codes (A0010-A0999, A4000-A4590, and J0110-J9999) in this guideline. DOP is required.

B. When EMS is unable to obtain the ICD-9 code from the hospital or treating doctor for billing, the most appropriate ICD-9 code may be selected from the following list:

959 Injury, other and unspecified

959.0 Face and neck
959.1 Trunk
959.2 Shoulder and upper arm
959.3 Elbow, forearm, and wrist
959.4 Hand, except finger
959.5 Finger
959.6 Hip and thigh
959.7 Knee, leg, ankle, and foot
959.8 Other specified sites, including multiple
959.9 Unspecified site

XIII. Critical Care Services (99291-99292)

A. Critical care includes the care of critically ill patients in a variety of medical emergencies that requires the constant attendance of the doctor. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility.

B. Services for a patient who is not critically ill but happens to be in a critical care unit are reported using subsequent hospital care codes (99231-99233) or hospital consultation codes (99261-99263) as appropriate.

C. The following services are included in reporting critical care when performed during the critical period by the doctor providing critical care and shall not be billed separately:

1. the interpretation of hemodynamic measurements (93561, 93562);
2. the interpretation of chest x-rays (71010, 71020);
3. the interpretation of blood gases, and information data stored in computers (e.g., ECGs, blood pressures, hematologic data (99090));
4. gastric intubation (91105);
5. temporary transcutaneous pacing (92953);
6. ventilator management (94656, 94657, 94660, 94662); and
7. vascular access procedures (36000, 36410, 36415, 36600).

D. Any services performed which are not listed above (in section C) should be reported and billed separately.

E. The critical care codes are used to report the total time the doctor spends providing constant attention to a critically ill patient.

XIV. Neonatal Intensive Care (99295-99297)

Neonatal intensive care shall only be reimbursed if the documented condition of the infant is directly related to the consequences of the compensable injury. Neonatal intensive care shall be assessed on a case-by-case basis and appropriate documentation shall be provided to support level(s) of service rendered. Neonatal care shall occur in a Neonatal Intensive Care Unit (NICU) and shall be reported once per day per patient. DOP is required.

XV. Nursing Facility Services

A. Nursing facility services shall only be reimbursed if the documented condition is directly related to or is the consequence of the compensable injury. Nursing facility services shall be assessed on a case-by-case basis. DOP is required.

B. Codes 99301-99313 are used to report E/M services to patients in Nursing Facilities (formerly called Skilled Nursing Facilities (SNFs), Intermediate Care Facilities (ICFs) or Long Term Care Facilities (LTCFs)).

C. Comprehensive Nursing Facility Assessments, New or Established Patient (99301-99303): When the patient is admitted to the nursing facility in the course of an encounter in another site of service, all E/M services provided by that doctor in conjunction with that admission are considered part of the initial nursing facility care when performed as part of the admission.

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D. Subsequent Nursing Facility Care, New or Established Patient (99311-99313): These codes are used to bill for the services provided to residents of nursing facilities who do not require a comprehensive assessment, and/or who have not had a major permanent change of status.

XVI. Domiciliary, Rest Home or Boarding Home, or Custodial Care Services

A. These services shall only be reimbursed if the documented condition is directly related to or is the consequence of the compensable injury. Such services shall be assessed on a case-by-case basis. DOP is required.

B. These codes are used to report E/M services in a facility that provides room, board, and other personal assistance services, generally on a long-term basis. The facility's services do not include a medical component.

1. New Patient (99321-99323)
2. Established Patient (99331-99333)

XVII. Home Services

A. These services shall only be reimbursed if the documented condition is directly related to or is the consequence of the compensable injury. Such services shall be assessed on a case-by-case basis. DOP is required.

B. If the services are provided by a home health agency, add one of the following modifiers:

1. For home health services rendered by a Registered Nurse (RN), use the modifier "-H1".
2. For home health services rendered by an Licensed Vocational Nurse (LVN), use the modifier "-H2".
3. For home health services rendered by a Certified Nurse Assistant (CNA), use the modifier "-H3".
4. For home health services rendered by an Occupational Therapist, Physical Therapist, Speech Therapist, or other HCP, use the CPT codes which describe the service rendered. If the service rendered does not match any other CPT code, then use the code in this section with the modifier "-H4".

C. The codes used to report these services are:

1. New Patient Home Services (99341-99343)
2. Established Patient Home Services (99351-99353)

XVIII. Case Management

A. Case management is a process in which the treating doctor is responsible for the direct care of a patient and for coordinating and controlling access to or initiating and/or supervising other health care services needed by the patient. Billing for these services is allowed except in those instances where a patient encounter occurs on the same date of service.

B. Team Conferences (99361-99362): A conference coordinated by the doctor with an interdisciplinary team outside of an interdisciplinary program to assist in the development of treatment plans and coordinate activities of patient care. Only the coordinating doctor may bill for team conferences.

C. Telephone Calls (99371-99373): Telephone calls initiated by the doctor, or HCP as outlined in the treatment guidelines, to the patient or other HCPs for consultation, medical management, or coordinating medical management require DOP.

XIX. Preventive Medicine Services

Codes 99381-99429 are **not** covered by the Texas Workers' Compensation Act.

XX. Newborn Care

Codes 99431-99440 shall only be reimbursed if the treatment rendered is directly related to the compensable injury. Newborn care shall be assessed on a case-by-case basis. DOP is required.

XXI. Spinal Surgery Second Opinions

A. The codes for the spinal surgery second opinion process are as follows:

1. **WC001**: the procedure code to be used for spinal surgery second opinion examinations.

2. **WC002**: the procedure code to be used if the injured employee fails to show up for a scheduled spinal surgery second opinion examination or if a spinal surgery second opinion examination is cancelled by the employee with less than twenty four hours notice.

3. **WC003**: the procedure code to be used if an earlier decision needs to be reconsidered.

B. Reimbursement for the above procedure codes shall be the lesser of the charged amount or the fee as listed below:

1. **WC001**: $350.00
2. **WC002**: $100.00
3. **WC003**: $150.00

XXII. Treating Doctor: Maximum Medical Improvement and/or Impairment Rating

A. The reimbursement for determination of maximum medical improvement shall be the applicable established patient office visit for the level of service associated with the examination. The treating doctor shall bill using code 99455 with the modifiers L1-L5 to correspond with the last digit of the office visit codes 99211-99215.

B. The reimbursement for the determination of an impairment rating shall be according to the areas rated as outlined in subsections (C) and (D) of this section. The treating doctor shall bill the code 99455.

C. Area Reimbursement: The HCP shall indicate the number of areas rated in the units column of the billing form with a maximum of four areas (three body areas and one specialty area).

1. **Body area**

   a. Body areas are defined as follows:

      i. spine and pelvis;
      ii. upper extremities and hands; and
      iii. lower extremities.

   b. The reimbursement is:

      i. one body area: $300.00
      ii. each additional body area: $150.00

2. **Specialty Area(s)**. The reimbursement for specialty areas that shall be rated where referred testing is required (e.g., audiologic or ophthalmologic testing) is **$50.00** for incorporating one or more specialists' report information into the final impairment rating. This reimbursement shall be allowed once per examination. The referred specialist shall be reimbursed separately from the fees outlined in this section.

D. Other Ground Rules

1. In addition to the billing and reimbursement outlined in the previous sections, the following ground rules shall be applied:

   a. When the treating doctor conducts the examination and performs the testing, the treating doctor shall bill using the code 99455 with the modifier "-WP".

   b. If testing is performed by a HCP other than the treating doctor, that HCP shall bill for his/her respective services using the code 99455 with the modifier "-27" which includes range of motion, strength, and sensory testing, and measurements only; reimbursement is 20% of the total reimbursement outlined in this section.

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c. If the treating doctor does all of the examination and assignment of MMI and the impairment rating except testing, then the treating doctor shall bill using the code 99455 with the modifier "-26". This examination includes the treating doctor's assessment, evaluation , the preparation and submission of reports, calculation tables, figures and worksheets; reimbursement is 80% of the total reimbursement outlined in this section.

2. When the treating doctor refers the injured worker to another doctor, who has not treated the injured worker, for the evaluation and assignment of an MMI and an impairment rating, the referral doctor shall bill using the code 99499 and reimbursement shall be as outlined in Section XXIV of these ground rules. When the referral doctor has previously been treating the injured worker, the billing and reimbursement shall be as outlined in this section. The treating doctor is required to review the evaluation and assignment of MMI and impairment rating to determine an agreement or disagreement with the referral doctor's assessment as required by Commission rule. As such, the treating doctor shall bill code 99455 with modifier "-RP" to indicate that this action was a review of the report only, and shall be reimbursed $50.00.

XXIII. Designated Doctor: Maximum Medical Improvement and/or Impairment Rating (99456)

A. The reimbursement for determination of maximum medical improvement and/or impairment ratings shall include:

1. the examination;
2. consultation with the employee;
3. review of the records and films;
4. the preparation and submission of reports, calculation tables, figures, and worksheets;
5. range of motion, strength and sensory testing, and measurements; and
6. other tests used to validate the impairment rating.

B. Total reimbursement is equal to the base reimbursement plus the area(s) rated.

C. Base Reimbursement

1. This reimbursement includes the physical examination, patient consultation and education, detailed narrative report, and factors affecting the service as a designated doctor (e.g., ensuring availability of appointments, timeliness of reports, and responding to the need for further clarification, explanation, or reconsideration).

2. Reimbursement is based on the amount of time that has elapsed since the date of injury.

3. Modifiers/descriptions/amounts

a. **L1** (greater than or equal to two years): $400.00
b. **L2** (greater than or equal to one year and less than two years): $300.00
c. **L3** (less than one year): $200.00

D. Area Reimbursement: The HCP shall indicate the number of areas rated in the units column of the billing form with a maximum of four areas (three body areas and one specialty area).

1. **Body Area**. The designated doctor may bill for a maximum of three body areas.

a. The body areas for this section are defined as follows:

i. spine and pelvis;
ii. upper extremities and hands; and
iii. lower extremities.

b. Reimbursement

i. one body area: $300.00
ii. each additional body area: $150.00

2. **Specialty Areas Reimbursement.** The reimbursement for specialty areas that shall be rated where referred testing is required (e.g., audiologic or ophthalmologic testing) is **$50.00** for incorporating one or more specialists' report information into the final impairment rating. This reimbursement shall be allowed once per examination. The referred specialist shall be reimbursed separately from the fees outlined in this section. When the designated doctor selected must **only** rate one or more specialty area(s), reimbursement shall be $450 for base and area.

E. Other Ground Rules

1. The designated doctor shall indicate the number of areas rated in the units column on the billing form with a maximum of four units/areas allowed.

2. When the result of the evaluation is that maximum medical improvement has **not** been reached, the reimbursement allowed is $350.00. This fee is inclusive of all services listed in (A) except those unique to assigning an impairment rating.

3. Broken appointments shall be coded 99456-BA and the reimbursement shall be $100.00.

4. When the designated doctor performs all components of the service without any referred testing, the designated doctor shall bill using the code 99456 with the modifier "-WP".

5. If testing is performed by a HCP other than the designated doctor, that HCP shall bill for his/her respective services using the code 99456 with the appropriate modifier.

   a. Professional component ("-26"): includes all components listed in Section A of this section except testing; reimbursement is 80% of the total reimbursement outlined in this section.

   b. Technical component ("-27"): includes testing only; reimbursement is 20% of the total reimbursement outlined in this section.

6. Additional testing or referrals shall be reimbursed in addition to the fees outlined in sections (C), (D), and (E) of this section if the additional testing was required to perform the assignment of impairment rating and/or determination of maximum medical improvement. These services shall be billed using the appropriate CPT code as specified in this guideline.

7. A carrier's timeframe for reimbursement to the designated doctor does not begin until a complete medical evaluation report with required attachments has been received by the insurance carrier.

XXIV. Required Medical Examination (RME) (99499)

A. The reimbursement for determination of maximum medical improvement and/or impairment ratings shall include:

1. the examination;
2. consultation with the employee;
3. review of the records and films;
4. the preparation and submission of reports, calculation tables, figures, and worksheets;
5. range of motion, strength and sensory testing, and measurements; and
6. other tests used to validate the impairment rating.

B. Total reimbursement is equal to the base reimbursement plus the area(s) rated.

C. Base Reimbursement

1. This reimbursement includes the physical examination, patient consultation and education, detailed narrative report, and factors affecting the service as an RME doctor (e.g., ensuring availability of appointments, timeliness of reports, and responding to the need for further clarification, explanation, or reconsideration).

2. Reimbursement is based on the amount of time that has elapsed since the date of injury.

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3. Modifiers/descriptions/amounts

   a. **L1** (first RME if beyond two years from date of injury): $300.00
   b. **L2** (first RME if beyond one year from date of injury): $200.00
   c. **L3** (first RME if less than one year from date of injury or any subsequent RMEs): $100.00

D. Area Reimbursement: The HCP shall indicate the number of areas rated in the units column of the billing form with a maximum of four areas (three body areas and one specialty area).

1. **Body Area**. The RME doctor may bill for a maximum of three body areas.

   a. The body areas for this section are defined as follows:

      i. spine and pelvis;
      ii. upper extremities and hands; and
      iii. lower extremities.

   b. Reimbursement

      i. one body area: $300.00
      ii. each additional body area: $150.00

2. **Specialty Areas Reimbursement.** The reimbursement for specialty areas that shall be rated where referred testing is required (e.g., audiologic or ophthalmologic testing) is **$50.00** for incorporating one or more specialists' report information into the final impairment rating. This reimbursement shall be allowed once per examination. The referred specialist shall be reimbursed separately from the fees outlined in this section. When the RME doctor selected must **only** rate one or more specialty area(s), reimbursement shall be $350 for base and area.

E. Other Ground Rules

1. The RME doctor shall indicate the number of areas rated in the units column on the billing form with a maximum of four units/areas allowed.

2. When the result of the evaluation is that maximum medical improvement has not been reached, the reimbursement allowed is $350.00. This fee is inclusive of all services listed in (A) except those unique to assigning an impairment rating.

3. Broken appointments shall be coded 99499-BA and the reimbursement shall be $100.00.

4. When the RME doctor performs all components of the service without any referred testing, the RME doctor shall bill using code 99499 with modifier "-WP".

5. If testing is performed by a HCP other than the RME doctor, that HCP shall bill for his/her respective services using the code 99499 with the appropriate modifier.

   a. Professional component ("-26"): includes all components listed in Section A of this section except testing; reimbursement is 80% of the total reimbursement outlined in this section.

   b. Technical component ("-27"): includes testing only; reimbursement is 20% of the total reimbursement outlined in this section.

6. Additional testing or referrals shall be reimbursed in addition to the fees outlined in sections (C), (D), and (E) of this section if the additional testing was required to perform the assignment of impairment rating and/or determination of maximum medical improvement. These services shall be billed using the appropriate CPT code as specified in this guideline.

7. A carrier's timeframe for reimbursement to the RME doctor does not begin until a complete medical evaluation report with required attachments has been received by the insurance carrier.

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MODIFIERS

See general instructions for additional modifiers.

-25	**Separate Service:** This modifier is used when a significant and separately identifiable E/M service is performed by the doctor on the same day as a procedure. DOP is required to show the patient's condition required this E/M service above and beyond the usual preoperative and postoperative care.
-26	**Professional Component:** This modifier is used by the HCP doing all services but the testing for the determination of maximum medical improvement and/or impairment ratings. Refer to (XXI)(B)(1-6) for all of the services included.
-27	**Technical Component:** This modifier is used by the HCP performing the testing only when billing for the determination of maximum medical improvement and/or impairment ratings.
-BA	**Broken Appointment:** This modifier, used with CPT code 99456, is used for a broken appointment for designated doctors or RME doctors and shall be reimbursed at $100.00.
-H1	**Home Health Agency Services:** This modifier is used to indicate home health services rendered by a Registered Nurse.
-H2	**Home Health Agency Services:** This modifier is used to indicate home health services rendered by a Licensed Vocational Nurse.
-H3	**Home Health Agency Services:** This modifier is used to indicate home health services rendered by a Certified Nurse Assistant.
-H4	**Home Health Agency Services:** This modifier is used to indicate service rendered by other HCPs (e.g., Occupational Therapist, Physical Therapist, Speech Therapist) when the service does not match any other CPT code.
-MP	**Manipulation:** This modifier shall be added to the E/M code when the first manipulation for the visit is performed.
-WP	**Whole Procedure:** This modifier is used when a designated doctor or a RME doctor performs all components of the service without any referred testing.

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OFFICE OR OTHER OUTPATIENT SERVICES

NEW PATIENT

CPT	MAR$	Description
99201	34	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	50	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	74	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	106	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	137	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

ESTABLISHED PATIENT

CPT	MAR$	Description
99211	18	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	32	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	48	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

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99214 71 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

99215 103 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

HOSPITAL OBSERVATION SERVICES

OBSERVATION CARE DISCHARGE SERVICES

99217 48 Observation care discharge day management

INITIAL OBSERVATION CARE

NEW OR ESTABLISHED PATIENT

99218 63 Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission to "observation status" are of low severity.

CPT MAR$

99219 114 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission to "observation status" are of moderate severity.

99220 143 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission to "observation status" are of high severity.

HOSPITAL INPATIENT SERVICES

INITIAL HOSPITAL CARE

NEW OR ESTABLISHED PATIENT

99221 66 Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.

99222 116 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

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Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.

99223 **150** Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive examination; and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.

SUBSEQUENT HOSPITAL CARE

99231 **40** Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.

99232 **63** Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

99233 **106** Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity.

CPT MAR$

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

HOSPITAL DISCHARGE SERVICES

99238 **48** Hospital discharge day management

(This code is to be utilized by the physician to report all services provided to a patient on the date of discharge, if other than the initial date of inpatient status. To report services to a patient who is admitted as an inpatient, and discharged on the same date, use only the codes for Initial Hospital Inpatient Services, 99221-99223. To report concurrent care services provided by a physician(s) other than the attending physician, use subsequent hospital care codes (99231-99233) on the day of discharge.) (For observation care discharge, use 99217)

CONSULTATIONS

OFFICE OR OTHER OUTPATIENT CONSULTATIONS

NEW OR ESTABLISHED PATIENT

99241 **63** Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

99242 **90** Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient(s) and/or family's needs.

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Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

99243 **116** Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

99244 **148** Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

99245 **201** Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

INITIAL INPATIENT CONSULTATIONS

NEW OR ESTABLISHED PATIENT

99251 **69** Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

CPT MAR$

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.

99252 **95** Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.

99253 **121** Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.

99254 **156** Initial inpatient consultation for a new or established patient, which requires three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.

99255 **170** Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

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Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.

FOLLOW-UP INPATIENT CONSULTATIONS

ESTABLISHED PATIENT

99261 **32** Follow-up inpatient consultation for an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering or improving. Physicians typically spend 10 minutes at the bedside and on the patient's hospital floor or unit.

99262 **48** Follow-up inpatient consultation for an established patient which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.

99263 **61** Follow-up inpatient consultation for an established patient which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.

CPT MAR$

CONFIRMATORY CONSULTATIONS

NEW OR ESTABLISHED PATIENT

99271 **42** Confirmatory consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor.

99272 **63** Confirmatory consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity.

99273 **84** Confirmatory consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity.

99274 **116** Confirmatory consultation for a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity.

99275 **153** Confirmatory consultation for a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.

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Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity.

EMERGENCY DEPARTMENT SERVICES

NEW OR ESTABLISHED PATIENT

99281 **33** Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor.

99282 **53** Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity.

99283 **70** Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity.

99284 **105** Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity.

CPT MAR$

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

99285 **195** Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

OTHER EMERGENCY SERVICES

99288 **211** Physician direction of emergency medical systems (EMS) emergency care, advanced life support

CRITICAL CARE SERVICES

99291 **222** Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour

99292 **111** each additional 30 minutes

NEONATAL INTENSIVE CARE

99295 **792** Initial neonatal intensive care, per day, for the evaluation and management of a critically ill neonate or infant

This care is provided on the date of admission of a neonate who requires cardiopulmonary monitoring and support. Such care includes the following, as necessary: initiation of mechanical ventilation or continuous positive airway pressure (CPAP); surfactant administration; pharmacologic control of the circulatory system; intravascular fluid administration; transfusion of blood components; vascular punctures; and blood gas interpretation.

99296 **422** Subsequent neonatal intensive care, per day, for the evaluation and management of a critically ill and unstable neonate or infant

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A critically ill and unstable neonate represents a neonate whose cardiopulmonary and metabolic status is unstable; whose neurologic status may be unstable; who requires frequent ventilator changes, inotropic and chronotropic support; who requires frequent IV changes and whose condition is changing almost minute to minute. Such an infant requires almost constant attention by a physician.

This description represents care provided on dates subsequent to the admission date. Such care includes the following, as necessary: mechanical ventilation or CPAP; surfactant administration; pharmacologic control of the circulatory system; total parenteral nutrition; seizure management; invasive or non-invasive electronic monitoring of vital signs, and/or monitoring of blood gases or oxygen saturation.

99297 **211** Subsequent neonatal intensive care, per day, for the evaluation and management of a critically ill and stable neonate or infant

A critically ill and stable neonate may represent an infant who is still intubated and requires invasive cardiopulmonary monitoring but whose vital signs are stable; who is not seizing; whose metabolic status is stable but who is still NPO and receiving parenteral nutrition and IV medications; and who is not yet over the acute phase of the initial problem.

This description represents care provided on dates subsequent to the admission date. Such care includes the following, as necessary: ventilatory support and treatment; total parenteral nutrition; invasive or non-invasive electronic monitoring of vital signs; apnea management and/or monitoring of blood gases or oxygen saturation.

NURSING FACILITY SERVICES

COMPREHENSIVE NURSING FACILITY ASSESSMENTS

NEW OR ESTABLISHED PATIENT

99301 **69** Evaluation and management of a new or established patient involving an annual nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering or improving. The review and affirmation of the medical plan of care is required.

CPT MAR$

Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.

99302 **92** Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient has developed a significant complication or a significant new problem and has had a major permanent change in status.

The creation of a new medical plan of care is required. Physicians typically spend 40 minutes at the bedside and on the patient's facility floor or unit.

99303 **124** Evaluation and management of a new or established patient involving a nursing facility assessment at the time of initial admission or readmission to the facility, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate to high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

The creation of a medical plan of care is required. Physicians typically spend 50 minutes at the bedside and on the patient's facility floor or unit.

SUBSEQUENT NURSING FACILITY CARE

NEW OR ESTABLISHED PATIENT

99311 **40** Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

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Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.

99312 **63** Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.

99313 **103** Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate to high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

DOMICILIARY, REST HOME (eg, BOARDING HOME), OR CUSTODIAL CARE SERVICES

NEW PATIENT

99321 **44** Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity.

CPT MAR$

99322 **66** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity.

99323 **100** Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high complexity.

ESTABLISHED PATIENT

99331 **39** Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering or improving.

99332 **53** Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication.

99333 69 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a significant complication or a significant new problem.

HOME SERVICES

NEW PATIENT

99341 53 Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of low severity.

99342 66 Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity.

99343 89 Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of high severity.

CPT MAR$

ESTABLISHED PATIENT

99351 48 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is stable, recovering or improving.

99352 63 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is responding inadequately to therapy or has developed a minor complication.

99353 86 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the patient is unstable or has developed a significant complication or a significant new problem.

PROLONGED SERVICES

PROLONGED PHYSICIAN SERVICE WITH DIRECT (FACE-TO-FACE) PATIENT CONTACT

99354 106 Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour

99355 53 each additional 30 minutes

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CPT	MAR$	
99356	116	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour
99357	58	each additional 30 minutes

PROLONGED PHYSICIAN SERVICE WITHOUT DIRECT (FACE-TO-FACE) PATIENT CONTACT

CPT	MAR$	
99358	84	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour
99359	42	each additional 30 minutes

PHYSICIAN STANDBY SERVICES

CPT	MAR$	
99360	79	Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery for newborn care, for monitoring EEG)

CASE MANAGEMENT SERVICES

TEAM CONFERENCES

CPT	MAR$	
99361	53	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes
99362	95	approximately 60 minutes

TELEPHONE CALLS

CPT	MAR$	
99371	11	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (eg, nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (eg, to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372	21	intermediate (eg, to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373	32	complex or lengthy (eg, lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)

CARE PLAN OVERSIGHT SERVICES

CPT	MAR$	
99375	74	Physician supervision of patients under care of home health agencies, hospice or nursing facility patients (patient not present) requiring complex or multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a 30-day period; 30-60 minutes
99376	106	greater than 60 minutes

NEWBORN CARE

CPT	MAR$	
99431	116	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)
99432	95	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)
99433	53	Subsequent hospital care, for the evaluation and management of a normal newborn, per day
99440	148	Newborn resuscitation: care of the high risk newborn at delivery, including, for example, inhalation therapy, aspiration, administration of medication for initial stabilization

SPECIAL EVALUATION AND MANAGEMENT SERVICES

BASIC LIFE AND/OR DISABILITY EVALUATION SERVICES

CPT	MAR$	
99450	DOP	Basic life and/or disability examination that includes: measurement of height, weight and blood pressure; completion of a medical history following a life insurance pro forma; collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and completion of necessary documentation/certificates

Calculations for MAR amounts, other than anesthesiology, were derived, in part, from copyrighted information provided by Innervation Technology Corporation.
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WORK RELATED OR MEDICAL DISABILITY EVALUATION SERVICES

99455 **DOP** Work related or medical disability examination by the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.

99456 **DOP** Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report.

OTHER EVALUATION AND MANAGEMENT SERVICES

99499 **DOP** Unlisted evaluation and management service

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MEDICINE

MEDICINE GROUND RULES

In addition to the General Instructions, several other instructions pertaining specifically to the Medicine Section are contained in the Medicine Ground Rules and Notes below. This information shall be utilized for correct reporting and billing of the procedure codes.

I. Physical Medicine

A. The following criteria shall be met for physical medicine treatment to qualify for reimbursement:

1. The patient's condition shall have the potential for restoration of function.

2. The treatment shall be specific to the injury and provide for the potential improvement of the patient's condition.

3. The initial treatment plan by the HCP shall be written and should remain on file with the HCP. A copy of this treatment plan shall be forwarded to the treating doctor and to the carrier. The treatment plan shall contain the following:

   a. type of intervention/treatment modality;
   b. frequency of treatment;
   c. expected duration of treatment;
   d. expected clinical response to treatment; and
   e. specification of a re-evaluation timeframe

4. The patient shall be re-examined by the treating doctor within 60 days of the initiation of treatment by the HCP. Thereafter, if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly.

5. Treatment plans shall be updated by the HCP to reflect any changes in the injured worker's condition as well as his/her response to treatment. A copy of any updated treatment plan shall be forwarded to the treating doctor and the insurance carrier.

6. Neither the copy of initial treatment plan submitted to the insurance carrier nor copies of any subsequent treatment plans are reimbursable.

7. The physical or occupational therapist's initial evaluation (which excludes treatment) is limited to codes 99202, 99203, or 99204 depending on the level of service provided. Treatment may be performed on the same day as an initial evaluation.

8. Re-evaluation of the patient by the physical or occupational therapist is limited to code 99213. This re-evaluation shall be allowed no more than once every two weeks. DOP is required if this evaluation is performed more frequently. Re-evaluation can occur for any of the following reasons:

   a. a definitive change in the patient's condition;
   b. failure to respond to treatment;
   c. attainment of MMI; or
   d. extensive evaluation of the patient is necessary which is over and above what would be routinely provided at a therapy session.

   NOTE: Range of motion measurements and muscle testing as performed by the physical or occupational therapist during this re-evaluation are included in this code and shall not be reimbursed separately.

9. For the purpose of this fee guideline, the following codes are considered physical medicine care or therapy:

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a. Modalities:

i. Definition: any physical agent applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electrical energy.

ii. Supervised Modalities: the application of a modality that does not require direct (one-to-one) patient contact by the provider. The codes are 97010-97028.

iii. Constant Attendance: the application of a modality that requires direct (one-to-one) patient contact by the doctor or HCP. The codes are 97032-97039.

b. Procedures (Supervision by the doctor or HCP, in either a group (97150) or one-to-one (97110-97139) setting, is required)

c. Physical Medicine Activities and Training (Supervision by the doctor or HCP is required): 97220-97541

d. For the purposes of this guideline, supervision is defined as the on-site presence of the licensed HCP at the location where the services are being rendered and direct visual and verbal contact with the patient at scheduled intervals during the period of time for which treatment is being provided at that site.

NOTE: Tests and measurement codes (97700-97750) require a report of the results, and no additional reimbursement shall be allowed for this report.

10. **Additional Ground Rules:**

a. A physical medicine session is defined as any combination of four modalities (97010-97039), procedures (97110-97150) and/or physical medicine activities and training (97220-97541). The maximum amount of time allowed per session is two hours. If additional time is required to complete the treatment rendered in a session, a maximum of one additional hour may be allowed. DOP is required for time exceeding the two hour maximum. Two sessions are allowed per day for the first week of the acute phase of the injury. Thereafter, only one session per day is allowed.

b. The exclusive use of physical medicine modalities (97010-97039) is limited to a maximum of two weeks unless documentation is provided substantiating the need for continued use of only these modalities.

c. The use of physical medicine modalities in conjunction with therapeutic and other procedures shall be as described in the treatment guidelines unless documentation is provided that substantiates the need to provide treatment that is not contained in the treatment guideline.

d. The codes for orthotics (97500-97501) and prosthetics (97520-97521) training shall be used for instruction and training. The HCPCS codes shall be used for the custom fabrication of the orthosis or prosthesis.

11. **Additional Definitions:**

a. Therapeutic procedures (97110) is defined as therapeutic exercises used to develop strength and endurance, range of motion and flexibility. Examples include the use of graded resistance ranging from manual resistance to a variety of equipment including isokinetic, isometric, or isoinertial in one or more planes.

b. Therapeutic activities (97530) is defined as direct (one on one) patient contact by the provider with the use of dynamic activities to improve functional performance.

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c. Activities of daily living (97540) is defined as procedures designed to increase the patient's functional ability. Examples include rolling, sitting, transfer training, bathing, dressing, grooming, wheelchair training, feeding, or any other activities used to enhance the patient's functional ability either at home or work.

B. Manipulation/Reimbursement

1. When manipulations are administered by a doctor, other than a doctor of osteopathy, during an office visit, the office visit/manipulation shall be coded as follows:

   a. New Patient Visit: The doctor shall select the office visit which most accurately reflects the level of service provided and the first manipulation, if performed, is included in the office visit. The modifier "-MP" shall be added to the E/M code. Additional manipulations, if provided, shall be coded using the code 97261.

   b. Established Patient Visit: The doctor shall use the code 99213 with the modifier "-MP" when providing an office visit in combination with a manipulation on the day of service. Additional manipulations are coded using the code 97261.

2. Exceptions to the above ground rules are:

   a. Any office visit exceeding 99213 on established patients, and performed for re-evaluation, is limited to once every 30 days and shall include the first manipulation, when provided, with subsequent manipulations billed as code 97261. The modifier "-MP" shall be added to the E/M code when the manipulation is provided.

   b. The development of complications that constitute documented changes in the patient's treatment plan may require an office visit which exceeds 99213. A report identifying the changes/complications shall be submitted with the bill to support the need for the additional service. No additional charge shall be paid for this report.

C. Treatment Codes/Alpha Modifiers

1. When billing for the following services, identify each with the appropriate code and alpha modifier as indicated below:

a.	97750-FC	Functional Capacity
b.	97750-MT	Muscle Testing
c.	97799-JA	Job Site Visit/Assessment
d.	97799-EM	Surface EMG
e.	97799-MR	Outpatient Medical Rehabilitation
f.	97799-CP	Chronic Pain Management
g.	97039-HE	HE-NE Laser
h.	97039-CM	Continuous Passive Motion
i.	97039-FT	Fluidotherapy
j.	97139-AC	Acupuncture
k.	97139-EU	Simultaneous Electrical Stimulation/Ultrasound
l.	97139-AT	Autotraction
m.	97139-SS	Spray and Stretch
n.	97139-ME	Muscle Energy Technique
o.	97139-EC	Taping to stabilize or align joint
p.	97139-PO	Positional Release
q.	97139-TN	TENS application for trial basis (includes supplies/training)
r.	97139-PH	Phonophoresis
s.	97139-TT	Tilt table (standing frame)
t.	97139-DC	Dressing changes
u.	97139-DB	Debridement

2. Balance/coordination training, perceptual/motor training, and developmental/sensory integration techniques shall be billed as code 97112 (neuromuscular re-education).

3. Joint mobilization shall be billed under code 97265. Myofascial release/soft tissue mobilization shall be billed under code 97250.

4. External compression/taping to reduce or control edema and swelling shall be billed using code 97016, vasopneumatic devices. External compression/taping to provide support or protection and limit motion in acute trauma and chronic circulatory conditions or to provide stabilization and joint alignment shall be billed using code 97139-EC.

5. Therapeutic casting shall be billed as code 97500. Supplies shall be billed using the HCPCS codes, when applicable, or 99070 when the HCPCS codes do not exist for the supplies provided (DOP required).

6. Phonophoresis supplies shall be billed using code 99070 and shall be reimbursed at $7.00; iontophoresis supplies shall be billed using code 99070 and shall be reimbursed at $15.00. Phonophoresis and iontophoresis shall not be reimbursed for the same area on the same day.

7. Sterile whirlpool is billed as code 97022 with modifier "-22" and shall be reimbursed at $40.00. This type of treatment shall be ordered by the treating doctor. There shall be no additional reimbursement for sterilizing the whirlpool or for supplies for the sterilization.

8. Patient education is billed for a group setting using the code 99078. If the patient education is provided in a one-to-one setting, use the modifier "-22"; DOP is required.

9. If any of the procedures (97110-97139) are performed with two or more individuals, then 97150 is reported. Do not code the specific type of therapy in addition to the group therapy.

D. Body Areas

1. The following body areas are recognized for the provision of physical medicine (billing may be by region, if present, or by area):

   a. Head
   b. Lower extremity (which is divided into two regions):
      i. Hip/Knee
      ii. Ankle/Foot
   c. Upper extremity (which is divided into two regions):
      i. Shoulder/Elbow
      ii. Wrist/Hand
   d. Trunk (Including rib cage, and abdomen)
   e. Spine (which is divided into four regions):
      i. Cervical spine
      ii. Thoracic spine
      iii. Lumbar spine
      iv. Sacral spine

2. An injury resulting in treatment to more than one body area or region, as defined by the MFG, shall be substantiated by the appropriate diagnosis codes.

3. If the physical medicine code states "one or more areas" but has no time limit, then only one unit can be charged regardless of the number of body areas treated.

4. If the physical medicine code states "one or more areas" and has a time limit, then additional units of this code can be charged once the amount of time contained in the description has been exceeded. The additional time spent in the procedure shall be reflected in the number of units charged for the specific procedure.

E. Testing

1. **Job site visit/assessment** shall be identified and billed as code 97799-JA. A report is required and shall not be reimbursed separately.

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2. **Functional capacity evaluations (FCEs)**

a. FCEs are allowed a maximum of three times for each injured worker. FCEs shall be billed as code 97750-FC. FCEs shall be reimbursed at $100 per hour for a maximum of five hours ($500) for the initial test and two hours ($200) for an interim and/or discharge test. A summary report for each FCE is required and shall not be reimbursed in addition to the evaluation charge. Required documentation includes the start and end time for the FCE.

b. FCEs contain the following three elements:

i. A physical examination and neurological evaluation which includes the following:

AA. appearance (observational and palpation)

BB. flexibility of the extremity joint or spinal region (usually observational)

CC. posture and deformities;

DD. vascular integrity;

EE. neurological tests to detect sensory deficit;

FF. myotomal strength to detect gross motor deficit; and

GG. reflexes to detect neurological reflex symmetry.

ii. A physical capacity evaluation of the injured area which includes the following:

AA. range of motion (quantitative measurements using appropriate devices) of the injured joint or region; and

BB. strength/endurance (quantitative measures using accurate devices) with comparison to contralateral side or normative data base. This testing may include isometric, isokinetic, or isoinertial devices in one or more planes.

iii. Functional abilities tests which include the following:

AA. activities of daily living (standardized tests of generic functional tasks such as pushing, pulling, kneeling, squatting, carrying, and climbing);

BB. hand function tests which measure fine and gross motor coordination, grip strength, pinch strength, and manipulation tests using measuring devices;

CC. submaximal cardiovascular endurance tests which measure aerobic capacity using stationary bicycle or treadmill; and

DD. static positional tolerance (observational determination of tolerance for sitting or standing).

3. **Muscle testing (97750-MT)** requires a report identifying the service provided, results, and interpretation of the test and shall be reimbursed per body area (see section (I)(D)(1) of the ground rules for this section). If two or more contiguous areas are injured and if testing requires no additional tasks, then reimbursement shall be allowed for only one body area. Muscle testing shall not be reimbursed in addition to a functional capacity evaluation (FCE). Muscle testing may be used to replace any six components of the functional abilities test and shall be reimbursed (by time required) as a component of the FCE, not exceeding the MAR for an FCE.

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a. **Isometric measurements** are reimbursed as follows:

i. Single area: testing for strength deficits incurred from an injury to one area of the body. This includes multiple tasks and/or multiple planes.

ii. Two areas: testing two injured areas of the body. Each area requires multiple tasks and/or multiple planes. DOP is required supporting need for testing of more than one body area.

iii. Multiple areas: testing more than two injured areas of the body. Each area requires multiple tasks and/or multiple planes. DOP is required supporting the need for testing of multiple body areas.

b. **Isokinetic measurements** are reimbursed as follows:

i. Single area: testing for strength deficits incurred from an injury to one area of the body. This includes more than one task and more than one plane.

ii. Two areas: testing two injured areas of the body. Each area requires multiple tasks and multiple planes. DOP is required supporting the need for testing of more than one body area.

iii. Multiple areas: testing more than two injured areas of the body. Each area requires multiple tasks and planes. DOP is required supporting the need for testing of multiple body areas.

4. When performing manual muscle testing (95831-95834) and/ or range of motion testing (95851-95852) except as part of an office visit, reimbursement includes testing with comparison to normal side.

II. Single and Interdisciplinary Programs

A. Introduction: The commission recognizes the need for injured workers to participate in established programs in order to restore function and reduce pain. In order to qualify for reimbursement, the available programs shall meet the criteria of one of the four programs described below except for catastrophic head injury programs. Please refer to the applicable treatment guidelines and the preauthorization rule for additional requirements. All services performed by the interdisciplinary core team and other services as part of the program shall be inclusive in the reimbursement of the program. Whenever HCP is used in the description of the services of the program, it is a licensed HCP.

B. Qualified Mental Health Provider (QMHP): defined as someone who is independently licensed to provide mental health services, within the scope of practice defined by their applicable practice Act. A non-licensed individual is not a QMHP but may provide services defined in the Mental Health Treatment Guideline under the direction or supervision of a QMHP.

C. Accreditation: Accreditation by CARF is recommended, but not required, for all interdisciplinary programs. If the program is accredited, then the modifier "-AP" shall be used in addition to the other modifiers designated for the listed interdisciplinary programs. If the interdisciplinary program is not accredited, then the hourly reimbursement for the program shall be reduced 20% below the maximum allowed reimbursement, if the MAR is listed in the ground rules, or 20% below the usual and customary reimbursement for that program. This ground rule applies to the interdisciplinary programs which are Work Hardening, Outpatient Medical Rehabilitation, and Chronic Pain Management.

D. Work conditioning: A highly structured, goal-oriented, individualized treatment program using real or simulated work activities in conjunction with conditioning tasks. Work conditioning is a single disciplinary approach.

1. Entrance/admission criteria shall enable the program to admit:

a. persons who are likely to benefit from the program;

b. persons whose current level of functioning due to illness or injury interferes with their ability to carry out specific identifiable tasks required in the work place; and

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c. persons whose medical, psychological, or other conditions do not prohibit participation in the program.

2. Work conditioning requires a minimum of four hours per day except for the first week due to the patient's inability to tolerate the full session. A two hour per day minimum applies during the initial week. If the injured worker is able to return to work for a portion of the day, total time spent on the job and in the work conditioning program shall not exceed eight hours per day.

3. Work conditioning shall be billed as code 97545-WC for the first two hours of each session and code 97546-WC for each additional hour.

4. Reimbursement for work conditioning shall be $36.00 per hour.

5. An individualized plan of work simulation shall be supervised by a licensed physical or occupational therapist and/or doctor. Although some time is spent with the physical therapist, occupational therapist or doctor on a one-to-one basis, more than 50% of the time is self-monitored under the supervision of a physical or occupational therapist and/or doctor. The recommended group size is no larger than five (5) patients to one HCP.

6. Program supervision is provided by a licensed physical or occupational therapist or by a doctor. The program supervisor shall:

   a. provide direct on-site supervision of the daily work conditioning activities;
   b. participate in the initial and final evaluation of the patient;
   c. design the treatment plan for the patient and write changes to the plan based on documented changes in the patient's condition; and
   d. direct the other staff when providing treatment and services as part of this program to the patient.

7. Daily treatment and patient response to treatment shall be documented and reviewed to ensure continued progress.

8. The exit/discharge criteria shall include, but not be limited to, the person's:

   a. returning to work;
   b meeting program goals;
   c. declining further services;
   d. noncompliance with program policies;
   e. limited potential to benefit; or
   f. requiring further health care interventions.

9. The exit/discharge summary shall delineate the person's:

   a. present functional status and potential; and
   b. functional status related to the targeted job, or alternative occupations.

E. <u>Work Hardening</u>: A highly structured, goal-oriented, individualized treatment program designed to maximize the ability of the persons served to return to work. Work Hardening programs are interdisciplinary in nature with a capability of addressing the functional, physical, behavioral, and vocational needs of the injured worker. Work Hardening provides a transition between management of the initial injury and return to work while addressing the issues of productivity, safety, physical tolerances, and work behaviors. Work Hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks. These activities are used to progressively improve the biomechanical, neuromuscular, cardiovascular/metabolic, behavioral, attitudinal, and vocational functioning of the persons served.*

*1. Entrance/admission criteria shall enable the program to admit:

   a. persons who are likely to benefit from the program;

   b. persons whose current levels of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace;

c. persons whose medical, psychological, or other conditions do not prohibit participation in the program; and

d. persons who are capable of attaining specific employment upon completion of the program.

2. Mental health evaluations and treatment:

a. An initial evaluation to determine the injured worker's readiness for the program may be performed prior to entrance into the program. This evaluation is **not** considered to be part of the Work Hardening program and should be billed **separately**.

b. Group therapy, provided by a Qualified Mental Health Provider, is considered to be part of the Work Hardening program and shall be reimbursed at the hourly rate set for this program.

c. Individual therapy (i.e., one-to-one therapy with a Qualified Mental Health Provider) is **not** considered to be part of the Work Hardening program and shall be billed **separately** from this program.

d. Careful evaluation of the program entrance criteria shall be performed for any patient requiring one-to-one mental health therapy in this program.

3. Work Hardening requires a minimum of four hours per day except for the first week due to the injured worker's inability to tolerate the full session. A two hour per day minimum applies during the initial week. If the injured worker is able to return to work for a portion of the day, the total time spent on the job and in the Work Hardening program shall not exceed eight hours per day.

4. Work Hardening shall be billed as code 97545-WH for the first two hours of each session and code 97546-WH for each additional hour.

5. Reimbursement for the Work Hardening program shall be $64.00 per hour.

6. An individualized plan of treatment shall be supervised by a licensed physical or occupational therapist and/or doctor within a therapeutic environment. Although some time is spent with the physical therapist, occupational therapist, or doctor on a one-to-one basis, more than 50% of the time is self-monitored under the supervision of a licensed member of the interdisciplinary team. The recommended group size is no larger than five patients per HCP.

7. Program supervision is provided by a licensed physical or occupational therapist or by a doctor. The program supervisor shall:

a. provide direct on-site supervision of work hardening activities;
b. participate in the initial and final evaluation of the patient;
c. write the treatment plan for the patient and write changes to the plan based on documented changes in the patient's condition;
d. direct the interdisciplinary team when providing treatment and services; and
e. review the patient's program on a systematic basis.

8. Daily treatment and patient response to treatment shall be documented and reviewed to ensure continued progress.

*9. Exit/discharge criteria shall include but not be limited to the injured worker's:

a. returning to work;
b. meeting program goals;
c. declining further services;
d. noncompliance with program policies;
e. limited potential to benefit; or
f. requiring further health care interventions.

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10. Exit/discharge summary shall delineate the injured worker's:

    a. present functional status and potential; and
    b. functional status related to the targeted job, alternative occupations, or current job availability.

***NOTE**: Obtained from Commission of Accreditation of Rehabilitation Facilities (CARF), 1994 Standards Manual

F. Outpatient Medical Rehabilitation: A program of coordinated and integrated services, evaluation, and/or treatment with emphasis on improving the functional levels of the persons served. The program is interdisciplinary in nature and is applicable to those persons who have severe functional limitations of recent onset or recent regression or progression or those persons who have not had prior exposure to rehabilitation. Services may be directed toward the development and/or maintenance of the optimal level of functioning and community integration of the persons served.*

*1. Outpatient Medical Rehabilitation programs are designed for those persons with functional limitations that require an intensity of services including, at a minimum:

    a. medical direction;
    b. medical support services and consultation;
    c. appropriate therapies; and
    d. those other services specifically required because of the disabilities of the persons served.

*2. Entrance/admission criteria shall enable the program to admit persons:

    a. who are likely to benefit from this program design;

    b. whose level of functioning is severely impaired as a result of disease or injury; and

    c. who, as a result of this severe impairment, require intensive rehabilitation to function within the confines of the impairment.

3. Mental health evaluations and treatment:

    a. An initial evaluation to determine the injured worker's readiness for the program may be performed prior to entrance into the program. This evaluation is **not** considered to be part of the Outpatient Medical Rehabilitation program and shall be billed **separately**.

    b. Due to the intensity of the program, both group and individual therapy may be part of the Outpatient Medical Rehabilitation program. If the program includes individual psychotherapy, it shall be billed as part of the program and not separately. If the program does not include psychotherapy services, such services may be billed seperately, subject to applicable preauthorization requirements and the mental health treatment guideline (MHTG).

4. Outpatient Medical Rehabilitation requires a minimum of four hours per day during the first week due to the injured worker's inability to tolerate the full session. This program may not exceed eight hours per day. A program of ten to twelve hours per day shall be limited to those patients in the program who actually work in a job for ten to twelve hours per day.

5. Outpatient Medical Rehabilitation shall be billed as code 97799-MR for each day and the number of hours spent in the program indicated on the bill. DOP is required.

6. Due to the intensity of this type of program, an individualized plan of treatment shall be supervised by a doctor within a therapeutic environment. Although some time is spent with the doctor on a one-to-one basis, the majority of the time is under the direct care of a physical therapist, occupational therapist, Qualified Mental Health Provider, doctor, or other licensed member of the interdisciplinary team. The recommended group size is no larger than five patients per HCP.

7. Program supervision is provided by a doctor who is trained and experienced in the treatment of severely impaired patients. The program supervisor shall:

   a. provide direct on-site supervision of the outpatient medical rehabilitation activities;
   b. participate in the initial and final evaluation of the patient;
   c. write the treatment plan for the patient and write changes to the plan based on documented changes in the patient's condition;
   d. direct the interdisciplinary team when providing treatment or services; and
   e. review the patient's program on a systematic basis.

8. Daily treatment and patient response to treatment shall be documented and reviewed to ensure continued progress.

*9. The exit/discharge criteria shall include, but not be limited to the injured worker's:

   a. meeting program goals;
   b. returning to work;
   c. declining further services;
   d. noncompliance with program policies;
   e. limited potential to benefit; or
   f. requiring further health interventions

10. The exit/discharge summary shall delineate the injured worker's:

   a. present functional status and potential; and
   b. functional status related to the injured worker's previous occupation, alternative occupations, or inability to work

***NOTE**: Obtained from Commission of Accreditation of Rehabilitation Facilities (CARF), 1994 Standards Manual

G. <u>Chronic Pain Management:</u> A program which provides coordinated, goal-oriented, interdisciplinary team services to reduce pain, improve functioning, and decrease the dependence on the health care system of persons with chronic pain syndrome.*

*1. Chronic pain syndrome is defined as any set of verbal and/or nonverbal behaviors that:

   a. involves the complaint of enduring pain;
   b. differs significantly from the injured worker's premorbid status;
   c. has not responded to previous appropriate medical, surgical, and/or injection treatments; and
   d. interferes with the injured worker's physical, psychological, social, and/or vocational functioning.

*2. Entrance/admission criteria shall enable the program to admit persons:

   a. who are likely to benefit from this program design;

   b. whose symptoms meet the above description of chronic pain syndrome; and

   c. whose medical, psychological, or other conditions do not prohibit participation in the program.

3. Mental health evaluations and treatment:

   a. An initial evaluation to determine the injured worker's readiness for the program may be performed prior to entrance into the program. This evaluation is **not** considered to be part of the Chronic Pain Management program and shall be billed separately.

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b. Due to the intensity of the program, both group and individual therapy may be part of the Chronic Pain Management program. If the program includes individual psychotherapy, it shall be billed as part of the program and not separately. If the program does not include psychotherapy services, such services may be billed seperately, subject to applicable preauthorization requirements and the mental health treatment guideline (MHTG).

4. Modality-oriented clinics that provide only specific therapies outside the context of an interdisciplinary team (e.g., psychotherapy, biofeedback, TENS, relaxation therapy, and nerve blocks) are not considered to be part of this type of program.

5. The program shall include a component to significantly reduce the patient's dependence on and/or addiction to pain medications.

6. An individualized plan of treatment shall be supervised by a doctor within a therapeutic environment. Although some time is spent with a doctor on a one-to-one basis, more than 50% of the time is spent in direct care under the supervision of the physical therapist, occupational therapist, Qualified Mental Health Provider, doctor or other licensed member of the interdisciplinary team. The recommended group size is no larger than five patients per HCP.

7. Program supervision is provided by a doctor who is trained and experienced in the treatment of patients with chronic pain syndrome as described earlier in this section. The program supervisor shall:

   a. provide direct on-site supervision of the daily pain management activities;
   b. participate in the initial and final evaluation of the patient;
   c. write the treatment plan for the patient and write changes to the plan based on documented changes in the patient's condition; and
   d. direct the interdisciplinary team and review the patient's program on a systematic basis.

8. Chronic Pain Management requires a minimum of four hours per day during the first week due to the injured worker's inability to tolerate the full session. This program shall not exceed eight hours per day. A program of ten to twelve hours per day shall be limited to those patients in the program who actually work in a job for ten to twelve hours per day.

9. Chronic Pain Management shall be billed as code 97799-CP for each day and the number of hours spent in the program indicated on the bill. DOP is required.

10. Daily treatment and patient response to treatment shall be documented and reviewed to ensure continued progress.

*11. Discharge/exit criteria shall include but not be limited to:

   a. the appropriate use of medication;
   b. decreased intensity of subjective pain;
   c. increased ability of the injured worker to manage pain;
   d. reduced health care use related to the chronic pain syndrome;
   e. return to work; or
   f. noncompliance with program policies.

***NOTE**: Obtained from Commission of Accreditation of Rehabilitation Facilities (CARF), 1994 Standards Manual

III. Osteopathic Manipulation

When manipulation is provided by a doctor of osteopathy codes 98925 through 98929 shall be utilized. The doctor of osteopathy may bill 99212 for an established patient office visit in addition to the appropriate manipulation code and add modifier -MP to the office visit. If office visit includes separate and identifiable E/M services, use the appropriate E/M code.

IV. Nerve Studies

A. EEG Studies

Identify by using procedure codes 95812-95822, 95950-95958. The technical and professional components of the study are included in the total fee. If the professional or technical components are billed separately, the appropriate modifier (either modifier "-26" or "-27") shall be included. If billed separately, the professional component shall not be reimbursed at a cost greater than 30% of the listed value, and the technical component shall not be reimbursed at a cost greater than 70% of the listed value.

B. Reflex Studies

1. **Code 95933 (orbicularis oculi; blink reflex):** reimbursed once per entire study.

2. **Code 95935 ("H" or "F" reflex study by electrodiagnostic testing):** Reimbursement shall be as follows:

   a. Reimbursement shall be per study, not per nerve.

   b. For "F" studies, separate reimbursement per extremity shall be allowed only if the compensable injury affected both extremities. If the contralateral extremity was tested to compare the affected and unaffected side, the comparison study would be considered to be part of the overall study.

   c. No reimbursement shall be allowed for "H" studies that are billed for upper extremities.

   d. "H" studies on lower extremities may be billed bilaterally when performed.

   e. A maximum of six CPT codes can be reimbursed for "H" and "F" studies performed per patient on the same date of service.

C. EMG Studies

EMG reimbursement includes the technical and professional components of the study. If the professional or technical components are billed separately, the appropriate modifier (either modifier "-26" or "-27") shall be included. If billed separately, the professional component shall not be reimbursed at a cost greater than 30% of the listed value, and the technical component shall not be reimbursed at a cost greater than 70% of the listed value.

D. NCV Studies

NCV reimbursement includes the technical and professional components of the study. If the professional or technical components are billed separately, the appropriate modifier (either modifier "-26" or "-27") shall be included. If billed separately, the professional component shall not be reimbursed at a cost greater than 30% of the listed value, and the technical component shall not be reimbursed at a cost greater than 70% of the listed value.

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MODIFIERS

See general instructions for additional modifiers.

-22	**Unusual Services:** This modifier, when used with CPT code 97022 (whirlpool), is used for sterile whirlpool therapy and with CPT code 99078 for patient education in a group setting.
-AC	**Acupuncture:** This modifier shall be used with CPT code 97139 when acupuncture is performed.
-AP	**Accredited programs:** This modifier shall be used when a CARF approved facility is used for interdisciplinary programs.
-AT	**Autotraction:** This modifier shall be used with CPT code 97139 when autotraction is used for treatment.
-CM	**Continuous Passive Motion:** This modifier shall be used with CPT code 97039 when a continuous passive motion device is used for treatment.
-CP	**Chronic Pain Management:** This modifier shall be used with CPT code 97799 for chronic pain management.
-DB	**Debridement:** This modifier shall be used with CPT code 97139 for debridement.
-DC	**Dressing Changes:** This modifier shall be used with CPT code 97139 for dressing changes.
-EC	**Taping to Stabilize or Align:** This modifier shall be used with CPT code 97139 when taping is used to stabilize or align the joint.
-EM	**Surface EMG:** This modifier shall be used with CPT code 97799 when a surface EMG is performed.
-EU	**Simultaneous Electrical Stimulation/Ultrasound:** This modifier shall be used with CPT code 97139 when simultaneous electrical stimulation/ultrasound is performed.
-FC	**Functional Capacity:** This modifier shall be used with CPT code 97750 when a functional capacity evaluation is performed.
-FT	**Fluidotherapy:** This modifier shall be used with CPT code 97039 when fluidotherapy is performed.
-HE	**HE-NE Laser:** This modifier shall be used with CPT code 97039 for HE-NE laser treatment.
-JA	**Job Site Analysis/Assessment:** This modifier shall be used with CPT code 97799 when a job site visit/assessment is performed.
-ME	**Muscle Energy Technique:** This modifier shall be used with CPT code 97139 when the muscle energy technique is used for treatment.
-MP	**Manipulation:** This modifier shall be added to the E/M code when the first manipulation for the visit is performed.
-MR	**Outpatient Medical Rehabilitation:** This modifier shall be used with CPT code 97799 for outpatient medical rehabilitation.
-MT	**Muscle Testing:** This modifier shall be used with CPT code 97750 when muscle testing is performed.
-PH	**Phonophoresis:** This modifier shall be used with CPT code 97139 when phonophoresis is used for treatment.
-PO	**Positional Release:** This modifier shall be used with CPT code 97139 when positional release is used for treatment.
-SS	**Spray and Stretch:** This modifier shall be used with CPT code 97139 when spraying and stretching is performed.

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-TN **TENS Application for Trial Basis:** This modifier shall be used with CPT code 97139 when TENS application is being performed on a trial basis. This service includes supplies and training.

-TT **Tilt Table:** This modifier shall be used with CPT code 97139 when a standing frame tilt table is used for treatment.

-WC **Work Conditioning:** This modifier shall be used with CPT code 97545 an 97546 when work conditioning is performed.

-WH **Work Hardening:** This modifier shall be used with CPT code 97545 and 97546 when work hardening is performed.

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IMMUNIZATION INJECTIONS

CPT	MAR$	
90700	26	Immunization, active; diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)
90701	26	diphtheria and tetanus toxoids and pertussis vaccine (DTP)
90702	13	diphtheria and tetanus toxoids (DT)
90703	13	tetanus toxoid
90704	16	mumps virus vaccine, live
90705	16	measles virus vaccine, live, attenuated
90706	16	rubella virus vaccine, live
90707	35	measles, mumps and rubella virus vaccine, live
90708	23	measles and rubella virus vaccine, live
90709	23	rubella and mumps virus vaccine, live
90710	26	measles, mumps, rubella, and varicella vaccine
90711	26	diphtheria, tetanus, and pertussis (DTP) and injectable poliomyelitis vaccine
90712	26	poliovirus vaccine, live, oral (any type(s))
90713	16	poliomyelitis vaccine
90714	13	typhoid vaccine
90716	16	varicella (chicken pox) vaccine
90717	13	yellow fever vaccine
90718	16	tetanus and diphtheria toxoids absorbed, for adult use (Td)
90719	13	diphtheria toxoid
90720	29	diphtheria, tetanus, and pertussis (DTP) and Hemophilus influenza B (HIB) vaccine
90724	19	influenza virus vaccine
90725	13	cholera vaccine
90726	16	rabies vaccine
90727	16	plague vaccine
90728	16	BCG vaccine
90730	30	hepatitis A vaccine
90731	30	hepatitis B vaccine
90732	19	pneumococcal vaccine, polyvalent
90733	19	meningococcal polysaccharide vaccine (any group(s))
90735	19	encephalitis virus vaccine
90737	29	Hemophilus influenza B
90741	13	Immunization, passive; immune serum globulin, human (ISG)
90742	29	specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)
90749	DOP	Unlisted immunization procedure

THERAPEUTIC OR DIAGNOSTIC INFUSIONS (EXCLUDES CHEMOTHERAPY)

CPT	MAR$	
90780	71	IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour
90781	32	each additional hour, up to eight (8) hours

THERAPEUTIC OR DIAGNOSTIC INJECTIONS

CPT	MAR$	
90782	13	Therapeutic or diagnostic injection (specify material injected); subcutaneous or intramuscular
90783	19	intra-arterial
90784	26	intravenous
90788	16	Intramuscular injection of antibiotic (specify)
90799	DOP	Unlisted therapeutic or diagnostic injection

PSYCHIATRY

GENERAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE INTERVIEW PROCEDURES

CPT	MAR$	
90801	3 per min	Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. in certain circumstances other informants will be seen in lieu of the patient)

SPECIAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE PROCEDURES

CPT	MAR$	
90820	3 per min	Interactive medical psychiatric diagnostic interview examination

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CPT	MAR$	
90825	2 per min	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90830	125	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour

PSYCHIATRIC THERAPEUTIC PROCEDURES

CPT	MAR$	
90835	2 per min	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)
90841	155	Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; time unspecified
90842	200	approximately 75 to 80 minutes
90843	68	approximately 20 to 30 minutes
90844	122	approximately 45 to 50 minutes
90845	DOP	Medical psychoanalysis
90846	3 per min	Family medical psychotherapy (without the patient present)
90847	3 per min	Family medical psychotherapy (conjoint psychotherapy) by a physician, with continuing medical diagnostic evaluation, and drug management when indicated
90849	3 per min	Multiple-family group medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated
90853	40	Group medical psychotherapy (other than of a multiple-family group) by a physician, with continuing medical diagnostic evaluation and drug management when indicated
90855	3 per min	Interactive individual medical psychotherapy
90857	35	Interactive group medical psychotherapy

PSYCHIATRIC SOMATOTHERAPY

CPT	MAR$	
90862	3 per min	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90870	64	Electroconvulsive therapy (includes necessary monitoring); single seizure
90871	DOP	multiple seizures, per day

OTHER PSYCHIATRIC THERAPY

CPT	MAR$	
90880	3 per min	Medical hypnotherapy
90882	2 per min	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	3 per min	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	2 per min	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers

OTHER PROCEDURES

CPT	MAR$	
90899	DOP	Unlisted psychiatric service or procedure

BIOFEEDBACK

CPT	MAR$	
90900	2 per min	Biofeedback training; by electromyogram application (eg, in tension headache, muscle spasm)
90902	2 per min	in conduction disorder (eg, arrhythmia)
90904	2 per min	regulation of blood pressure (eg, in essential hypertension)
90906	2 per min	regulation of skin temperature or peripheral blood flow
90908	2 per min	by electroencephalogram application (eg, in anxiety, insomnia)
90910	2 per min	by electro-oculogram application (eg, in blepharospasm)
90911	2 per min	anorectal, including EMG and/or manometry
90915	DOP	other

DIALYSIS

END STAGE RENAL DISEASE SERVICES

CPT	MAR$	
90918	1,030	End stage renal disease (ESRD) related services per full month; for patients under 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents

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CPT	MAR$	
90919	773	between the second and twelfth birthdays to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90920	644	through age nineteen to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90921	354	for patients twenty years of age and over
90922	32	End stage renal disease (ESRD) related services (less than full month), per day

HEMODIALYSIS

CPT	MAR$	
90935	129	Hemodialysis procedure with single physician evaluation
90937	290	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

PERITONEAL DIALYSIS

CPT	MAR$	
90945	103	Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration), with single physician evaluation
90947	245	Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription

MISCELLANEOUS DIALYSIS PROCEDURES

CPT	MAR$	
90989	322	Dialysis training, patient, including helper where applicable, any mode, completed course
90993	77	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
90997	580	Hemoperfusion (eg, with activated charcoal or resin)
90999	DOP	Unlisted dialysis procedure, inpatient or outpatient

GASTROENTEROLOGY

CPT	MAR$	
91000	84	Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91010	167	Esophageal motility study;
91011	180	with mecholyl or similar stimulant
91012	193	with acid perfusion studies
91020	84	Esophagogastric manometric studies
91030	81	Esophagus, acid perfusion (Bernstein) test for esophagitis
91032	84	Esophagus, acid reflux test, with intraluminal ph electrode for detection of gastroesophageal reflux;
91033	122	prolonged recording
91052	100	Gastric analysis test with injection of stimulant of gastric secretion (eg, histamine, insulin, pentagastrin, calcium and secretin)
91055	97	Gastric intubation, washings, and preparing slides for cytology (separate procedure)
91060	55	Gastric saline load test
91065	122	Breath hydrogen test (eg, for detection of lactase deficiency)
91100	90	Intestinal bleeding tube, passage, positioning and monitoring
91105	53	Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
91122	103	Anorectal manometry
91299	DOP	Unlisted diagnostic gastroenterology procedure

OPHTHALMOLOGY

GENERAL OPHTHALMOLOGICAL SERVICES

NEW PATIENT

CPT	MAR$	
92002	71	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	113	comprehensive, new patient, one or more visits

ESTABLISHED PATIENT

CPT	MAR$	
92012	52	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	93	comprehensive, established patient, one or more visits

SPECIAL OPHTHALMOLOGICAL SERVICES

CPT	MAR$	
92015	26	Determination of refractive state

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CPT	MAR$	
92018	122	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
92019	97	limited
92020	64	Gonioscopy with medical diagnostic evaluation (separate procedure)
92060	52	Sensorimotor examination with multiple measurements of ocular deviation and medical diagnostic evaluation (eg, restrictive or paretic muscle with diplopia) (separate procedure)
92065	39	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92070	180	Fitting of contact lens for treatment of disease, including supply of lens
92081	48	Visual field examination, unilateral or bilateral, with medical diagnostic evaluation; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082	61	intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083	81	extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100	26	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with medical diagnostic evaluation, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92120	31	Tonography with medical diagnostic evaluation, recording indentation tonometer method or perilimbal suction method
92130	32	Tonography with water provocation
92140	34	Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography

OPHTHALMOSCOPY

CPT	MAR$	
92225	52	Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with medical diagnostic evaluation; initial
92226	45	subsequent
92230	129	Fluorescein angioscopy with medical diagnostic evaluation
92235	132	Fluorescein angiography (includes multiframe imaging) with medical diagnostic evaluation
92250	106	Fundus photography with medical diagnostic evaluation
92260	71	Ophthalmodynamometry

OTHER SPECIALIZED SERVICES

CPT	MAR$	
92265	113	Needle oculoelectromyography, one or more extraocular muscles, one or both eyes, with medical diagnostic evaluation
92270	113	Electro-oculography, with medical diagnostic evaluation
92275	113	Electroretinography, with medical diagnostic evaluation
92280	174	Visually evoked potential (response) study, with medical diagnostic evaluation
92283	64	Color vision examination, extended, eg, anomaloscope or equivalent
92284	55	Dark adaptation examination, with medical diagnostic evaluation
92285	23	External ocular photography with medical diagnostic evaluation for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286	97	Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count
92287	77	with fluorescein angiography

CONTACT LENS SERVICES

CPT	MAR$	
92310	155	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
92311	167	corneal lens for aphakia, one eye
92312	180	corneal lens for aphakia, both eyes
92313	180	corneoscleral lens
92314	109	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia
92315	122	corneal lens for aphakia, one eye
92316	135	corneal lens for aphakia, both eyes

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CPT	MAR$	
92317	148	corneoscleral lens
92325	45	Modification of contact lens (separate procedure), with medical supervision of adaptation
92326	52	Replacement of contact lens

OCULAR PROSTHETICS, ARTIFICIAL EYE

CPT	MAR$	
92330	180	Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation
92335	135	Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation

SPECTACLE SERVICES (INCLUDING PROSTHESIS FOR APHAKIA)

CPT	MAR$	
92340	32	Fitting of spectacles, except for aphakia; monofocal
92341	39	bifocal
92342	40	multifocal, other than bifocal
92352	39	Fitting of spectacle prosthesis for aphakia; monofocal
92353	40	multifocal
92354	39	Fitting of spectacle mounted low vision aid; single element system
92355	42	telescopic or other compound lens system
92358	90	Prosthesis service for aphakia, temporary (disposable or loan, including materials)
92370	32	Repair and refitting spectacles; except for aphakia
92371	33	spectacle prosthesis for aphakia

SUPPLY OF MATERIALS

CPT	MAR$	
92390	DOP	Supply of spectacles, except prosthesis for aphakia and low vision aids
92391	DOP	Supply of contact lenses, except prosthesis for aphakia
92392	DOP	Supply of low vision aids (A low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Includes reading additions up to 4D.)
92393	DOP	Supply of ocular prosthesis (artificial eye)
92395	DOP	Supply of permanent prosthesis for aphakia; spectacles
92396	DOP	contact lenses

OTHER PROCEDURES

CPT	MAR$	
92499	DOP	Unlisted ophthalmological service or procedure

SPECIAL OTORHINOLARYNGOLOGIC SERVICES

CPT	MAR$	
92502	52	Otolaryngologic examination under general anesthesia
92504	32	Binocular microscopy (separate diagnostic procedure)
92506	45	Medical evaluation, speech, language and/or hearing problems
192507	26	Speech, language or hearing therapy, with continuing medical supervision; individual
92508	13	group
92511	77	Nasopharyngoscopy with endoscope (separate procedure)
92512	DOP	Nasal function studies (eg, rhinomanometry)
92516	29	Facial nerve function studies
92520	DOP	Laryngeal function studies

VESTIBULAR FUNCTION TESTS, WITH OBSERVATION AND EVALUATION BY PHYSICIAN, WITHOUT ELECTRICAL RECORDING

CPT	MAR$	
92531	16	Spontaneous nystagmus, including gaze
92532	22	Positional nystagmus
92533	13	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92534	6	Optokinetic nystagmus

VESTIBULAR FUNCTION TESTS, WITH RECORDING (EG, ENG, PENG), AND MEDICAL DIAGNOSTIC EVALUATION

CPT	MAR$	
92541	64	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542	77	Positional nystagmus test, minimum of 4 positions, with recording
92543	53	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording

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CPT	MAR$	
92544	35	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545	45	Oscillating tracking test, with recording
92546	39	Torsion swing test, with recording
92547	14	Use of vertical electrodes in any or all of above tests counts as one additional test

AUDIOLOGIC FUNCTION TESTS WITH MEDICAL DIAGNOSTIC EVALUATION

CPT	MAR$	
92551	23	Screening test, pure tone, air only
92552	23	Pure tone audiometry (threshold); air only
92553	32	air and bone
92555	16	Speech audiometry; threshold only
92556	32	threshold and discrimination
92557	71	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)
92559	23	Audiometric testing of groups
92560	13	Bekesy audiometry; screening
92561	26	diagnostic
92562	10	Loudness balance test, alternate binaural or monaural
92563	10	Tone decay test
92564	10	Short increment sensitivity index (SISI)
92565	10	Stenger test, pure tone
92567	16	Tympanometry (impedance testing)
92568	13	Acoustic reflex testing
92569	13	Acoustic reflex decay test
92571	10	Filtered speech test
92572	10	Staggered spondaic word test
92573	10	Lombard test
92574	10	Swinging story test
92575	10	Sensorineural acuity level test
92576	10	Synthetic sentence identification test
92577	10	Stenger test, speech
92578	13	Delayed auditory feedback test
92580	64	Electrodermal audiometry
92582	19	Conditioning play audiometry
92583	19	Select picture audiometry
92584	87	Electrocochleography
92585	193	Brainstem evoked response recording (evoked response (EEG) audiometry)
92587	77	Evoked otacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	113	comprehensive or diagnostic evaluation (comparison of transient and distortion product otacoustic emissions at multiple levels and frequencies)
92589	DOP	Central auditory function test(s) (specify)
92590	71	Hearing aid examination and selection; monaural
92591	106	binaural
92592	26	Hearing aid check; monaural
92593	39	binaural
92594	26	Electroacoustic evaluation for hearing aid; monaural
92595	39	binaural
92596	39	Ear protector attenuation measurements

OTHER PROCEDURES

CPT	MAR$	
92599	DOP	Unlisted otorhinolaryngological service or procedure

CARDIOVASCULAR

THERAPEUTIC SERVICES

CPT	MAR$	
92950	238	Cardiopulmonary resuscitation (eg, in cardiac arrest)
92953	354	Temporary transcutaneous pacing
92960	322	Cardioversion, elective, electrical conversion of arrhythmia, external
92970	235	Cardioassist-method of circulatory assist; internal
92971	90	external
92975	599	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography
92977	535	by intravenous infusion
92980	2,029	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel

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CPT	MAR$	
92981	1,014	each additional vessel
92982	1,610	Percutaneous transluminal coronary balloon angioplasty; single vessel
92984	805	each additional vessel
92986	2,769	Percutaneous balloon valvuloplasty; aortic valve
92990	2,318	pulmonary valve
92992	3,123	Atrial septectomy or septostomy; transvenous method, balloon, Rashkind type (includes cardiac catheterization)
92993	3,317	blade method (Park septostomy) (includes cardiac catheterization)
92995	1,364	Percutaneous transluminal coronary atherectomy, with or without balloon angioplasty; single vessel
92996	504	each additional vessel

CARDIOGRAPHY

CPT	MAR$	
93000	50	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	26	tracing only, without interpretation and report
93010	29	interpretation and report only
93012	26	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), per 30 day period of time; tracing only
93014	29	physician review with interpretation and report only
93015	238	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93016	45	physician supervision only, without interpretation and report
93017	122	tracing only, without interpretation and report
93018	26	interpretation and report only
93024	193	Ergonovine provocation test
93040	32	Rhythm ECG, one to three leads; with interpretation and report
93041	19	tracing only without interpretation and report
93042	26	interpretation and report only
93201	81	Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)
93202	42	tracing only, without interpretation and report (eg, when equipment is supplied by the hospital, clinic)
93204	48	interpretation and report
93205	84	Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report
93208	45	tracing only, without interpretation and report
93209	52	interpretation and report only
93210	122	Phonocardiogram, intracardiac
93220	97	Vectorcardiogram (VCG), with or without ECG; with interpretation and report
93221	52	tracing only, without interpretation and report
93222	58	interpretation and report only
93224	258	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225	100	recording (includes hook-up, recording, and disconnection)
93226	81	scanning analysis with report
93227	109	physician review and interpretation
93230	258	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231	100	recording (includes hook-up, recording, and disconnection)
93232	81	microprocessor-based analysis with report
93233	109	physician review and interpretation
93235	129	Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patientactivated; includes monitoring and real time data analysis with report, physician review and interpretation

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CPT	MAR$	
93236	113	monitoring and real-time data analysis with report
93237	116	physician review and interpretation
93268	161	Patient demand single or multiple event recording with presymptom memory loop, per 30 day period of time; includes transmission, physician review and interpretation
93270	52	recording (includes hook-up, recording and disconnection)
93271	97	monitoring, receipt of transmissions, and analysis
93272	32	physician review and interpretation only
93278	122	Signal-averaged electrocardiography (SAECG), with or without ECG

ECHOCARDIOGRAPHY

CPT	MAR$	
93307	380	Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete
93308	213	follow-up or limited study
93312	457	Echocardiography, real time with image documentation (2D) (with or without M-Mode recording), transesophageal; including probe placement, image acquisition, interpretation and report
93313	109	placement of transesophageal probe only
93314	367	image acquisition, interpretation and report only
93320	180	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
93321	103	follow-up or limited study
93325	203	Doppler color flow velocity mapping (list separately in addition to code for echocardiography 76825, 76826, 76827, 76828, 93307, 93308, 93312, 93314, 93320, 93321)
93350	467	Echocardiography, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using maximal or submaximal treadmill, bicycle exercise and/or pharmacologically induced stress, including electrocardiographic monitoring, with interpretation and report

CARDIAC CATHETERIZATION

CPT	MAR$	
93501	386	Right heart catheterization
93503	335	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
93505	361	Endomyocardial biopsy
93510	386	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous
93511	386	by cutdown
93514	290	Left heart catheterization by left ventricular puncture
93524	403	Combined transseptal and retrograde left heart catheterization
93526	676	Combined right heart catheterization and retrograde left heart catheterization
93527	676	Combined right heart catheterization and transseptal left heart catheterization through intact septum (with or without retrograde left heart catheterization)
93528	644	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)
93529	644	Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)
93536	676	Percutaneous insertion of intra-aortic balloon catheter
93539	142	Injection procedure during cardiac catheterization; for selective opacification of arterial conduits (eg, internal mammary), whether native or used for bypass
93540	142	for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries
93541	142	for pulmonary angiography
93542	142	for selective right ventricular or right atrial angiography
93543	142	for selective left ventricular or left atrial angiography
93544	142	for aortography
93545	142	for selective coronary angiography (injection of radiopaque material may be by hand)
93555	419	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography
93556	644	pulmonary angiography, aortography, and/or selective coronary angiography including venous bypass grafts and arterial conduits (whether native or used in bypass)

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CPT	MAR$	
93561	193	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562	97	subsequent measurement of cardiac output

INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES

CPT	MAR$	
93600	419	Bundle of His recording
93602	290	Intra-atrial recording
93603	354	Right ventricular recording
93607	419	Left ventricular recording
93609	934	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia
93610	386	Intra-atrial pacing
93612	419	Intraventricular pacing
93615	93	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
93616	184	with pacing
93618	805	Induction of arrhythmia by electrical pacing
93619	1,449	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; without induction of arrhythmia (This code is to be used when 93600 is combined with 93602, 93603, 93610, 93612)
93620	1,932	with induction of arrhythmia (This code is to be used when 93618 is combined with 93619)
93621	2,125	with left atrial recordings from coronary sinus or left atrium, with or without pacing
93622	2,125	with left ventricular recordings, with or without pacing
93623	547	Programmed stimulation and pacing after intravenous drug infusion (Use this code with 93620, 93621, 93622)
93624	580	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
93631	1,095	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
93640	902	Electrophysiologic evaluation of cardioverter-defibrillator leads (includes defibrillation threshold testing and sensing function) at time of initial implantation or replacement;
93641	1,159	with testing of cardioverter-defibrillator pulse generator
93642	998	Electrophysiologic evaluation of cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
93650	DOP	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
93651	DOP	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination
93652	DOP	for treatment of ventricular tachycardia
93660	DOP	Autonomic nervous system evaluation of cardiovascular function with tilt table evaluation, with or without pharmacological intervention

OTHER VASCULAR STUDIES

CPT	MAR$	
93720	64	Plethysmography, total body; with interpretation and report
93721	45	tracing only, without interpretation and report
93722	19	interpretation and report only
93724	676	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording,programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93731	77	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming

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CPT	MAR$	
93732	90	with reprogramming
93733	68	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93734	52	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735	77	with reprogramming
93736	55	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93737	74	Electronic analysis of cardioverter/defibrillator only (interrogation, evaluation of pulse generator status); without reprogramming
93738	97	with reprogramming
93740	84	Temperature gradient studies
93760	155	Thermogram; cephalic
93762	193	peripheral
93770	16	Determination of venous pressure
93784	206	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
93786	71	recording only
93788	64	scanning analysis with report
93790	77	physician review with interpretation and report

OTHER PROCEDURES

CPT	MAR$	
93797	52	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	52	with continuous ECG monitoring (per session)
93799	DOP	Unlisted cardiovascular service or procedure

NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES

CEREBROVASCULAR ARTERIAL STUDIES

CPT	MAR$	
93875	129	Noninvasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
93880	270	Duplex scan of extracranial arteries; complete bilateral study
93882	155	unilateral or limited study
93886	309	Transcranial Doppler study of the intracranial arteries; complete study
93888	245	limited study

EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)

CPT	MAR$	
93922	129	Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93923	180	Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)
93924	187	Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
93925	258	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
93926	193	unilateral or limited study
93930	283	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
93931	200	unilateral or limited study

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CPT	MAR$	

EXTREMITY VENOUS STUDIES (INCLUDING DIGITS)

CPT	MAR$	Description
93965	116	Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
93970	232	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971	167	unilateral or limited study

VISCERAL AND PENILE VASCULAR STUDIES

CPT	MAR$	Description
93975	335	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, and/or retroperitoneal organs; complete study
93976	238	limited study
93978	283	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979	200	unilateral or limited study
93980	335	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981	238	follow-up or limited study

EXTREMITY ARTERIAL-VENOUS STUDIES

CPT	MAR$	Description
93990	180	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

PULMONARY

CPT	MAR$	Description
94010	68	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation
94060	129	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise
94070	225	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of bronchodilator (aerosol only) antigen, exercise, cold air, mèthocholine or other chemical agent, with spirometry as in 94010
94150	14	Vital capacity, total (separate procedure)
94160	64	Vital capacity screening tests: total capacity, with timed forced expiratory volume (state duration), and peak flow rate
94200	32	Maximum breathing capacity, maximal voluntary ventilation
94240	97	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250	23	Expired gas collection, quantitative, single procedure (separate procedure)
94260	97	Thoracic gas volume
94350	97	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360	71	Determination of resistance to airflow, oscillatory or plethysmographic methods
94370	45	Determination of airway closing volume, single breath tests
94375	97	Respiratory flow volume loop
94400	193	Breathing response to CO_2 (CO_2 response curve)
94450	193	Breathing response to hypoxia (hypoxia response curve)
94620	258	Pulmonary stress testing, simple or complex
94640	29	Nonpressurized inhalation treatment for acute airway obstruction
94642	64	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94650	29	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation
94651	26	subsequent
94652	52	newborn infants
94656	180	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day
94657	64	subsequent days
94660	180	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	180	Continuous negative pressure ventilation (CNP), initiation and management
94664	55	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation
94665	45	subsequent

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CPT	MAR$	
94667	35	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	26	subsequent
94680	357	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681	357	including CO_2 output, percentage oxygen extracted
94690	196	rest, indirect (separate procedure)
94720	77	Carbon monoxide diffusing capacity, any method
94725	103	Membrane diffusion capacity
94750	90	Pulmonary compliance study, any method
94760	52	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
94761	77	multiple determinations (eg, during exercise)
94762	64	by continuous overnight monitoring (separate procedure)
94770	58	Carbon dioxide, expired gas determination by infrared analyzer
94772	DOP	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant
94799	DOP	Unlisted pulmonary service or procedure

ALLERGY AND CLINICAL IMMUNOLOGY

ALLERGY TESTING

CPT	MAR$	
95004	5	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, specify number of tests
95010	9	Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests
95015	10	Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests
95024	6	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests
95027	53	Skin end point titration
95028	13	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95044	3	Patch or application test(s) (specify number of tests)
95052	5	Photo patch test(s) (specify number of tests)
95056	5	Photo tests
95060	10	Ophthalmic mucous membrane tests
95065	10	Direct nasal mucous membrane test
95070	142	Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
95071	161	with antigens or gases, specify
95075	116	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance such as metabisulfite)
95078	32	Provocative testing (eg, Rinkel test)

ALLERGEN IMMUNOTHERAPY

CPT	MAR$	
95115	16	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
95117	23	multiple injections
95120	19	Professional services for allergen immunotherapy in prescribing physician's office or institution, including provision of allergenic extract; single injection
95125	29	multiple injections (specify number of injections)
95130	32	single stinging insect venom
95131	45	two stinging insect venoms
95132	52	three stinging insect venoms
95133	58	four stinging insect venoms
95134	64	five stinging insect venoms
95144	9	Professional services for the supervision and provision of antigens for allergen immunotherapy, single or multiple antigens, single dose vials (specify number of vials)
95145	26	Professional services for the supervision and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom, multiple dose vials
95146	29	two single stinging insect venoms, multiple dose vials
95147	36	three single stinging insect venoms, multiple dose vials

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CPT	MAR$	
95148	43	four single stinging insect venoms, multiple dose vials
95149	50	five single stinging insect venoms, multiple dose vials
95165	12	Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens, multiple dose vial(s), (specify number of doses)
95170	DOP	whole body extract of biting insect or other arthropod (specify number of doses)
95180	193	Rapid desensitization procedure, each hour (eg, insulin, penicillin, horse serum)
95199	DOP	Unlisted allergy/clinical immunologic service or procedure

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

SLEEP TESTING

CPT	MAR$	
95805	200	Multiple sleep latency testing (MSLT), recording, analysis and interpretation of physiological measurements of sleep during multiple nap opportunities
95807	225	Sleep study, 3 or more parameters of sleep other than sleep staging, attended by a technologist
95808	399	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
95810	663	sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95812	225	Electroencephalogram (EEG) extended monitoring; up to one hour
95813	258	greater than one hour
95816	135	Electroencephalogram (EEG) including recording awake and drowsy, with hyperventilation and/or photic stimulation
95819	148	Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation
95822	122	Electroencephalogram (EEG); sleep only
95824	161	cerebral death evaluation only
95827	DOP	all night sleep only
95829	386	Electrocorticogram at surgery (separate procedure)
95830	129	Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording
95831	29	Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report
95832	45	hand (with or without comparison with normal side)
95833	97	total evaluation of body, excluding hands
95834	116	total evaluation of body, including hands
95851	36	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	41	hand, with or without comparison with normal side
95857	48	Tensilon test for myasthenia gravis;
95858	129	with electromyographic recording
95860	113	Needle electromyography, one extremity and related paraspinal areas
95861	200	Needle electromyography, two extremities and related paraspinal areas
95863	207	Needle electromyography, three extremities and related paraspinal areas
95864	254	Needle electromyography, four extremities and related paraspinal areas
95867	106	Needle electromyography, cranial nerve supplied muscles, unilateral
95868	138	Needle electromyography, cranial nerve supplied muscles, bilateral
95869	74	Needle electromyography, limited study of specific muscles (eg, thoracic spinal muscles)
95872	193	Needle electromyography, single fiber, any technique
95875	DOP	Ischemic limb exercise with needle electromyography, with lactic acid determination
95880	167	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

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CPT	MAR$	
95881	167	Developmental testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour
95882	174	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour
95883	116	Neuropsychological testing battery (eg, Halstead-Reitan, LURIA, WAIS-R) with report, per hour
95900	64	Nerve conduction, velocity and/or latency study; motor, each nerve
95904	64	sensory, each nerve
95920	264	Intraoperative neurophysiology testing, per hour
95925	175	Somatosensory testing (eg, cerebral evoked potentials), one or more nerves
95933	68	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95935	53	"H" or "F" reflex study, by electrodiagnostic testing
95937	68	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method
95950	483	Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
95951	547	combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours
95953	161	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG; electroencephalographic (EEG) recording and interpretation, each 24 hours
95954	225	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase (eg, thiopental activation test)
95955	193	Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
95956	451	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours
95957	206	Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) (list separately in addition to code for primary procedure)
95958	386	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
95961	258	Functional cortical mapping by stimulation of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital cortex; initial hour of physician attendance
95962	258	each additional hour of physician attendance
95999	DOP	Unlisted neurological or neuromuscular diagnostic procedure

CHEMOTHERAPY ADMINISTRATION

CPT	MAR$	
96400	24	Chemotherapy administration, subcutaneous or intramuscular, with or without local anesthesia
96405	52	Chemotherapy administration, intralesional; up to and including 7 lesions
96406	77	more than 7 lesions
96408	58	Chemotherapy administration, intravenous; push technique
96410	109	infusion technique, up to one hour
96412	90	infusion technique, one to 8 hours, each additional hour
96414	109	infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96420	47	Chemotherapy administration, intra-arterial; push technique
96422	97	infusion technique, up to one hour
96423	48	infusion technique, one to 8 hours, each additional hour
96425	37	infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96440	142	Chemotherapy administration into pleural cavity, requiring and including thoracentesis
96445	167	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis
96450	63	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including lumbar puncture

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CPT	MAR$	
96520	58	Refilling and maintenance of portable pump
96530	64	Refilling and maintenance of implantable pump or reservoir
96542	126	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96545	45	Provision of chemotherapy agent
96549	DOP	Unlisted chemotherapy procedure

SPECIAL DERMATOLOGICAL PROCEDURES

CPT	MAR$	
96900	19	Actinotherapy (ultraviolet light)
96910	19	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	28	psoralens and ultraviolet A (PUVA)
96913	DOP	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96999	DOP	Unlisted special dermatological service or procedure

PHYSICAL MEDICINE AND REHABILITATION

MODALITIES

SUPERVISED

CPT	MAR$	
97010	11	Application of a modality to one or more areas; hot or cold packs
97012	20	traction, mechanical
97014	15	electrical stimulation (unattended)
97016	24	vasopneumatic devices
97018	16	paraffin bath
97020	16	microwave
97022	20	whirlpool
97024	21	diathermy
97026	11	infrared
97028	21	ultraviolet

CONSTANT ATTENDANCE

CPT	MAR$	
97032	22	electrical stimulation (manual), each 15 minutes
97033	22	iontophoresis, each 15 minutes
97034	21	contrast baths, each 15 minutes
97035	22	ultrasound, each 15 minutes
97036	29	Hubbard tank, each 15 minutes
97039	DOP	Unlisted modality (specify type and time if constant attendance)

THERAPEUTIC PROCEDURES

CPT	MAR$	
97110	35	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	35	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception
97113	52	aquatic therapy with therapeutic exercises
97116	38	gait training
97122	35	traction, manual
97124	28	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	DOP	unlisted therapeutic procedure (specify)
97150	27	Therapeutic procedure(s), group (2 or more individuals)
97250	43	Myofascial release/soft tissue mobilization, one or more regions
97260	35	Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist) (separate procedure), performed by physician; one area
97261	8	each additional area
97265	43	Joint mobilization, one or more areas (peripheral or spinal)
97500	24	Orthotics training (dynamic bracing, splinting), upper and/or lower extremities; initial 30 minutes, each visit
97501	8	each additional 15 minutes
97520	26	Prosthetic training; initial 30 minutes, each visit
97521	9	each additional 15 minutes
97530	35	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97540	32	Training in activities of daily living (self care skills and/or daily life management skills); initial 30 minutes, each visit

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CPT	MAR$	
97541	8	each additional 15 minutes
97545	See Ground Rules	Work hardening/conditioning; initial 2 hours
97546	See Ground Rules	each additional hour

TESTS AND MEASUREMENTS

CPT	MAR$	
97700	40	Office visit, including one of the following tests or measurements, with report a. Orthotic "check-out" b. Prosthetic "check-out" c. Activities of daily living "check-out"; initial 30 minutes, each visit
97701	8	each additional 15 minutes
97750	43	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes **(see Medicine GR (I)(E)(2) for reimbursement amounts for Functional Capacity Evaluations)**

OTHER PROCEDURES

CPT	MAR$	
97770	42	Development of cognitive skills to improve attention, memory, problem solving, includes compensatory training and/or sensory integrative activities, direct (one on one) patient contact by the provider, each 15 minutes
97799	DOP	Unlisted physical medicine/rehabilitation service or procedure

OSTEOPATHIC MANIPULATIVE TREATMENT

CPT	MAR$	
98925	39	Osteopathic manipulative treatment (OMT); one to two body regions involved
98926	45	three to four body regions involved
98927	52	five to six body regions involved
98928	58	seven to eight body regions involved
98929	64	nine to ten body regions involved

SPECIAL SERVICES AND REPORTS

MISCELLANEOUS SERVICES

CPT	MAR$	
99000	19	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory
99001	10	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)
99002	10	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician
99024	0	Postoperative follow-up visit, included in global service
99025	26	Initial (new patient) visit when starred (*) surgical procedure constitutes major service at that visit
99050	20	Services requested after office hours in addition to basic service
99052	39	Services requested between 10:00 pm and 8:00 am in addition to basic service
99054	39	Services requested on Sundays and holidays in addition to basic service
99056	20	Services provided at request of patient in a location other than physician's office which are normally provided in the office
99058	20	Office services provided on an emergency basis
99070	DOP	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
99071	DOP	Educational supplies, such as books, tapes, and pamphlets, provided by the physician for the patient's education at cost to physician
99075	172	Medical testimony
99078	DOP	Physician educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)
99080	DOP	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form
99082	DOP	Unusual travel (eg, transportation and escort of patient)
99090	108	Analysis of information data stored in computers (eg, ECGs, blood pressures, hematologic data)

OTHER SERVICES

CPT	MAR$	
99175	34	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison
99178	DOP	Administration and medical interpretation of developmental tests

CPT	MAR	
99183	69	Physician attendance and supervision of hyperbaric oxygen therapy, per session
99185	25	Hypothermia; regional
99186	84	total body
99190	423	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
99191	315	3/4 hour
99192	209	1/2 hour
99195	25	Phlebotomy, therapeutic (separate procedure)
99199	DOP	Unlisted special service or report

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SURGERY

SURGERY GROUND RULES

In addition to the General Instructions, several other instructions pertaining specifically to the Surgery Section are contained in the Surgery Ground Rules and Notes below. This information shall be utilized for correct reporting and billing of the procedure codes.

I. Surgery Instructions

A. Global Fee Concept

1. The concept of a global fee for surgical procedures is a long established concept under which a single fee is billed and paid for all necessary services normally performed by the surgeon before, during, and after the surgical procedure. The global reimbursement, as listed, includes the pre-operative care necessary for the specific surgical procedure, completion of hospital records, initiation of treatment, local anesthesia (including local infiltration, digital block, or topical anesthesia), the surgical procedure, and post-operative care that normally follows the specific surgical procedure.

   a. If the pre-operative history and physical is performed by a HCP other than the doctor performing the surgery, then it shall be billed using modifier -56.

   b. Included in the global period for surgery are all preoperative visits beginning with the day prior to surgery.

   c. The number of consecutive post-operative follow-up days allowed is listed in the column titled FUD adjacent to the MAR column for the specific surgical code. The number of follow-up days allowed is the FUD for the primary procedure.

2. When an additional surgical procedure is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods shall continue concurrently to their normal termination.

3. Starred (*) surgical procedures are not subject to the global fee concept. (See Starred (*) Procedures or Items, Surgery Ground Rule II.)

B. Immediate Pre-operative Visits and Other Services by the Surgeon: Additional charges may be warranted for pre-operative services under the following circumstances:

1. The pre-operative visit is the initial visit which requires prolonged detention or evaluation in order to prepare the patient and/or to establish the need for a particular type of surgery.

   a. Doctors shall not charge an emergency room visit in addition to a surgery resulting from that visit unless the requirements stipulated in (B)(1) are met or the surgery is a starred (*) procedure, in which case, code 99025 is appropriate.

   b. When a doctor is called to the emergency room to observe and assume the care of a patient under his specialty, an additional consultation charge prior to surgery is not warranted since the hospital workup is an integral part of the surgical procedure.

2. The pre-operative visit is a consultation, as defined by procedure codes 99241 through 99245.

3. Pre-operative services are provided that are usually not part of the preparation for a particular surgical procedure.

4. A procedure could normally be performed in the office but special circumstances mandate hospitalization. See General Instructions for modifier "-22". DOP is required.

C. Post-operative or Follow-up Care

1. Routine operative pain management provided by the surgeon is included in the global fee.

2. Follow-up care for diagnostic procedures includes only care related to recovery from the diagnostic procedure itself.

D. Multiple Procedures

1. The Multiple Procedure Reimbursement Rule is:

   a. 100% of the MAR for the primary procedure, (major procedure reflecting the greatest value).

   b. 50% of the MAR for secondary or subsequent procedures when:

      i. the secondary or subsequent procedures are performed through the same incision and related to the primary procedure;

      ii. the secondary or subsequent procedures are not performed through the same incision but are related to the primary procedure;

      iii. the secondary or subsequent procedures are performed through the same incision and consume significant time or are due to a complication unless the additional procedure(s) is an integral part of the primary procedure (in that case no additional fee shall be reimbursed); or

      iv. the secondary or subsequent procedures are performed in a remote area, but are related to the primary procedure.

   c. Secondary or subsequent procedures performed in remote areas that are unrelated to the primary procedure and requiring additional preparation shall be reimbursed at the lesser of the provider's usual and customary fee or 100% of the MAR.

2. Procedures that are performed only as additions to other procedures are already reduced accordingly in the fee guideline and shall not be further reduced as per the Multiple Procedure Rule. The following codes shall not be reduced by the Multiple Procedure Rule:

11001	17101	22820	35681	61106	63308
11101	17102	22840	35700	61130	64443
11201	17104	22842	36522	61609	64623
11701	17201	22845	37206	61610	64727
11711	19001	26125	37208	61611	64778
11731	19126	26861	38102	61612	64783
11732	19340	26863	38746	61712	64787
11922	19291	27692	38747	63035	64830
15101	20690	33517	43635	63048	64832
15121	20692	33518	44121	63057	64837
15201	20974	33519	44139	63066	64859
15221	20975	33521	44950	63076	64872
15241	22145	33522	44955	63078	64874
15261	22148	33523	47001	63082	64876
15787	22230	33530	49568	63086	64901
17001	22585	33572	49905	63088	64902
17002	22650	35390	59412	63091	67335

3. Please refer to the General Instructions section for the specific modifiers and instructions on their use for the following:

   a. Two Surgeons (modifier "-62")
   b. Co-Surgeons (modifier "-65")
   c. Surgical Team (modifier "-66")
   d. Assistant Surgeon (modifier "-80")

NOTE: A doctor who acts as a member of a "surgical team", modifier "-66", as "one of two surgeons", modifier "-62", or as a "co-surgeon", modifier "-65", may also bill using modifier "-80 assistant surgeon" only for those procedures in which assistance rendered is medically necessary.

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4. For modifier "-85", the following definitions are applicable:

   a. Certified Physician Assistant (PA) is defined as a graduate of a physician assistant or surgeon assistant training program accredited by the American Medical Association's Committee on Allied Health, Education, and Accreditation or a person who has passed the certifying examination administered by the National Commission on the Certification of Physician Assistants, and who is licensed as a physician assistant by the Physician Assistant Advisory Council.

   b. Certified Surgical Technologist/Certified First Assistant (CST/CFA) is defined as a graduate from a surgical technology program accredited by the Committee on Allied Health Education and Accreditation or from a program acceptable to the Liaison Council on Certification for the Surgical Technologist.

   c. The Certified PA or CST/CFA, when acting as an assistant to the surgeon during the operation does so under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations. The first assistant provides aid in exposure, hemostasis, and other technical functions that shall help the surgeon carry out a safe operation with optimal results for the patient. First assistants shall be educated in the use of surgical instruments on tissues versus the handling of instruments. This role is not performed at the same time as the scrub role.

E. Miscellaneous Surgical Issues

1. Posterior or anterior instrumentation (codes 22840-22845) is listed separately in addition to the code(s) for fracture, dislocation or arthrodesis of the spine (codes 22305-22812). The instrumentation code(s) should be listed as a secondary procedure, without further reduction. Reimbursement shall be allowed posteriorly or anteriorly for the placement of the fixation devices. Instrumentation is performed on a spine that is unstable, and usually multiple levels are involved.

2. **Arthrodesis:**

   a. All arthrodesis procedures include those vertebral graft preparations, such as diskectomy, necessary to accomplish the arthrodesis.

   b. When vertebral procedures (eg. laminectomy) are followed by arthrodesis, the arthrodesis is billed with modifier -51 and the multiple procedure rule applies to anterior and/or posterior arthrodesis.

   c. Combination Anterior/Posterior Spinal Procedures shall be billed using the codes for both anterior and posterior arthrodesis with TWCC Alpha Modifier "-AP" on both codes. The multiple procedure rule does not apply when no vertebral procedure is performed.

   d. When anterior arthrodesis approach is performed by a different surgeon, both surgeons bill using the anterior arthrodesis CPT code with modifier -65.

3. **Bilateral Procedures**

   a. Unless otherwise identified in the CPT descriptor, bilateral procedures that are performed at the same operative session shall be identified by the appropriate five digit code describing the first procedure. The second (bilateral) procedure is identified by adding modifier -50 to the procedure.

   b. Fusions, instrumentations, and/or nerve decompression procedures are considered bilateral, therefore, no additional reimbursement shall be allowed.

4. **Surgical Injections**

   a. Surgical injections delineated as per injection by CPT descriptor and nomenclature warrant additional reimbursement per injection subject to the multiple procedure rule within the same body area.

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b. Injections delineated as per level by CPT descriptor and nomenclature are considered bilateral; each additional level is exempt from the multiple procedure rule and shall be reimbursed at full value.

c. Epidural steroid injections shall be billed using code 62289 only.

d. When introducing additional materials through the same puncture site, reimbursement shall be allowed for the materials only, using the appropriate HCPCS code, when possible, or the code 99070, with DOP.

e. When therapeutic procedures are performed at a follow-up visit, an office visit charge is indicated only if a significant re-evaluation is necessary. In this case, a minimal office visit would be allowed.

5. Reimbursement for replantation codes shall be at 100% for each replantation procedure. Replantation procedure codes are considered global or all inclusive. DOP is required when extensive complications necessitate additional procedures. In this event, the multiple procedure rule applies.

NOTE: Each digit is considered a separate entity.

6. **Manipulation Under Anesthesia (MUA)**

a. MUAs shall be reimbursed only once per body area per session. Please refer to the Medicine Ground Rules for the definition of body area.

b. Manipulation of a joint under anesthesia preceded or followed by a surgical procedure on the same joint on the same day does not warrant additional reimbursement.

7. **Separate Procedures**. Some procedures are commonly carried out as an integral part of a total service or complete procedure and do not warrant a separate identification. The unbundling of integral parts of a total procedure with a separate charge for each shall not be reimbursed. A procedure performed independently of other services should be listed as a separate procedure and reimbursed.

II. Starred (*) Procedures or Items

A. Some services involve a readily identifiable surgical procedure, but include variable pre-operative and post-operative services. The global fee concept for surgical services cannot be applied. These procedures are identified by a star (*) following the procedure code.

B. When a star (*) follows a surgical procedure code, the following rules apply:

1. The service as listed includes the surgical procedure only. Associated pre- and post-operative services are not included in the service as listed.

2. Pre-operative services are considered as one of the following:

a. When the starred (*) procedure is carried out at the time of an initial office visit or emergency room visit (new patient) and this procedure constitutes the major service at that visit, procedure code 99025 is billed in lieu of the usual initial visit as an additional service.

b. When the starred (*) procedure is carried out at the time of an initial office visit or other visit involving significant identifiable services, the appropriate visit is listed in addition to the starred (*) procedure and its follow-up care. Documentation shall be provided to substantiate the level of service provided.

c. When the starred (*) procedure is carried out at the time of a follow-up (established patient) visit and this procedure constitutes the major service at that visit, the follow-up visit shall not be billed or reimbursed.

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d. When the starred (*) procedure requires hospitalization, an appropriate hospital visit is listed in addition to the starred (*) procedure and its follow-up care. Documentation shall be provided to substantiate the level of service provided.

e. When the cast application or strapping is a replacement procedure during or after the period of follow-up care or if the cast application or strapping is provided as an initial procedure in which no surgery is performed (e.g., casting of a sprained ankle or knee), use the appropriate E/M office visit code in addition to the appropriate HCPCS codes for supplies.

3. All post-operative care and/or complications are added on a service-by-service basis for the starred (*) procedures.

III. Surgical Destruction

Surgical destruction is a part of a surgical procedure and different methods of destruction are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition. Separate codes are provided for these special circumstances.

IV. Incidental Procedure

An additional charge for an incidental procedure (i.e., an appendectomy during a cholecystectomy) is not customary and shall not be reimbursed.

V. Surgical Procedures Performed in a Doctor's Office

A. In order for the doctor's office to qualify for facility reimbursement for surgical procedures performed in a doctor's office, the office shall meet the following requirements:

1. a complete and routinely checked crash cart;
2. a registered nurse, CRNA, or doctor dedicated to the "facility" room;
3. a separate observation or recovery room;
4. patient monitoring equipment, including EKG and pulse oximetry equipment; and
5. support staff and equipment to ensure that the care received by the patient is the same as that which would have been received in an ambulatory surgical center or in the outpatient surgical ward of a hospital.

B. If the above listed requirements are met, the only reimbursements allowed for facility charges shall be the following:

1. Sterile trays (which include all supplies, gloves, utensils, needles, suture material, etc., needed to perform the procedure). These shall be billed using 99070-ST. Reimbursement is the lesser of the doctor's usual charge or fair and reasonable reimbursement. DOP is required if charges are $50.00 or greater.

2. Anesthesia supplies which include the administration of the sedative, the IV solution, the catheter/tubing, and drugs. No additional charges shall be allowed for equipment or staffing. If the services require the use of complex or prolonged anesthesia or the need for an anesthesiologist or CRNA, the service shall be performed in a hospital or ambulatory surgical center. This service is billed using code 99070-AS. Reimbursement is the lesser of the doctor's usual charge or fair and reasonable reimbursement. DOP is required if charges are $50.00 or greater.

3. Postoperative monitoring is reimbursed hourly. This service is billed using code 99499-RR, and includes the facility, staffing and monitoring equipment. No separate charges shall be allowed for HCP stand-by. The maximum amount of time allowed for postoperative monitoring is four hours and DOP is required.

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MODIFIERS

See general instructions for additional modifiers.

-20 **Microsurgery**: When surgical services are performed using the techniques of microsurgery and requiring the use of an operating microscope, add modifier "-20" to the procedure code. Modifier "-20" is not to be used when a magnifying surgical loupe is used, whether attached to the eyeglasses or on a headband, and no additional reimbursement is provided. DOP is required, and reimbursement shall be set at 25% above the MAR. (**NOTE:** Do not use this modifier with the following CPT codes: 61304-61711, 62010-62100, 63081-63308, and 63704-63710.)

-22 **Unusual Service:** This modifier is used for a procedure which could normally be performed in the office but special circumstances mandate hospitalization. DOP is required.

-47 **Anesthesia by Surgeon**: When regional anesthesia (i.e., the administration of nerve blocks, see codes 64400-64640) is provided by the surgeon, use modifier "-47". Local infiltration, digital block, or topical anesthesia is included in the MAR of the procedure code. Regional anesthesia excludes the administration of sedatives, tranquilizers, hypnotics, and analgesics.

-50 **Bilateral Procedure**: When bilateral procedures requiring a separate incision are performed at the same operative session, use the appropriate procedure code for the first procedure. For the second (bilateral) procedure, add the modifier "-50" to the procedure code.

-51 **Multiple Procedures**: When multiple procedures are performed on the same day or at the same operative session, the major procedure or service is billed as listed. For the secondary additional, or lesser procedure(s) or services(s), add modifier "-51". (Refer to Surgery Ground Rules.)

-52 **Reduced Services**: Under certain circumstances, a service or procedure is partially reduced or eliminated at the HCP's election. Under these circumstances, the service provided can be identified by its procedure code with the addition of modifier "-52". DOP is required.

-54 **Surgical Care Only**: When one doctor performs a surgical procedure and another provides preoperative and postoperative management, surgical services are identified by adding the modifier "-54" to the procedure code. The total reimbursement for all services shall not be greater than 100% of the MAR for the surgical procedure. Reimbursement shall reflect a reduction to allow for services provided by the other (non-operating) doctor. Reimbursement shall be 70% of the listed MAR of the surgical procedure. DOP is required.

-55 **Postoperative Management Only**: When one doctor performs the postoperative management and another doctor has performed the surgical procedure, the postoperative component is identified by adding the modifier "-55" to the procedure code. The total reimbursement of both doctors shall not be greater than 100% of the MAR for the surgical procedure. Reimbursement to the surgeon shall reflect a reduction to allow for services provided by the subsequent doctor. Reimbursement shall be 30% of the listed MAR of the surgical procedure. DOP is required.

-56 **Preoperative Management Only**: When one doctor performs the preoperative care and evaluation and another doctor performs the surgical procedure, the preoperative component is identified by adding the modifier "-56" to the procedure code. The total reimbursement of both doctors shall not be greater than 100% of the MAR for the surgical procedure. Reimbursement to the surgeon shall reflect a reduction to allow for services provided by the preceding doctor. Reimbursement shall be 10% of the listed MAR of the surgical procedure. DOP is required.

-58 **Staged or Related Procedure or Service by the Same Physician During the Postoperative Period**: To indicate that a procedure performed during the postoperative period was a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure, add the modifier "-58" to the procedure code.

NOTE: This modifier ("-58") is not used to report the treatment of a problem/complication that requires a return to the operating room (See modifier "-78").

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-62 **Two Surgeons**: Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. In these circumstances, add the modifier "-62" to the procedure code used for reporting services by each surgeon. DOP is required.

-65 **Co-Surgeons**: If two surgeons each perform separate procedures through the same incision, the total value for each surgeon's primary procedure shall be reimbursed at 75% of the MAR for each primary surgical procedure. Each surgeon's primary procedure shall be identified by adding the modifier "-65" to the procedure code. DOP is required.

-66 **Surgical Team**: Under some circumstances, highly complex procedures requiring the concomitant services of several doctors (often of different specialties) plus other highly skilled, specially trained personnel and various types of complex equipment are carried out under the "surgical team" concept. Each participating doctor shall be identified by adding the modifier "-66" to the procedure codes used for reporting services. The total reimbursement of team doctors shall not be greater than 100% of the MAR for the surgical procedures (Refer to Surgery Ground Rules, Multiple Procedures). DOP is required.

-78 **Return to the Operating Room for a Related Procedure During the Postoperative Period**: To indicate that another procedure was performed during the postoperative period of the initial procedure, when this subsequent procedure is related to the first, and requires the use of the operating room, add the modifier "-78" to the related procedure code. (For repeat procedures on the same day, see modifier "-76" under General Modifiers.)

-79 **Unrelated Procedure or Service by the Same Doctor During the Postoperative Period**: To indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure, add the modifier "-79" to the procedure code. (For repeat procedures on the same day, see "-76" under General Modifiers.)

-80 **Assistant Surgeon**: For surgical assistant services by a doctor, add the modifier "-80" to the usual procedure number(s). Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon. Documentation shall substantiate the attendance of the assistant surgeon 70% of the time during the performance of one operative session. The reimbursement shall be 25% of the listed MAR of the surgical procedure(s).

-85 **Certified Physician Assistant (PA) or Certified Surgical Technologist/Certified First Assistant (CST/CFA) as Assistant to Surgeon (in lieu of Assistant Surgeon)**: For services rendered by a Certified PA or CST/CFA in lieu of an assistant surgeon, add modifier "-85" to the procedure code. The services of a Certified PA or CST/CFA in lieu of an assistant surgeon requires documentation that supports the specific need for an assistant surgeon. The documentation shall further identify the appropriateness of the services of the Certified PA or CST/CFA in lieu of the services of an assistant surgeon and be consistent with the requirements as identified in modifier "-80". An assistant surgeon and a Certified PA or CST/CFA cannot both be present or their services billed on the same surgical case. Reimbursement shall be 10% of the listed MAR of the surgical procedure. (Refer to the Surgery Ground Rules for an additional explanation.)

-AP **Combination Anterior/Posterior Spinal Procedures:** This modifier shall be billed for all surgical procedures performed to complete the combination anterior/posterior surgical procedure.

INTEGUMENTARY SYSTEM

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

INCISION AND DRAINAGE

CPT	MAR$	FUD	Description
10040*	51	0	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060*	81	0	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061	162	30	complicated or multiple
10080*	81	0	Incision and drainage of pilonidal cyst; simple
10081	121	30	complicated
10120*	101	0	Incision and removal of foreign body, subcutaneous tissues; simple
10121	233	30	complicated
10140*	81	0	Incision and drainage of hematoma, seroma or fluid collection
10160*	61	0	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	263	30	Incision and drainage, complex, postoperative wound infection

EXCISION-DEBRIDEMENT

CPT	MAR$	FUD	Description
11000*	81	0	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	40	0	each additional 10% of the body surface
11040	101	30	Debridement; skin, partial thickness
11041	152	30	skin, full thickness
11042	223	30	skin, and subcutaneous tissue
11043	303	30	skin, subcutaneous tissue, and muscle
11044	405	30	skin, subcutaneous tissue, muscle, and bone

PARING OR CURETTEMENT

CPT	MAR$	FUD	Description
11050*	51	0	Paring or curettement of benign hyperkeratotic skin lesion with or without chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (eg, callus or wart) with or without local anesthesia; single lesion
11051	71	30	two to four lesions
11052	91	30	more than four lesions

BIOPSY

CPT	MAR$	FUD	Description
11100	101	30	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion
11101	71	0	each separate/additional lesion

REMOVAL OF SKIN TAGS

CPT	MAR$	FUD	Description
11200*	71	0	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	40	30	each additional ten lesions

SHAVING OF EPIDERMAL OR DERMAL LESIONS

CPT	MAR$	FUD	Description
11300*	101	0	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	152	30	lesion diameter 0.6 to 1.0 cm
11302	182	30	lesion diameter 1.1 to 2.0 cm
11303	223	30	lesion diameter over 2.0 cm
11305*	121	0	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	172	30	lesion diameter 0.6 to 1.0 cm
11307	202	30	lesion diameter 1.1 to 2.0 cm
11308	243	30	lesion diameter over 2.0 cm
11310*	131	0	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	182	30	lesion diameter 0.6 to 1.0 cm
11312	212	30	lesion diameter 1.1 to 2.0 cm
11313	283	30	lesion diameter over 2.0 cm

EXCISION-BENIGN LESIONS

CPT	MAR$	FUD	Description
11400	81	30	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.5 cm or less

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CPT	MAR$	FUD	
11401	101	30	lesion diameter 0.6 to 1.0 cm
11402	121	30	lesion diameter 1.1 to 2.0 cm
11403	152	30	lesion diameter 2.1 to 3.0 cm
11404	182	30	lesion diameter 3.1 to 4.0 cm
11406	212	30	lesion diameter over 4.0 cm
11420	91	30	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11421	111	30	lesion diameter 0.6 to 1.0 cm
11422	152	30	lesion diameter 1.1 to 2.0 cm
11423	202	30	lesion diameter 2.1 to 3.0 cm
11424	253	30	lesion diameter 3.1 to 4.0 cm
11426	293	30	lesion diameter over 4.0 cm
11440	121	30	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11441	162	30	lesion diameter 0.6 to 1.0 cm
11442	192	30	lesion diameter 1.1 to 2.0 cm
11443	243	30	lesion diameter 2.1 to 3.0 cm
11444	293	30	lesion diameter 3.1 to 4.0 cm
11446	334	30	lesion diameter over 4.0 cm
11450	455	30	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	556	45	with complex repair
11462	506	45	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	556	45	with complex repair
11470	556	45	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	627	45	with complex repair

EXCISION-MALIGNANT LESIONS

CPT	MAR$	FUD	
11600	152	30	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less
11601	192	30	lesion diameter 0.6 to 1.0 cm
11602	233	30	lesion diameter 1.1 to 2.0 cm
11603	253	30	lesion diameter 2.1 to 3.0 cm
11604	303	30	lesion diameter 3.1 to 4.0 cm
11606	344	30	lesion diameter over 4.0 cm
11620	202	30	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11621	283	30	lesion diameter 0.6 to 1.0 cm
11622	364	30	lesion diameter 1.1 to 2.0 cm
11623	445	30	lesion diameter 2.1 to 3.0 cm
11624	526	45	lesion diameter 3.1 to 4.0 cm
11626	607	45	lesion diameter over 4.0 cm
11640	303	30	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less
11641	405	30	lesion diameter 0.6 to 1.0 cm
11642	506	45	lesion diameter 1.1 to 2.0 cm
11643	607	45	lesion diameter 2.1 to 3.0 cm
11644	708	45	lesion diameter 3.1 to 4.0 cm
11646	809	45	lesion diameter over 4.0 cm

NAILS

CPT	MAR$	FUD	
11700*	40	0	Debridement of nails, manual; five or less
11701	40	0	each additional, five or less
11710*	61	0	Debridement of nails, electric grinder; five or less
11711	61	0	each additional, five or less
11730*	101	0	Avulsion of nail plate, partial or complete, simple; single
11731	81	0	second nail plate
11732	71	0	each additional nail plate
11740	61	30	Evacuation of subungual hematoma
11750	253	30	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;
11752	384	30	with amputation of tuft of distal phalanx
11755	182	30	Biopsy of nail unit, any method (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	354	30	Repair of nail bed

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CPT	MAR$	FUD	
11762	506	45	Reconstruction of nail bed with graft
11765	121	30	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	223	30	Excision of pilonidal cyst or sinus; simple
11771	657	45	extensive
11772	809	45	complicated

INTRODUCTION

CPT	MAR$	FUD	
11900*	51	0	Injection, intralesional; up to and including seven lesions
11901*	61	0	more than seven lesions
11920	506	45	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	1,012	60	6.1 to 20.0 sq cm
11922	506	45	each additional 20.0 sq cm
11950	202	30	Subcutaneous injection of "filling" material (eg, collagen); 1 cc or less
11951	405	30	1.1 to 5.0 cc
11952	809	45	5.1 to 10.0 cc
11954	DOP	-	over 10.0 cc
11960	1,366	60	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	1,517	90	Replacement of tissue expander with permanent prosthesis
11971	303	30	Removal of tissue expander(s) without insertion of prosthesis
11975	152	30	Insertion, implantable contraceptive capsules
11976	202	30	Removal, implantable contraceptive capsules
11977	405	30	Removal with reinsertion, implantable contraceptive capsules

REPAIR (CLOSURE)

REPAIR-SIMPLE

CPT	MAR$	FUD	
12001*	83	0	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002*	115	0	2.6 cm to 7.5 cm
12004*	182	0	7.6 cm to 12.5 cm
12005	223	30	12.6 cm to 20.0 cm
12006	263	30	20.1 cm to 30.0 cm
12007	303	30	over 30.0 cm
12011*	111	0	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013*	152	0	2.6 cm to 5.0 cm
12014	192	30	5.1 cm to 7.5 cm
12015	233	30	7.6 cm to 12.5 cm
12016	273	30	12.6 cm to 20.0 cm
12017	314	30	20.1 cm to 30.0 cm
12018	354	30	over 30.0 cm
12020	162	30	Treatment of superficial wound dehiscence; simple closure
12021	182	30	with packing

REPAIR-INTERMEDIATE

CPT	MAR$	FUD	
12031*	142	0	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032*	192	0	2.6 cm to 7.5 cm
12034	243	30	7.6 cm to 12.5 cm
12035	293	30	12.6 cm to 20.0 cm
12036	344	30	20.1 cm to 30.0 cm
12037	394	30	over 30.0 cm
12041*	172	0	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	223	30	2.6 cm to 7.5 cm
12044	273	30	7.6 cm to 12.5 cm
12045	324	30	12.6 cm to 20.0 cm
12046	374	30	20.1 cm to 30.0 cm
12047	425	30	over 30.0 cm
12051*	182	0	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	243	30	2.6 cm to 5.0 cm
12053	303	30	5.1 cm to 7.5 cm

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CPT	MAR$	FUD	
12054	364	30	7.6 cm to 12.5 cm
12055	425	30	12.6 cm to 20.0 cm
12056	486	30	20.1 cm to 30.0 cm
12057	546	45	over 30.0 cm

REPAIR-COMPLEX

CPT	MAR$	FUD	
13100	131	30	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	303	30	2.6 cm to 7.5 cm
13120	253	30	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	405	30	2.6 cm to 7.5 cm
13131	324	30	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	526	45	2.6 cm to 7.5 cm
13150	253	30	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	405	30	1.1 cm to 2.5 cm
13152	657	45	2.6 cm to 7.5 cm
13160	354	30	Secondary closure of surgical wound or dehiscence, extensive or complicated
13300	951	45	Repair, unusual, complicated, over 7.5 cm, any area

ADJACENT TISSUE TRANSFER OR REARRANGEMENT

CPT	MAR$	FUD	
14000	657	45	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	759	45	defect 10.1 sq cm to 30.0 sq cm
14020	759	45	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	961	45	defect 10.1 sq cm to 30.0 sq cm
14040	961	45	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	1,214	60	defect 10.1 sq cm to 30.0 sq cm
14060	1,315	60	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	1,568	90	defect 10.1 sq cm to 30.0 sq cm
14300	1,669	90	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350	809	45	Filleted finger or toe flap, including preparation of recipient site

FREE SKIN GRAFTS

CPT	MAR$	FUD	
15000	DOP	-	Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissues), scar, or other lesion prior to repair with free skin graft (list as separate service in addition to skin graft)
15050	354	30	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
15100	617	45	Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)
15101	223	0	each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof
15120	1,113	60	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)
15121	415	0	each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof
15200	486	30	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	202	0	each additional 20 sq cm
15220	637	45	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	303	0	each additional 20 sq cm
15240	961	45	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
15241	405	0	each additional 20 sq cm
15260	1,214	60	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	607	0	each additional 20 sq cm

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CPT	MAR$	FUD	
15350	202	30	Application of allograft, skin
15400	202	30	Application of xenograft, skin

FLAPS (SKIN AND/OR DEEP TISSUES)

CPT	MAR$	FUD	
15570	1,012	60	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	1,315	60	scalp, arms, or legs
15574	1,315	60	forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	1,113	60	eyelids, nose, ears, lips, or intraoral
15580	1,012	60	Cross finger flap, including free graft to donor site
15600	506	45	Delay of flap or sectioning of flap (division and inset); at trunk
15610	506	45	at scalp, arms, or legs
15620	556	45	at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet
15625	506	45	section pedicle of cross finger flap
15630	657	45	at eyelids, nose, ears, or lips
15650	809	45	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, "Walking" tube), any location
15732	2,124	90	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter, sternocleidomastoid, levator scapulae)
15734	1,922	90	trunk
15736	1,922	90	upper extremity
15738	1,922	90	lower extremity

OTHER FLAPS AND GRAFTS

CPT	MAR$	FUD	
15740	1,113	60	Flap; island pedicle
15750	1,214	60	neurovascular pedicle
15755	3,540	90	Free flap (microvascular transfer)
15760	910	45	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	1,214	60	derma-fat-fascia
15775	51	30	Punch graft for hair transplant; 1 to 15 punch grafts
15776	81	30	more than 15 punch grafts

OTHER PROCEDURES

CPT	MAR$	FUD	
15780	1,012	60	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	506	45	segmental, face
15782	405	30	regional, other than face
15783	202	30	superficial, any site, (eg, tattoo removal)
15786*	40	0	Abrasion; single lesion (eg, keratosis, scar)
15787	81	0	each additional four lesions or less
15788	708	45	Chemical peel, facial; epidermal
15789	910	45	dermal
15792	506	30	Chemical peel, nonfacial; epidermal
15793	708	45	dermal
15810	81	30	Salabrasion; 20 sq cm or less
15811	202	30	over 20 sq cm
15819	1,892	90	Cervicoplasty
15820	1,012	60	Blepharoplasty, lower eyelid;
15821	1,062	60	with extensive herniated fat pad
15822	860	45	Blepharoplasty, upper eyelid;
15823	910	45	with excessive skin weighting down lid
15824	1,194	60	Rhytidectomy; forehead
15825	1,032	60	neck with platysmal tightening (platysmal flap, "P-flap")
15826	860	45	glabellar frown lines
15828	2,933	90	cheek, chin, and neck
15829	2,933	90	superficial musculoaponeurotic system (SMAS) flap
15831	2,023	90	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
15832	1,679	90	thigh
15833	1,679	90	leg
15834	1,679	90	hip
15835	1,679	90	buttock
15836	1,012	60	arm
15837	840	45	forearm or hand

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CPT	MAR$	FUD	
15838	809	45	submental fat pad
15839	DOP	-	other area
15840	2,428	90	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	2,832	90	free muscle graft (including obtaining graft)
15842	3,540	90	free muscle graft by microsurgical technique
15845	2,529	90	regional muscle transfer
15850	354	30	Removal of sutures under anesthesia (other than local), same surgeon
15851	506	45	Removal of sutures under anesthesia (other than local), other surgeon
15852	253	30	Dressing change (for other than burns) under anesthesia (other than local)
15860	253	30	Intravenous injection of agent (eg, fluorescein) to test blood flow in flap or graft
15876	708	45	Suction assisted lipectomy; head and neck
15877	1,264	60	trunk
15878	708	45	upper extremity
15879	1,264	60	lower extremity

PRESSURE ULCERS (DECUBITUS ULCERS)

CPT	MAR$	FUD	
15920	657	45	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	860	45	with flap closure
15931	657	45	Excision, sacral pressure ulcer, with primary suture;
15933	1,113	60	with ostectomy
15934	860	45	Excision, sacral pressure ulcer, with skin flap closure;
15935	1,315	60	with ostectomy
15936	1,012	60	Excision, sacral pressure ulcer, with muscle or myocutaneous flap closure;
15937	1,467	60	with ostectomy
15940	809	45	Excision, ischial pressure ulcer, with primary suture;
15941	1,113	60	with ostectomy (ischiectomy)
15944	1,012	60	Excision, ischial pressure ulcer, with skin flap closure;
15945	1,214	60	with ostectomy
15946	2,023	90	Excision, ischial pressure ulcer, with ostectomy, with muscle or myocutaneous flap closure
15950	212	30	Excision, trochanteric pressure ulcer, with primary suture;
15951	607	45	with ostectomy
15952	809	45	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	1,012	60	with ostectomy
15956	1,163	60	Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure;
15958	1,366	60	with ostectomy
15999	DOP	-	Unlisted procedure, excision pressure ulcer

BURNS, LOCAL TREATMENT

CPT	MAR$	FUD	
16000	51	30	Initial treatment, first degree burn, when no more than local treatment is required
16010	101	30	Dressings and/or debridement, initial or subsequent; under anesthesia, small
16015	202	30	under anesthesia, medium or large, or with major debridement
16020*	61	0	without anesthesia, office or hospital, small
16025*	101	0	without anesthesia, medium (eg, whole face or whole extremity)
16030	202	30	without anesthesia, large (eg, more than one extremity)
16035	506	45	Escharotomy
16040	131	30	Excision burn wound, without skin grafting, employing alloplastic dressing (eg, synthetic mesh), any anatomic site; up to one percent total body surface area
16041	344	30	greater than one percent and up to nine percent total body surface area
16042	344	30	each additional nine percent total body surface area, or part thereof

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DESTRUCTION

DESTRUCTION, BENIGN OR PREMALIGNANT LESIONS

CPT	MAR$	FUD	Description
17000*	91	0	Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one lesion
17001	51	0	second and third lesions, each
17002	20	0	over three lesions, each additional lesion
17010	273	30	complicated lesion(s)
17100*	61	0	Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; one lesion
17101	40	0	second lesion
17102	20	0	over two lesions, each additional lesion up to 15 lesions
17104	384	0	15 or more lesions
17105	253	30	complicated or extensive lesions
17106	425	30	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	809	45	10.0 - 50.0 sq cm
17108	1,214	60	over 50.0 sq cm
17110*	61	0	Destruction by any method of flat (plane, juvenile) warts or molluscum contagiosum, milia, up to 15 lesions
17200*	61	0	Electrosurgical destruction of multiple fibrocutaneous tags; up to 15 lesions
17201	51	0	each additional ten lesions
17250*	81	0	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)

DESTRUCTION, MALIGNANT LESIONS, ANY METHOD

CPT	MAR$	FUD	Description
17260*	131	0	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.5 cm or less
17261	172	30	lesion diameter 0.6 to 1.0 cm
17262	233	30	lesion diameter 1.1 to 2.0 cm
17263	263	30	lesion diameter 2.1 to 3.0 cm
17264	283	30	lesion diameter 3.1 to 4.0 cm
17266	344	30	lesion diameter over 4.0 cm
17270*	142	0	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
17271	212	30	lesion diameter 0.6 to 1.0 cm
17272	253	30	lesion diameter 1.1 to 2.0 cm
17273	303	30	lesion diameter 2.1 to 3.0 cm
17274	374	30	lesion diameter 3.1 to 4.0 cm
17276	465	30	lesion diameter over 4.0 cm
17280*	162	0	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	253	30	lesion diameter 0.6 to 1.0 cm
17282	293	30	lesion diameter 1.1 to 2.0 cm
17283	384	30	lesion diameter 2.1 to 3.0 cm
17284	496	30	lesion diameter 3.1 to 4.0 cm
17286	647	45	lesion diameter over 4.0 cm

MOH'S MICROGRAPHIC SURGERY

CPT	MAR$	FUD	Description
17304	506	45	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; first stage, fresh tissue technique, up to 5 specimens
17305	303	30	second stage, fixed or fresh tissue, up to 5 specimens
17306	303	30	third stage, fixed or fresh tissue, up to 5 specimens
17307	303	30	additional stage(s), up to 5 specimens, each stage
17310	DOP	-	more than 5 specimens, fixed or fresh tissue, any stage

OTHER PROCEDURES

CPT	MAR$	FUD	Description
17340*	51	0	Cryotherapy (CO_2 slush, liquid N_2) for acne

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CPT	MAR$	FUD	
17360*	40	0	Chemical exfoliation for acne (eg, acne paste, acid)
17380*	71	0	Electrolysis epilation, each 1/2 hour
17999	DOP	-	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

BREAST

INCISION

CPT	MAR$	FUD	
19000*	121	0	Puncture aspiration of cyst of breast;
19001	30	0	each additional cyst
19020	303	30	Mastotomy with exploration or drainage of abscess, deep
19030	71	30	Injection procedure only for mammary ductogram or galactogram

EXCISION

CPT	MAR$	FUD	
19100*	111	0	Biopsy of breast; needle core (separate procedure)
19101	354	30	incisional
19110	435	30	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	425	30	Excision of lactiferous duct fistula
19120	506	45	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions
19125	708	45	Excision of breast lesion identified by pre-operative placement of radiological marker; single lesion
19126	354	0	each additional lesion separately identified by a radiological marker
19140	708	45	Mastectomy for gynecomastia
19160	607	45	Mastectomy, partial;
19162	1,720	90	with axillary lymphadenectomy
19180	1,052	60	Mastectomy, simple, complete
19182	1,012	60	Mastectomy, subcutaneous
19200	1,922	90	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19220	2,630	90	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19240	1,922	90	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19260	1,720	90	Excision of chest wall tumor including ribs
19271	2,832	90	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272	3,540	90	with mediastinal lymphadenectomy

INTRODUCTION

CPT	MAR$	FUD	
19290	172	30	Preoperative placement of needle localization wire, breast;
19291	91	0	each additional lesion

REPAIR AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
19316	1,315	60	Mastopexy
19318	1,821	90	Reduction mammaplasty
19324	506	45	Mammaplasty, augmentation; without prosthetic implant
19325	1,113	60	with prosthetic implant
19328	455	30	Removal of intact mammary implant
19330	657	45	Removal of mammary implant material
19340	1,467	60	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	1,618	90	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	809	45	Nipple/areola reconstruction
19355	708	45	Correction of inverted nipples
19357	2,428	90	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	3,540	90	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
19364	3,641	90	Breast reconstruction with free flap
19366	3,641	90	Breast reconstruction with other technique
19367	3,641	90	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	4,552	90	with microvascular anastomosis (supercharging)

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CPT	MAR$	FUD	
19369	4,349	90	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	708	45	Open periprosthetic capsulotomy, breast
19371	809	45	Periprosthetic capsulectomy, breast
19380	DOP	-	Revision of reconstructed breast
19396	223	30	Preparation of moulage for custom breast implant

OTHER PROCEDURES

CPT	MAR$	FUD	
19499	DOP	-	Unlisted procedure, breast

MUSCULOSKELETAL SYSTEM

GENERAL

INCISION

CPT	MAR$	FUD	
20000*	101	0	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
20005	405	30	deep or complicated

EXCISION

CPT	MAR$	FUD	
20200	111	30	Biopsy, muscle; superficial
20205	243	30	deep
20206*	111	0	Biopsy, muscle, percutaneous needle
20220	142	30	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	445	30	deep (vertebral body, femur)
20240	405	30	Biopsy, excisional; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	506	45	deep (eg, humerus, ischium, femur)
20250	1,972	90	Biopsy, vertebral body, open; thoracic
20251	1,618	90	lumbar or cervical

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
20500*	40	0	Injection of sinus tract; therapeutic (separate procedure)
20501*	101	0	diagnostic (sinogram)
20520*	172	0	Removal of foreign body in muscle or tendon sheath; simple
20525	405	30	deep or complicated
20550*	40	0	Injection, tendon sheath, ligament, trigger points or ganglion cyst
20600*	61	0	Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (eg, fingers, toes)
20605*	51	0	intermediate joint, bursa or ganglion cyst (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610*	40	0	major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20615	405	30	Aspiration and injection for treatment of bone cyst
20650*	152	0	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	303	30	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	364	30	Application of halo, including removal; cranial
20662	506	45	pelvic
20663	506	45	femoral
20665*	40	0	Removal of tongs or halo applied by another physician
20670*	152	0	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)
20680	405	30	deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	506	45	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	910	45	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	455	30	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	202	30	Removal, under anesthesia, of external fixation system

REPLANTATION

CPT	MAR$	FUD	
20802	6,575	90	Replantation, arm (includes surgical neck of humerus through elbow joint); complete amputation

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CPT	MAR$	FUD	
20804	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20805	6,575	90	Replantation, forearm (includes radius and ulna to radial carpal joint); complete amputation
20806	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20808	6,069	90	Replantation, hand (includes hand through metacarpophalangeal joints); complete amputation
20812	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20816	2,832	90	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon); complete amputation
20820	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20822	2,023	90	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion); complete amputation
20823	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20824	3,237	90	Replantation, thumb (includes carpometacarpal joint to MP joint); complete amputation
20826	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20827	2,782	90	Replantation, thumb (includes distal tip to MP joint); complete amputation
20828	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20832	7,081	90	Replantation, leg; complete amputation
20834	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)
20838	6,575	90	Replantation, foot; complete amputation
20840	DOP	-	incomplete amputation (devascularized extremity with soft tissue pedicle)

GRAFTS (OR IMPLANTS)

CPT	MAR$	FUD	
20900	243	30	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	526	45	major or large
20910	486	30	Cartilage graft; costochondral
20912	486	30	nasal septum
20920	202	30	Fascia lata graft; by stripper
20922	405	30	by incision and area exposure, complex or sheet
20924	202	30	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926	202	30	Tissue grafts, other (eg, paratenon, fat, dermis)

OTHER PROCEDURES

CPT	MAR$	FUD	
20950	152	30	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955	6,170	90	Bone graft with microvascular anastomosis; fibula
20960	6,170	90	rib
20962	DOP	-	other bone graft (specify)
20969	DOP	-	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, rib, metatarsal, or great toe
20970	6,170	90	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20971	6,170	90	rib
20972	6,170	90	metatarsal
20973	6,170	90	great toe with web space
20974	303	0	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	455	30	invasive (operative)
20999	DOP	-	Unlisted procedure, musculoskeletal system, general

HEAD

INCISION

CPT	MAR$	FUD	
21010	1,315	60	Arthrotomy, temporomandibular joint

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EXCISION

CPT	MAR$	FUD	
21015	809	45	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	910	45	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	1,012	60	facial bone(s)
21029	1,113	60	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	1,315	60	Excision of benign tumor or cyst of facial bone other than mandible
21031	688	45	Excision of torus mandibularis
21032	607	45	Excision of maxillary torus palatinus
21034	1,618	90	Excision of malignant tumor of facial bone other than mandible
21040	809	45	Excision of benign cyst or tumor of mandible; simple
21041	1,264	60	complex
21044	1,608	90	Excision of malignant tumor of mandible;
21045	3,945	90	radical resection
21050	1,871	90	Condylectomy, temporomandibular joint (separate procedure)
21060	1,517	90	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	1,922	90	Coronoidectomy (separate procedure)

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
21079	486	30	Impression and custom preparation; interim obturator prosthesis
21080	870	45	definitive obturator prosthesis
21081	850	45	mandibular resection prosthesis
21082	506	45	palatal augmentation prosthesis
21083	708	45	palatal lift prosthesis
21084	890	45	speech aid prosthesis
21085	334	30	oral surgical splint
21086	910	45	auricular prosthesis
21087	910	45	nasal prosthesis
21088	931	45	facial prosthesis
21089	DOP	-	Unlisted maxillofacial prosthetic procedure
21100*	293	0	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	657	45	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	131	30	Injection procedure for temporomandibular joint arthrography

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
21120	1,214	60	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	1,517	90	sliding osteotomy, single piece
21122	1,972	90	sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	2,276	90	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	1,315	60	Augmentation, mandibular body or angle; prosthetic material
21127	1,740	90	with bone graft, onlay or interpositional (includes obtaining autograft)
21137	1,740	90	Reduction forehead; contouring only
21138	2,276	90	contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	2,428	90	contouring and setback of anterior frontal sinus wall
21144	2,863	90	Reconstruction midface, LeFort I; intrusion, single piece (eg, for Long Face Syndrome)
21145	3,287	90	single piece, any direction, requiring bone grafts (includes obtaining autografts)
21146	3,793	90	two pieces, any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	4,147	90	three or more pieces, any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)

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CPT	MAR$	FUD	
21150	DOP	-	Reconstruction midface, LeFort II; anterior intrusion (eg, Treache-Collins Syndrome)
21151	4,956	90	any direction, requiring bone grafts (includes obtaining autografts)
21154	5,361	90	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	6,170	90	with LeFort I
21159	7,283	90	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	8,092	90	with LeFort I
21172	4,906	90	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	5,867	90	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	3,540	90	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	4,147	90	with autograft (includes obtaining grafts)
21181	1,315	60	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	4,248	90	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 less than 40 cm^2
21183	4,552	90	total area of bone grafting greater than 40 cm^2 but less than 80 cm^2
21184	4,784	90	total area of bone grafting greater than 80 cm^2
21188	3,540	90	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	3,035	90	Reconstruction of mandibular ramus, horizontal, vertical, "C", or "L" osteotomy; without bone graft
21194	4,269	90	with bone graft (includes obtaining graft)
21195	3,641	90	Reconstruction of mandibular ramus and/or body, sagittal split; without internal rigid fixation
21196	3,844	90	with internal rigid fixation
21198	1,922	90	Osteotomy, mandible, segmental
21206	2,326	90	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	1,315	60	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	1,922	90	reduction
21210	2,023	90	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	2,529	90	mandible (includes obtaining graft)
21230	1,922	90	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	1,416	60	ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	2,680	90	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	2,832	90	Arthroplasty, temporomandibular joint, with allograft
21243	2,832	90	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	2,630	90	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	1,922	90	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	3,743	90	complete
21247	3,945	90	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	1,517	90	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	1,821	90	complete

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CPT	MAR$	FUD	
21255	2,428	90	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	5,563	90	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	3,945	90	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	6,575	90	combined intra- and extracranial approach
21263	6,575	90	with forehead advancement
21267	3,945	90	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	6,575	90	combined intra- and extracranial approach
21270	1,720	90	Malar augmentation, prosthetic material
21275	DOP	-	Secondary revision of orbitocraniofacial reconstruction
21280	1,720	90	Medial canthopexy (separate procedure)
21282	1,366	60	Lateral canthopexy
21295	1,113	60	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	1,517	90	intraoral approach

OTHER PROCEDURES

CPT	MAR$	FUD	
21299	DOP	-	Unlisted craniofacial and maxillofacial procedure

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
21300	131	30	Closed treatment of skull fracture without operation
21310	111	30	Closed treatment of nasal bone fracture without manipulation
21315*	152	0	Closed treatment of nasal bone fracture; without stabilization
21320	455	30	with stabilization
21325	506	45	Open treatment of nasal fracture; uncomplicated
21330	1,012	60	complicated, with internal and/or external skeletal fixation
21335	1,821	90	with concomitant open treatment of fractured septum
21336	829	45	Open treatment of nasal septal fracture, with or without stabilization
21337	172	30	Closed treatment of nasal septal fracture, with or without stabilization
21338	1,517	90	Open treatment of nasoethmoid fracture; without external fixation
21339	1,740	90	with external fixation
21340	1,720	90	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	1,416	60	Open treatment of depressed frontal sinus fracture
21344	2,701	90	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	1,012	60	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	1,517	90	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	1,740	90	requiring multiple open approaches
21348	2,772	90	with bone grafting (includes obtaining graft)
21355*	759	0	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	749	45	Open treatment of depressed zygomatic arch fracture (eg, Gilles approach)
21360	1,345	60	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	1,517	90	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
21366	2,428	90	with bone grafting (includes obtaining graft)

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CPT	MAR$	FUD	
21385	1,376	60	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)
21386	1,821	90	periorbital approach
21387	1,821	90	combined approach
21390	1,922	90	periorbital approach, with alloplastic or other implant
21395	2,610	90	periorbital approach with bone graft (includes obtaining graft)
21400	131	30	Closed treatment of fracture of orbit, except "blowout"; without manipulation
21401	1,416	60	with manipulation
21406	1,618	90	Open treatment of fracture of orbit, except "blowout"; without implant
21407	1,821	90	with implant
21408	2,084	90	with bone grafting (includes obtaining graft)
21421	1,264	60	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	1,517	90	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	2,154	90	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	1,618	90	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	1,922	90	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	2,225	90	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	2,428	90	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	3,328	90	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	1,315	60	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	1,618	90	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	121	30	Closed treatment of mandibular fracture; without manipulation
21451	809	45	with manipulation
21452	121	30	Percutaneous treatment of mandibular fracture, with external fixation
21453	880	45	Closed treatment of mandibular fracture with interdental fixation
21454	1,517	90	Open treatment of mandibular fracture with external fixation
21461	1,467	60	Open treatment of mandibular fracture; without interdental fixation
21462	1,740	90	with interdental fixation
21465	1,467	60	Open treatment of mandibular condylar fracture
21470	1,922	90	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21480	405	30	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	880	45	complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	1,315	60	Open treatment of temporomandibular dislocation
21493	131	30	Closed treatment of hyoid fracture; without manipulation
21494	1,416	60	with manipulation
21495	1,922	90	Open treatment of hyoid fracture
21497	1,315	60	Interdental wiring, for condition other than fracture

OTHER PROCEDURES

CPT	MAR$	FUD	
21499	DOP	-	Unlisted musculoskeletal procedure, head

NECK (SOFT TISSUES) AND THORAX

INCISION

CPT	MAR$	FUD	
21501	455	30	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	637	45	with partial rib ostectomy

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CPT	MAR$	FUD	
21510	405	30	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax

EXCISION

CPT	MAR$	FUD	
21550	131	30	Biopsy, soft tissue of neck or thorax
21555	303	30	Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	506	45	deep, subfascial, intramuscular
21557	1,517	90	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax
21600	556	45	Excision of rib, partial
21610	2,023	90	Costotransversectomy (separate procedure)
21615	1,618	90	Excision first and/or cervical rib;
21616	2,063	90	with sympathectomy
21620	2,023	90	Ostectomy of sternum, partial
21627	809	45	Sternal debridement
21630	2,529	90	Radical resection of sternum;
21632	4,046	90	with mediastinal lymphadenectomy

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
21700	657	45	Division of scalenus anticus; without resection of cervical rib
21705	1,264	60	with resection of cervical rib
21720	657	45	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	860	45	with cast application
21740	2,428	90	Reconstructive repair of pectus excavatum or carinatum
21750	2,023	90	Closure of sternotomy separation with or without debridement (separate procedure)

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
21800	101	30	Closed treatment of rib fracture, uncomplicated, each
21805	1,012	60	Open treatment of rib fracture without fixation, each
21810	2,428	90	Treatment of rib fracture requiring external fixation ("flail chest")
21820	253	30	Closed treatment of sternum fracture
21825	1,012	60	Open treatment of sternum fracture with or without skeletal fixation

OTHER PROCEDURES

CPT	MAR$	FUD	
21899	DOP	-	Unlisted procedure, neck or thorax

BACK AND FLANK

EXCISION

CPT	MAR$	FUD	
21920	131	30	Biopsy, soft tissue of back or flank; superficial
21925	303	30	deep
21930	303	30	Excision, tumor, soft tissue of back or flank
21935	1,517	90	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank

SPINE (VERTEBRAL COLUMN)

EXCISION

CPT	MAR$	FUD	
22100	809	45	Partial resection of vertebral component, spinous processes; cervical
22101	657	45	thoracic
22102	708	45	lumbar
22105	1,214	60	Partial resection of vertebral component for tumor (eg, partial facetectomy, without primary grafting); cervical
22106	910	45	thoracic
22107	910	45	lumbar
22110	1,012	60	Partial excision of vertebrae (eg, for osteomyelitis); cervical
22112	1,012	60	thoracic
22114	1,012	60	lumbar

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
22140	3,237	90	Reconstruction of spine with bone graft (autograft, allograft) and/or methylmethacrylate following resection of single vertebral body; cervical
22141	3,237	90	thoracic
22142	3,237	90	lumbar
22145	1,315	0	Reconstruction of spine following vertebral body resection, each additional vertebral body

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CPT	MAR$	FUD	
22148	1,214	60	Harvesting of bone autograft for vertebral reconstruction following vertebral corpectomy
22150	2,832	90	Reconstruction of spine with prefabricated prosthetic replacement following resection of one or more vertebral bodies; cervical
22151	2,832	90	thoracic
22152	2,832	90	lumbar
22210	3,793	90	Osteotomy of spine, posterior approach, single segment; cervical
22212	3,793	90	thoracic
22214	3,136	90	lumbar
22220	3,136	90	Osteotomy of spine, anterior approach, single segment; cervical
22222	3,136	90	thoracic
22224	3,136	90	lumbar
22230	1,012	0	Osteotomy of spine, any approach, each additional segment

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
22305	253	30	Closed treatment of vertebral process fracture(s)
22310	728	45	Closed treatment of vertebral body fracture(s), without manipulation
22315	749	45	Closed treatment of vertebral fracture and/or dislocation requiring casting or bracing, with or without anesthesia, by manipulation or traction, each
22325	2,428	90	Open treatment of vertebral fracture and/or dislocation; lumbar, each
22326	2,428	90	cervical, each
22327	2,428	90	thoracic, each

MANIPULATION

CPT	MAR$	FUD	
22505	200	30	Manipulation of spine requiring anesthesia, any region

ARTHRODESIS

ANTERIOR OR ANTEROLATERAL APPROACH TECHNIQUE

CPT	MAR$	FUD	
22548	3,035	90	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with bone graft, with or without excision of odontoid process
22554	3,035	90	Arthrodesis, anterior interbody technique; cervical below C2, with bone graft
22556	3,035	90	thoracic, with local bone (eg, rib) and/or bone allograft
22558	2,660	90	lumbar, with bone graft
22585	637	0	Arthrodesis, anterior or anterolateral, each additional interspace (list separately in addition to single level arthrodesis)

POSTERIOR, POSTEROLATERAL OR LATERAL TRANSVERSE PROCESS TECHNIQUE

CPT	MAR$	FUD	
22590	4,046	90	Arthrodesis, posterior technique, craniocervical (occiput-C2), with bone graft and/or internal fixation
22595	3,035	90	Arthrodesis, posterior technique, atlas-axis (C1-C2) with bone graft and/or internal fixation
22600	2,428	90	Arthrodesis, posterior technique, cervical below C2 segment, local bone or bone allograft and/or internal fixation
22610	2,529	90	Arthrodesis, posterior or posterolateral technique, with local bone or bone allograft and/or internal fixation; thoracic
22612	2,529	90	lumbar
22625	2,529	90	Arthrodesis, lateral transverse process technique, with local bone or bone allograft and/or internal wire fixation, lumbar
22630	3,300	90	Arthrodesis, posterior interbody technique, with local bone or bone allograft and/or internal wire fixation, lumbar
22650	637	0	Arthrodesis, posterior, posterolateral or lateral transverse process technique, each additional interspace

SPINE DEFORMITY (EG, SCOLIOSIS, KYPHOSIS)

CPT	MAR$	FUD	
22800	3,035	90	Arthrodesis, posterior, for spinal deformity, with or without cast, with bone graft; 6 or less vertebrae
22802	4,046	90	7 or more vertebrae
22810	3,338	90	Arthrodesis, anterior, for spinal deformity, with or without cast, with bone graft; 4 to 7 vertebrae
22812	4,248	90	8 or more vertebrae

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OTHER PROCEDURES

CPT	MAR$	FUD	Description
22820	425	0	Harvesting of bone autograft through separate incision (eg, ilium, fibula) for spinal arthrodesis
22830	3,338	90	Exploration of spinal fusion

SPINAL INSTRUMENTATION

CPT	MAR$	FUD	Description
22840	2,225	0	Posterior instrumentation; without segmental fixation (eg, single Harrington rod technique)
22842	3,400	0	segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminal wires)
22845	2,950	0	Anterior instrumentation
22849	1,012	60	Reinsertion of spinal fixation device
22850	1,012	60	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22852	1,264	60	Removal of posterior segmental instrumentation
22855	2,225	90	Removal of anterior instrumentation

OTHER PROCEDURES

CPT	MAR$	FUD	Description
22899	DOP	-	Unlisted procedure, spine

ABDOMEN

EXCISION

CPT	MAR$	FUD	Description
22900	506	45	Excision, abdominal wall tumor, subfascial (eg, desmoid)

OTHER PROCEDURES

CPT	MAR$	FUD	Description
22999	DOP	-	Unlisted procedure, abdomen, musculoskeletal system

SHOULDER

INCISION

CPT	MAR$	FUD	Description
23000	627	45	Removal of subdeltoid (or intratendinous) calcareous deposits, open method
23020	1,153	60	Capsular contracture release (Sever type procedure)
23030	405	30	Incision and drainage, shoulder area; deep abscess or hematoma
23031	354	30	infected bursa
23035	1,214	60	Incision, deep, with opening of cortex (eg, for osteomyelitis or bone abscess), shoulder area
23040	1,153	60	Arthrotomy, glenohumeral joint, for infection, with exploration, drainage or removal of foreign body
23044	708	45	Arthrotomy, acromioclavicular, sternoclavicular joint, for infection, with exploration, drainage or removal of foreign body

EXCISION

CPT	MAR$	FUD	Description
23065	202	30	Biopsy, soft tissue of shoulder area; superficial
23066	324	30	deep
23075	303	30	Excision, tumor, shoulder area; subcutaneous
23076	506	45	deep, subfascial or intramuscular
23077	1,517	90	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100	1,153	60	Arthrotomy with biopsy, glenohumeral joint
23101	1,153	60	Arthrotomy with biopsy, or with excision of torn cartilage, acromioclavicular, sternoclavicular joint
23105	1,517	90	Arthrotomy with synovectomy; glenohumeral joint
23106	1,214	60	sternoclavicular joint
23107	1,214	60	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	809	45	Claviculectomy; partial
23125	1,618	90	total
23130	809	45	Acromioplasty or acromionectomy, partial
23140	627	45	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	941	45	with autograft (includes obtaining graft)
23146	759	45	with allograft
23150	1,214	60	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	1,517	90	with autograft (includes obtaining graft)
23156	1,315	60	with allograft
23170	607	45	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle

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CPT	MAR$	FUD	
23172	607	45	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	1,234	60	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	759	45	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), clavicle
23182	607	45	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), scapula
23184	1,012	60	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), proximal humerus
23190	657	45	Ostectomy of scapula, partial (eg, superior medial angle)
23195	1,517	90	Resection humeral head
23200	1,214	60	Radical resection for tumor; clavicle
23210	1,618	90	scapula
23220	1,618	90	Radical resection for tumor, proximal humerus;
23221	1,821	90	with autograft (includes obtaining graft)
23222	1,821	90	with prosthetic replacement

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
23330	910	45	Removal of foreign body, shoulder; subcutaneous
23331	1,113	60	deep (eg, Neer prosthesis removal)
23332	DOP	-	complicated, including "total shoulder"
23350	81	30	Injection procedure for shoulder arthrography

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
23395	1,062	60	Muscle transfer, any type, shoulder or upper arm; single
23397	1,264	60	multiple
23400	1,517	90	Scapulopexy (eg, Sprengel's deformity or for paralysis)
23405	860	45	Tenomyotomy, shoulder area; single
23406	1,183	60	multiple through same incision
23410	1,416	60	Repair of ruptured musculotendinous cuff (eg, rotator cuff); acute
23412	1,537	90	chronic
23415	1,012	60	Coracoacromial ligament release, with or without acromioplasty
23420	1,922	90	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	1,214	60	Tenodesis of long tendon of biceps
23440	1,214	60	Resection or transplantation of long tendon of biceps
23450	1,699	90	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	1,912	90	Bankart type operation with or without stapling
23460	2,043	90	Capsulorrhaphy, anterior, any type; with bone block
23462	1,922	90	with coracoid process transfer
23465	1,922	90	Capsulorrhaphy for recurrent dislocation, posterior, with or without bone block
23466	2,023	90	Capsulorrhaphy with any type multi-directional instability
23470	2,023	90	Arthroplasty with proximal humeral implant (eg, Neer type operation)
23472	3,540	90	Arthroplasty with glenoid and proximal humeral replacement (eg, total shoulder)
23480	1,012	60	Osteotomy, clavicle, with or without internal fixation;
23485	1,315	60	with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	708	45	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	910	45	proximal humerus and humeral head

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
23500	223	30	Closed treatment of clavicular fracture; without manipulation
23505	354	30	with manipulation
23515	910	45	Open treatment of clavicular fracture, with or without internal or external fixation
23520	202	30	Closed treatment of sternoclavicular dislocation; without manipulation
23525	243	30	with manipulation

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CPT	MAR$	FUD	Description
23530	809	45	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	1,113	60	with fascial graft (includes obtaining graft)
23540	131	30	Closed treatment of acromioclavicular dislocation; without manipulation
23545	243	30	with manipulation
23550	1,163	60	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	1,315	60	with fascial graft (includes obtaining graft)
23570	162	30	Closed treatment of scapular fracture; without manipulation
23575	283	30	with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	1,163	60	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	202	30	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	506	45	with manipulation, with or without skeletal traction
23615	1,214	60	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(-ies);
23616	2,903	90	with proximal humeral prosthetic replacement
23620	131	30	Closed treatment of greater tuberosity fracture; without manipulation
23625	263	30	with manipulation
23630	920	45	Open treatment of greater tuberosity fracture, with or without internal or external fixation
23650	273	30	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	394	30	requiring anesthesia
23660	1,163	60	Open treatment of acute shoulder dislocation
23665	303	30	Closed treatment of shoulder dislocation, with fracture of greater tuberosity, with manipulation
23670	1,163	60	Open treatment of shoulder dislocation, with fracture of greater tuberosity, with or without internal or external fixation
23675	455	30	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	1,467	60	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation

MANIPULATION

CPT	MAR$	FUD	Description
23700*	303	0	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

ARTHRODESIS

CPT	MAR$	FUD	Description
23800	2,023	90	Arthrodesis, shoulder joint; with or without local bone graft
23802	2,124	90	with primary autogenous graft (includes obtaining graft)

AMPUTATION

CPT	MAR$	FUD	Description
23900	2,731	90	Interthoracoscapular amputation (forequarter)
23920	1,922	90	Disarticulation of shoulder;
23921	506	45	secondary closure or scar revision

OTHER PROCEDURES

CPT	MAR$	FUD	Description
23929	DOP	-	Unlisted procedure, shoulder

HUMERUS (UPPER ARM) AND ELBOW

INCISION

CPT	MAR$	FUD	Description
23930	354	30	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	253	30	infected bursa
23935	607	45	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	1,113	60	Arthrotomy, elbow, for infection, with exploration, drainage or removal of foreign body
24006	1,436	60	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)

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CPT	MAR$	FUD	

EXCISION

CPT	MAR$	FUD	Description
24065	121	30	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	405	30	deep
24075	303	30	Excision, tumor, upper arm or elbow area; subcutaneous
24076	506	45	deep, subfascial or intramuscular
24077	1,214	60	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100	698	45	Arthrotomy, elbow; with synovial biopsy only
24101	1,113	60	with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	1,467	60	with synovectomy
24105	506	45	Excision, olecranon bursa
24110	1,012	60	Excision or curettage of bone cyst or benign tumor, humerus;
24115	1,366	60	with autograft (includes obtaining graft)
24116	1,113	60	with allograft
24120	829	45	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	1,042	60	with autograft (includes obtaining graft)
24126	910	45	with allograft
24130	860	45	Excision, radial head
24134	1,214	60	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	1,214	60	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	1,214	60	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	1,214	60	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis), humerus
24145	809	45	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis), radial head or neck
24147	759	45	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis), olecranon process
24150	1,720	90	Radical resection for tumor, shaft or distal humerus;
24151	1,922	90	with autograft (includes obtaining graft)
24152	1,517	90	Radical resection for tumor, radial head or neck;
24153	2,023	90	with autograft (includes obtaining graft)
24155	1,254	60	Resection of elbow joint (arthrectomy)

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	Description
24160	981	45	Implant removal; elbow joint
24164	860	45	radial head
24200	223	30	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	394	30	deep
24220	101	30	Injection procedure for elbow arthrography

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	Description
24301	1,416	60	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	587	45	Tendon lengthening, upper arm or elbow, single, each
24310	506	45	Tenotomy, open, elbow to shoulder, single, each
24320	1,720	90	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	1,113	60	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	1,446	60	with extensor advancement
24340	1,416	60	Tenodesis of biceps tendon at elbow (separate procedure)
24342	1,416	60	Reinsertion or repair of ruptured or lacerated biceps or triceps tendon, distal, with or without tendon graft
24350	506	45	Fasciotomy, lateral or medial (eg, "tennis elbow" or epicondylitis);
24351	607	45	with extensor origin detachment

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CPT	MAR$	FUD	
24352	809	45	with annular ligament resection
24354	708	45	with stripping
24356	809	45	with partial ostectomy
24360	2,225	90	Arthroplasty, elbow; with membrane
24361	2,225	90	with distal humeral prosthetic replacement
24362	2,326	90	with implant and fascia lata ligament reconstruction
24363	2,832	90	with distal humerus and proximal ulnar prosthetic replacement ("total elbow")
24365	1,012	60	Arthroplasty, radial head;
24366	1,113	60	with implant
24400	1,376	60	Osteotomy, humerus, with or without internal fixation
24410	1,568	90	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	1,568	90	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	1,720	90	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	2,023	90	with iliac or other autograft (includes obtaining graft)
24470	860	45	Hemiepiphyseal arrest (eg, for cubitus varus or valgus, distal humerus)
24495	1,214	60	Decompression fasciotomy, forearm, with brachial artery exploration
24498	1,012	60	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humerus

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
24500	131	30	Closed treatment of humeral shaft fracture; without manipulation
24505	637	45	with manipulation, with or without skeletal traction
24515	1,598	90	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	1,598	90	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	253	30	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	536	45	with manipulation, with or without skin or skeletal traction
24538	910	45	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	1,406	60	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546	2,144	90	with intercondylar extension
24560	223	30	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	405	30	with manipulation
24566	738	45	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	1,012	60	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation
24576	131	30	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	405	30	with manipulation
24579	1,012	60	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation
24582	809	45	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	1,558	90	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587	2,225	90	with implant arthroplasty
24600	253	30	Treatment of closed elbow dislocation; without anesthesia
24605	324	30	requiring anesthesia
24615	1,072	60	Open treatment of acute or chronic elbow dislocation

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CPT	MAR$	FUD	
24620	607	45	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	1,214	60	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
24640*	202	0	Closed treatment of radial head subluxation in child, "nursemaid elbow", with manipulation
24650	202	30	Closed treatment of radial head or neck fracture; without manipulation
24655	354	30	with manipulation
24665	809	45	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;
24666	941	45	with radial head prosthetic replacement
24670	202	30	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24675	455	30	with manipulation
24685	840	45	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation

ARTHRODESIS

CPT	MAR$	FUD	
24800	1,669	90	Arthrodesis, elbow joint; with or without local autograft or allograft
24802	2,023	90	with autograft (includes obtaining graft other than locally obtained)

AMPUTATION

CPT	MAR$	FUD	
24900	1,012	60	Amputation, arm through humerus; with primary closure
24920	920	45	open, circular (guillotine)
24925	314	30	secondary closure or scar revision
24930	910	45	re-amputation
24931	1,163	60	with implant
24935	1,517	90	Stump elongation, upper extremity
24940	1,517	90	Cineplasty, upper extremity, complete procedure

OTHER PROCEDURES

CPT	MAR$	FUD	
24999	DOP	-	Unlisted procedure, humerus or elbow

FOREARM AND WRIST

INCISION

CPT	MAR$	FUD	
25000	455	30	Tendon sheath incision; at radial styloid (eg, for deQuervain's disease)
25020	556	45	Decompression fasciotomy, forearm and/or wrist; flexor or extensor compartment
25023	607	45	with debridement of nonviable muscle and/or nerve
25028	405	30	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	202	30	infected bursa
25035	506	45	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25040	556	45	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body

EXCISION

CPT	MAR$	FUD	
25065	131	30	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	314	30	deep
25075	303	30	Excision, tumor, forearm and/or wrist area; subcutaneous
25076	506	45	deep, subfascial or intramuscular
25077	1,214	60	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085	546	45	Capsulotomy, wrist (eg, for contracture)
25100	506	45	Arthrotomy, wrist joint; with biopsy
25101	597	45	with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	809	45	with synovectomy
25107	708	45	Arthrotomy, distal radioulnar joint for repair of triangular cartilage complex
25110	354	30	Excision, lesion of tendon sheath, forearm and/or wrist

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CPT	MAR$	FUD	
25111	455	30	Excision of ganglion, wrist (dorsal or volar); primary
25112	577	45	recurrent
25115	1,012	60	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	1,012	60	extensors, with or without transposition of dorsal retinaculum
25118	708	45	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	1,012	60	with resection of distal ulna
25120	840	45	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	1,062	60	with autograft (includes obtaining graft)
25126	961	45	with allograft
25130	607	45	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	809	45	with autograft (includes obtaining graft)
25136	607	45	with allograft
25145	1,214	60	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	647	45	Partial excision (craterization, saucerization or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	759	45	radius
25170	1,517	90	Radical resection for tumor, radius or ulna
25210	708	45	Carpectomy; one bone
25215	1,012	60	all bones of proximal row
25230	546	45	Radial styloidectomy (separate procedure)
25240	546	45	Excision distal ulna partial or complete (eg, Darrach type or matched resection)

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
25246	131	30	Injection procedure for wrist arthrography
25248	506	45	Exploration with removal of deep foreign body, forearm or wrist
25250	1,012	60	Removal of wrist prosthesis; (separate procedure)
25251	1,517	90	complicated, including "total wrist"

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
25260	809	45	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	860	45	secondary, single, each tendon or muscle
25265	1,012	60	secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	506	45	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	607	45	secondary, single, each tendon or muscle
25274	850	45	Repair, tendon or muscle, extensor, secondary, with tendon graft (includes obtaining graft), forearm and/or wrist, each tendon or muscle
25280	728	45	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	435	30	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	536	45	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	961	45	Tenodesis at wrist; flexors of fingers
25301	860	45	extensors of fingers
25310	991	45	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	1,214	60	with tendon graft(s) (includes obtaining graft), each tendon
25315	1,113	60	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	1,315	60	with tendon(s) transfer
25320	1,517	90	Capsulorrhaphy or reconstruction, wrist, any method (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25330	1,517	90	Arthroplasty, wrist;

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CPT	MAR$	FUD	
25331	1,618	90	with implant
25332	1,517	90	pseudarthrosis type with internal fixation
25335	1,821	90	Centralization of wrist on ulna (eg, radial club hand)
25337	1,366	60	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
25350	1,042	60	Osteotomy, radius; distal third
25355	1,244	60	middle or proximal third
25360	1,042	60	Osteotomy; ulna
25365	1,457	60	radius and ulna
25370	1,214	60	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	1,821	90	radius AND ulna
25390	1,123	60	Osteoplasty, radius OR ulna; shortening
25391	1,477	60	lengthening with autograft
25392	1,517	90	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	1,821	90	lengthening with autograft
25400	1,214	60	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	1,467	60	with iliac or other autograft (includes obtaining graft)
25415	1,720	90	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	2,003	90	with iliac or other autograft (includes obtaining graft)
25425	1,376	60	Repair of defect with autograft; radius OR ulna
25426	1,922	90	radius AND ulna
25440	1,366	60	Repair of nonunion, scaphoid (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	1,416	60	Arthroplasty with prosthetic replacement; distal radius
25442	910	45	distal ulna
25443	1,113	60	scaphoid (navicular)
25444	1,113	60	lunate
25445	1,113	60	trapezium
25446	2,276	90	distal radius and partial or entire carpus ("total wrist")
25447	1,517	90	Interposition arthroplasty, intercarpal or carpometacarpal joints
25449	1,012	60	Revision of arthroplasty, including removal of implant, wrist joint
25450	617	45	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	860	45	distal radius AND ulna
25490	607	45	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	607	45	ulna
25492	607	45	radius AND ulna

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
25500	223	30	Closed treatment of radial shaft fracture; without manipulation
25505	435	30	with manipulation
25515	920	45	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	880	45	Closed treatment of radial shaft fracture, with dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation)
25525	1,709	90	Open treatment of radial shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526	2,610	90	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radio-ulnar joint (Galeazzi fracture/isolocation), includes repair of triangular cartilage
25530	334	30	Closed treatment of ulnar shaft fracture; without manipulation
25535	405	30	with manipulation

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CPT	MAR$	FUD	
25545	910	45	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25560	293	30	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	597	45	with manipulation
25574	880	45	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius or ulna
25575	1,386	60	of radius AND ulna
25600	303	30	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25605	455	30	with manipulation
25611	860	45	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
25620	910	45	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
25622	354	30	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25624	405	30	with manipulation
25628	708	45	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation
25630	354	30	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone
25635	425	30	with manipulation, each bone
25645	637	45	Open treatment of carpal bone fracture (excluding carpal scaphoid (navicular)), each bone
25650	587	45	Closed treatment of ulnar styloid fracture
25660	303	30	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670	799	45	Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25675	314	30	Closed treatment of distal radioulnar dislocation with manipulation
25676	809	45	Open treatment of distal radioulnar dislocation, acute or chronic
25680	303	30	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	1,113	60	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	516	45	Closed treatment of lunate dislocation, with manipulation
25695	1,012	60	Open treatment of lunate dislocation

ARTHRODESIS

CPT	MAR$	FUD	
25800	1,264	60	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion); without bone graft
25805	1,588	90	with sliding graft
25810	1,416	60	with iliac or other autograft (includes obtaining graft)
25820	1,163	60	Intercarpal fusion; without bone graft
25825	1,315	60	with autograft (includes obtaining graft)
25830	1,366	60	Distal radioulnar joint arthrodesis and segmental resection of ulna (eg, Sauve-Kapandji procedure), with or without bone graft

AMPUTATION

CPT	MAR$	FUD	
25900	941	45	Amputation, forearm, through radius and ulna;
25905	809	45	open, circular (guillotine)
25907	314	30	secondary closure or scar revision
25909	941	45	re-amputation
25915	1,062	60	Krukenberg procedure
25920	840	45	Disarticulation through wrist;
25922	324	30	secondary closure or scar revision
25924	850	45	re-amputation
25927	1,012	60	Transmetacarpal amputation;
25929	314	30	secondary closure or scar revision
25931	1,012	60	re-amputation

OTHER PROCEDURES

CPT	MAR$	FUD	
25999	DOP	-	Unlisted procedure, forearm or wrist

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HAND AND FINGERS

INCISION

CPT	MAR$	FUD	
26010*	81	0	Drainage of finger abscess; simple
26011*	303	0	complicated (eg, felon)
26020	516	45	Drainage of tendon sheath, one digit and/or palm
26025	556	45	Drainage of palmar bursa; single, ulnar or radial
26030	910	45	multiple or complicated
26034	607	45	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), hand or finger
26035	1,467	60	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	1,214	60	Decompressive fasciotomy, hand (excludes 26035)
26040	303	30	Fasciotomy, palmar, for Dupuytren's contracture; closed (subcutaneous)
26045	506	45	open, partial
26055	455	30	Tendon sheath incision (eg, for trigger finger)
26060	253	30	Tenotomy, subcutaneous, single, each digit
26070	516	45	Arthrotomy, for infection, with exploration, drainage or removal of foreign body; carpometacarpal joint
26075	506	45	metacarpophalangeal joint
26080	455	30	interphalangeal joint, each

EXCISION

CPT	MAR$	FUD	
26100	516	45	Arthrotomy with synovial biopsy; carpometacarpal joint
26105	506	45	metacarpophalangeal joint
26110	455	30	interphalangeal joint, each
26115	303	30	Excision, tumor or vascular malformation, hand or finger; subcutaneous
26116	506	45	deep, subfascial, intramuscular
26117	1,214	60	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26121	1,214	60	Fasciectomy, palmar only, with or without z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26123	1,416	60	partial palmar excision with release of single digit including proximal interphalangeal joint
26125	607	45	partial excision with release of each additional digit, including proximal interphalangeal joint
26130	809	45	Synovectomy, carpometacarpal joint
26135	910	45	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	809	45	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	910	45	Synovectomy tendon sheath, radical (tenosynovectomy), flexor, palm or finger, single, each digit
26160	405	30	Excision of lesion of tendon sheath or capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	455	30	Excision of tendon, palm, flexor, single (separate procedure), each
26180	506	45	Excision of tendon, finger, flexor (separate procedure)
26200	627	45	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	759	45	with autograft (includes obtaining graft)
26210	546	45	Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx of finger;
26215	657	45	with autograft (includes obtaining graft)
26230	556	45	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); metacarpal
26235	506	45	proximal or middle phalanx of finger
26236	506	45	distal phalanx of finger
26250	1,012	60	Radical resection (ostectomy) for tumor, metacarpal;
26255	1,315	60	with autograft (includes obtaining graft)
26260	1,062	60	Radical resection (ostectomy) for tumor, proximal or middle phalanx of finger;
26261	1,264	60	with autograft (includes obtaining graft)

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CPT	MAR$	FUD	
26262	1,012	60	Radical resection (ostectomy) for tumor, distal phalanx of finger

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
26320	506	45	Removal of implant from finger or hand

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
26350	809	45	Flexor tendon repair or advancement, single, not in "no man's land"; primary or secondary without free graft, each tendon
26352	1,163	60	secondary with free graft (includes obtaining graft), each tendon
26356	1,062	60	Flexor tendon repair or advancement, single, in "no man's land"; primary, each tendon
26357	1,012	60	secondary, each tendon
26358	1,264	60	secondary with free graft (includes obtaining graft), each tendon
26370	809	45	Profundus tendon repair or advancement, with intact sublimis; primary
26372	1,143	60	secondary with free graft (includes obtaining graft)
26373	890	45	secondary without free graft
26390	860	45	Flexor tendon excision, implantation of plastic tube or rod for delayed tendon graft, hand or finger
26392	1,113	60	Removal of tube or rod and insertion of flexor tendon graft (includes obtaining graft), hand or finger
26410	465	30	Extensor tendon repair, dorsum of hand, single, primary or secondary; without free graft, each tendon
26412	708	45	with free graft (includes obtaining graft), each tendon
26415	860	45	Extensor tendon excision, implantation of plastic tube or rod for delayed extensor tendon graft, hand or finger
26416	1,012	60	Removal of tube or rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger
26418	506	45	Extensor tendon repair, dorsum of finger, single, primary or secondary; without free graft, each tendon
26420	708	45	with free graft (includes obtaining graft) each tendon
26426	738	45	Extensor tendon repair, central slip repair, secondary (boutonniere deformity); using local tissues
26428	910	45	with free graft (includes obtaining graft)
26432	607	45	Extensor tendon repair, distal insertion ("mallet finger"), closed, splinting with or without percutaneous pinning
26433	607	45	Extensor tendon repair, distal insertion ("mallet finger"), open, primary or secondary repair; without graft
26434	809	45	with free graft (includes obtaining graft)
26437	607	45	Extensor tendon realignment, hand
26440	587	45	Tenolysis, simple, flexor tendon; palm OR finger, single, each tendon
26442	708	45	palm AND finger, each tendon
26445	607	45	Tenolysis, extensor tendon, dorsum of hand or finger; each tendon
26449	809	45	Tenolysis, complex, extensor tendon, dorsum of hand or finger, including hand and forearm
26450	405	30	Tenotomy, flexor, single, palm, open, each
26455	506	45	Tenotomy, flexor, single, finger, open, each
26460	354	30	Tenotomy, extensor, hand or finger, single, open, each
26471	718	45	Tenodesis; for proximal interphalangeal joint stabilization
26474	526	45	for distal joint stabilization
26476	506	45	Tendon lengthening, extensor, hand or finger, single, each
26477	506	45	Tendon shortening, extensor, hand or finger, single, each
26478	607	45	Tendon lengthening, flexor, hand or finger, single, each
26479	607	45	Tendon shortening, flexor, hand or finger, single, each
26480	910	45	Tendon transfer or transplant, carpometacarpal area or dorsum of hand, single; without free graft, each
26483	1,214	60	with free tendon graft (includes obtaining graft), each tendon

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CPT	MAR$	FUD	
26485	1,042	60	Tendon transfer or transplant, palmar, single, each tendon; without free tendon graft
26489	1,345	60	with free tendon graft (includes obtaining graft), each tendon
26490	1,032	60	Opponensplasty; sublimis tendon transfer type
26492	1,335	60	tendon transfer with graft (includes obtaining graft)
26494	1,214	60	hypothenar muscle transfer
26496	1,416	60	other methods
26497	1,214	60	Tendon transfer to restore intrinsic function; ring and small finger
26498	1,669	90	all four fingers
26499	1,669	90	Correction claw finger, other methods
26500	637	45	Tendon pulley reconstruction; with local tissues (separate procedure)
26502	809	45	with tendon or fascial graft (includes obtaining graft) (separate procedure)
26504	809	45	with tendon prosthesis (separate procedure)
26508	809	45	Thenar muscle release for thumb contracture
26510	809	45	Cross intrinsic transfer
26516	759	45	Capsulodesis for M-P joint stabilization; single digit
26517	910	45	two digits
26518	1,133	60	three or four digits
26520	759	45	Capsulectomy or capsulotomy for contracture; metacarpophalangeal joint, single, each
26525	708	45	interphalangeal joint, single, each
26530	809	45	Arthroplasty, metacarpophalangeal joint; single, each
26531	1,012	60	with prosthetic implant, single, each
26535	809	45	Arthroplasty interphalangeal joint; single, each
26536	1,012	60	with prosthetic implant, single, each
26540	1,062	60	Primary repair of collateral ligament, metacarpophalangeal joint;
26541	1,163	60	with tendon or fascial graft (includes obtaining graft)
26542	1,012	60	with local tissue (eg, adductor advancement)
26545	759	45	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26548	809	45	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	2,225	90	Pollicization of a digit
26552	2,832	90	Reconstruction thumb with toe
26555	1,214	60	Positional change of other finger
26557	809	45	Toe to finger transfer; first stage
26558	506	45	each delay
26559	1,012	60	second stage
26560	1,012	60	Repair of syndactyly (web finger) each web space; with skin flaps
26561	1,436	60	with skin flaps and grafts
26562	1,618	90	complex (eg, involving bone, nails)
26565	860	45	Osteotomy for correction of deformity; metacarpal
26567	708	45	phalanx of finger
26568	931	45	Osteoplasty for lengthening of metacarpal or phalanx
26580	2,023	90	Repair cleft hand
26585	1,517	90	Repair bifid digit
26587	657	45	Reconstruction of supernumerary digit, soft tissue and bone
26590	809	45	Repair macrodactylia
26591	708	45	Repair, intrinsic muscles of hand (specify)
26593	607	45	Release, intrinsic muscles of hand (specify)
26596	1,214	60	Excision of constricting ring of finger, with multiple Z-plasties
26597	1,315	60	Release of scar contracture, flexor or extensor, with skin grafts, rearrangement flaps, or Z-plasties, hand and/or finger

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
26600	152	30	Closed treatment of metacarpal fracture, single; without manipulation, each bone

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CPT	MAR$	FUD	
26605	253	30	with manipulation, each bone
26607	506	45	Closed treatment of metacarpal fracture, with manipulation, with internal or external fixation, each bone
26608	749	45	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	708	45	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone
26641	202	30	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	405	30	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	759	45	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation
26665	1,062	60	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation
26670	152	30	Closed treatment of carpometacarpal dislocation, other than thumb (Bennett fracture), single, with manipulation; without anesthesia
26675	253	30	requiring anesthesia
26676	253	30	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb (Bennett fracture), single, with manipulation
26685	607	45	Open treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single, with or without internal or external fixation
26686	809	45	complex, multiple or delayed reduction
26700	192	30	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	223	30	requiring anesthesia
26706	405	30	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	708	45	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation
26720	152	30	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	212	30	with manipulation, with or without skin or skeletal traction, each
26727	324	30	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	607	45	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each
26740	253	30	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	354	30	with manipulation, each
26746	607	45	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each
26750	81	30	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	101	30	with manipulation, each
26756	162	30	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	405	30	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each
26770	101	30	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	152	30	requiring anesthesia
26776	162	30	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	303	30	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single

ARTHRODESIS

CPT	MAR$	FUD	
26820	1,194	60	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)

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CPT	MAR$	FUD	
26841	809	45	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	1,022	60	with autograft (includes obtaining graft)
26843	809	45	Arthrodesis, carpometacarpal joint, digits, other than thumb;
26844	1,022	60	with autograft (includes obtaining graft)
26850	779	45	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	910	45	with autograft (includes obtaining graft)
26860	587	45	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	202	30	each additional interphalangeal joint
26862	779	45	with autograft (includes obtaining graft)
26863	303	30	with autograft (includes obtaining graft), each additional joint

AMPUTATION

CPT	MAR$	FUD	
26910	809	45	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	556	45	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	708	45	with local advancement flaps (V-Y, hood)

OTHER PROCEDURES

CPT	MAR$	FUD	
26989	DOP	-	Unlisted procedure, hands or fingers

PELVIS AND HIP JOINT

INCISION

CPT	MAR$	FUD	
26990	405	30	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	111	30	infected bursa
26992	506	45	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), pelvis and/or hip joint
27000	202	30	Tenotomy, adductor of hip, subcutaneous, closed (separate procedure)
27001	303	30	Tenotomy, adductor of hip, subcutaneous, open
27003	708	45	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	607	45	Tenotomy, iliopsoas, open (separate procedure)
27006	708	45	Tenotomy, abductors of hip, open (separate procedure)
27025	1,022	60	Fasciotomy, hip or thigh, any type
27030	1,416	60	Arthrotomy, hip, for infection, with drainage
27033	1,426	60	Arthrotomy, hip, with exploration or removal of loose or foreign body
27035	1,740	90	Hip joint denervation, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral or obturator nerves

EXCISION

CPT	MAR$	FUD	
27040	121	30	Biopsy, soft tissue of pelvis and hip area; superficial
27041	243	30	deep
27047	303	30	Excision, tumor, pelvis and hip area; subcutaneous
27048	506	45	deep, subfascial, intramuscular
27049	1,517	90	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area
27050	607	45	Arthrotomy, with biopsy; sacroiliac joint
27052	1,366	60	hip joint
27054	2,043	90	Arthrotomy with synovectomy, hip joint
27060	556	45	Excision; ischial bursa
27062	405	30	trochanteric bursa or calcification
27065	506	45	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066	961	45	deep, with or without autograft
27067	1,214	60	with autograft requiring separate incision
27070	607	45	Partial excision (craterization, saucerization) (eg, for osteomyelitis); superficial (eg, wing of ilium, symphysis pubis or greater trochanter of femur)

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CPT	MAR$	FUD	
27071	1,214	60	deep
27075	1,821	90	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis
27076	3,237	90	ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	4,552	90	innominate bone, total
27078	1,214	60	ischial tuberosity and greater trochanter of femur
27079	1,416	60	ischial tuberosity and greater trochanter of femur, with skin flaps

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
27080	607	45	Coccygectomy, primary
27086*	121	0	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	233	30	deep
27090	1,416	60	Removal of hip prosthesis; (separate procedure)
27091	4,046	90	complicated, including "total hip" and methylmethacrylate, when applicable
27093	131	30	Injection procedure for hip arthrography; without anesthesia
27095	405	30	with anesthesia

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
27097	607	45	Hamstring recession, proximal
27098	1,214	60	Adductor transfer to ischium
27100	1,467	60	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	1,568	90	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	1,871	90	Transfer iliopsoas; to greater trochanter
27111	1,922	90	to femoral neck
27120	2,428	90	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	2,529	90	resection femoral head (Girdlestone procedure)
27125	2,731	90	Partial hip replacement, prosthesis (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	3,287	90	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), with or without autograft or allograft
27132	3,641	90	Conversion of previous hip surgery to total hip replacement, with or without autograft or allograft
27134	3,844	90	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	3,237	90	acetabular component only, with or without autograft or allograft
27138	3,237	90	femoral component only, with or without allograft
27140	1,234	60	Osteotomy and transfer of greater trochanter (separate procedure)
27146	2,326	90	Osteotomy, iliac, acetabular or innominate bone;
27147	2,630	90	with open reduction of hip
27151	2,630	90	with femoral osteotomy
27156	2,933	90	with femoral osteotomy and with open reduction of hip
27158	2,326	90	Osteotomy, pelvis, bilateral (eg, for congenital malformation)
27161	1,821	90	Osteotomy, femoral neck (separate procedure)
27165	2,347	90	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	2,458	90	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27175	1,113	60	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	2,175	90	by single or multiple pinning, in situ
27177	2,276	90	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	2,306	90	closed manipulation with single or multiple pinning
27179	1,669	90	osteoplasty of femoral neck (Heyman type procedure)
27181	2,448	90	osteotomy and internal fixation
27185	556	45	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter

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CPT	MAR$	FUD	
27187	3,540	90	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
27193	738	45	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194	840	45	with manipulation, requiring more than local anesthesia
27200	162	30	Closed treatment of coccygeal fracture
27202	303	30	Open treatment of coccygeal fracture
27215	1,366	60	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
27216	3,166	90	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)
27217	2,529	90	Open treatment of anterior ring fracture and/or dislocation with internal fixation, (includes pubic symphysis and/or rami)
27218	3,621	90	Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and/or sacrum)
27220	303	30	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222	809	45	with manipulation, with or without skeletal traction
27226	2,741	90	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	5,270	90	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228	8,426	90	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, with internal fixation
27230	202	30	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232	1,012	60	with manipulation, with or without skeletal traction
27235	2,124	90	Percutaneous skeletal fixation of femoral fracture, proximal end, neck, undisplaced, mildly displaced, or impacted fracture
27236	2,731	90	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (direct fracture exposure)
27238	202	30	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation
27240	1,113	60	with manipulation, with or without skin or skeletal traction
27244	1,993	90	Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	2,589	90	with intramedullary implant, with or without interlocking screws and/or cerclage
27246	202	30	Closed treatment of greater trochanteric fracture, without manipulation
27248	718	45	Open treatment of greater trochanteric fracture, with or without internal or external fixation
27250	354	30	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	486	30	requiring anesthesia
27253	1,720	90	Open treatment of hip dislocation, traumatic, without internal fixation
27254	2,529	90	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256*	688	0	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257*	1,214	0	with manipulation, requiring anesthesia
27258	1,821	90	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);

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CPT	MAR$	FUD	
27259	1,922	90	with femoral shaft shortening
27265	405	30	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	556	45	requiring regional or general anesthesia

MANIPULATION

CPT	MAR$	FUD	
27275*	303	0	Manipulation, hip joint, requiring general anesthesia

ARTHRODESIS

CPT	MAR$	FUD	
27280	1,416	60	Arthrodesis, sacroiliac joint (including obtaining graft)
27282	1,821	90	Arthrodesis, symphysis pubis (including obtaining graft)
27284	2,731	90	Arthrodesis, hip joint (includes obtaining graft);
27286	3,035	90	with subtrochanteric osteotomy

AMPUTATION

CPT	MAR$	FUD	
27290	4,046	90	Interpelviabdominal amputation (hindquarter amputation)
27295	2,731	90	Disarticulation of hip

OTHER PROCEDURES

CPT	MAR$	FUD	
27299	DOP	-	Unlisted procedure, pelvis or hip joint

FEMUR (THIGH REGION) AND KNEE JOINT

INCISION

CPT	MAR$	FUD	
27301	303	30	Incision and drainage of deep abscess, infected bursa, or hematoma, thigh or knee region
27303	556	45	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), femur or knee
27305	607	45	Fasciotomy, iliotibial (tenotomy), open
27306	243	30	Tenotomy, subcutaneous, closed, adductor or hamstring, (separate procedure); single
27307	303	30	multiple
27310	1,264	60	Arthrotomy, knee, for infection, with exploration, drainage or removal of foreign body
27315	1,113	60	Neurectomy, hamstring muscle
27320	1,113	60	Neurectomy, popliteal (gastrocnemius)

EXCISION

CPT	MAR$	FUD	
27323	121	30	Biopsy, soft tissue of thigh or knee area; superficial
27324	243	30	deep
27327	303	30	Excision, tumor, thigh or knee area; subcutaneous
27328	506	45	deep, subfascial, or intramuscular
27329	1,416	60	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330	1,264	60	Arthrotomy, knee; with synovial biopsy only
27331	1,366	60	with joint exploration, with or without biopsy, with or without removal of loose or foreign bodies
27332	1,618	90	Arthrotomy, knee, with excision of semilunar cartilage (meniscectomy); medial OR lateral
27333	1,629	90	medial AND lateral
27334	1,821	90	Arthrotomy, knee, with synovectomy; anterior OR posterior
27335	1,922	90	anterior AND posterior including popliteal area
27340	809	45	Excision, prepatellar bursa
27345	910	45	Excision of synovial cyst of popliteal space (Baker's cyst)
27350	1,214	60	Patellectomy or hemipatellectomy
27355	1,113	60	Excision or curettage of bone cyst or benign tumor of femur;
27356	1,416	60	with allograft
27357	1,517	90	with autograft (includes obtaining graft)
27358	1,618	0	with internal fixation (list in addition to 27355, 27356, or 27357)
27360	1,214	60	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis), femur, proximal tibia and/or fibula
27365	1,821	90	Radical resection of tumor, bone, femur or knee

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
27370	71	30	Injection procedure for knee arthrography

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CPT	MAR$	FUD	
27372	526	45	Removal of foreign body, deep, thigh region or knee area

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
27380	1,113	60	Suture of infrapatellar tendon; primary
27381	1,315	60	secondary reconstruction, including fascial or tendon graft
27385	1,325	60	Suture of quadriceps or hamstring muscle rupture; primary
27386	1,618	90	secondary reconstruction, including fascial or tendon graft
27390	607	45	Tenotomy, open, hamstring, knee to hip; single
27391	809	45	multiple, one leg
27392	1,214	60	multiple, bilateral
27393	708	45	Lengthening of hamstring tendon; single
27394	910	45	multiple, one leg
27395	1,315	60	multiple, bilateral
27396	1,639	90	Transplant, hamstring tendon to patella; single
27397	1,811	90	multiple
27400	1,517	90	Tendon or muscle transfer, hamstrings to femur (Eggers type procedure)
27403	1,720	90	Arthrotomy with open meniscus repair
27405	1,416	60	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	1,720	90	cruciate
27409	2,023	90	collateral and cruciate ligaments
27418	2,124	90	Anterior tibial tubercleplasty (eg, for chondromalacia patellae)
27420	1,568	90	Reconstruction for recurrent dislocating patella; (Hauser type procedure)
27422	1,568	90	with extensor realignment and/or muscle advancement or release (Campbell, Goldwaite type procedure)
27424	1,669	90	with patellectomy
27425	1,618	90	Lateral retinacular release (any method)
27427	1,922	90	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	2,731	90	intra-articular (open)
27429	3,035	90	intra-articular (open) and extra-articular
27430	1,568	90	Quadricepsplasty (Bennett or Thompson type)
27435	1,457	60	Capsulotomy, knee, posterior capsular release
27437	1,517	90	Arthroplasty, patella; without prosthesis
27438	2,023	90	with prosthesis
27440	2,124	90	Arthroplasty, knee, tibial plateau;
27441	2,225	90	with debridement and partial synovectomy
27442	2,326	90	Arthroplasty, knee, femoral condyles or tibial plateaus;
27443	2,225	90	with debridement and partial synovectomy
27445	3,035	90	Arthroplasty, knee, constrained prosthesis (eg, Walldius type)
27446	2,832	90	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	3,844	90	medial AND lateral compartments with or without patella resurfacing ("total knee replacement")
27448	1,871	90	Osteotomy, femur, shaft or supracondylar; without fixation
27450	2,124	90	with fixation
27454	2,074	90	Osteotomy, multiple, femoral shaft, with realignment on intramedullary rod (Sofield type procedure)
27455	1,315	60	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure
27457	1,568	90	after epiphyseal closure
27465	2,074	90	Osteoplasty, femur; shortening (excluding 64876)
27466	2,680	90	lengthening
27468	3,894	90	combined, lengthening and shortening with femoral segment transfer

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CPT	MAR$	FUD	
27470	2,074	90	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	2,326	90	with iliac or other autogenous bone graft (includes obtaining graft)
27475	1,426	60	Epiphyseal arrest by epiphysiodesis or stapling; distal femur
27477	1,629	90	tibia and fibula, proximal
27479	2,074	90	combined distal femur, proximal tibia and fibula
27485	1,123	60	Arrest, hemiepiphyseal, distal femur or proximal leg (eg, for genu varus or valgus)
27486	DOP	-	Revision of total knee arthroplasty, with or without allograft; one component
27487	4,552	90	all components
27488	1,264	60	Removal of knee prosthesis, including "total knee," methylmethacrylate and insertion of spacer, when applicable
27495	1,416	60	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur
27496	728	45	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
27497	1,285	60	with debridement of nonviable muscle and/or nerve
27498	1,467	60	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	2,013	90	with debridement of nonviable muscle and/or nerve

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
27500	819	45	Closed treatment of femoral shaft fracture, without manipulation
27501	819	45	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	759	45	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	1,295	60	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27506	2,326	90	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507	1,881	90	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	607	45	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	991	45	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
27510	850	45	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511	1,831	90	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation
27513	2,458	90	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation
27514	2,023	90	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation
27516	708	45	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	951	45	with manipulation, with or without skin or skeletal traction
27519	2,326	90	Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation
27520	263	30	Closed treatment of patellar fracture, without manipulation
27524	1,214	60	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530	303	30	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	526	45	with or without manipulation, with skeletal traction

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CPT	MAR$	FUD	
27535	1,285	60	Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation
27536	1,851	90	bicondylar, with or without internal fixation
27538	657	45	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540	1,446	60	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation
27550	233	30	Closed treatment of knee dislocation; without anesthesia
27552	334	30	requiring anesthesia
27556	1,568	90	Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation/reconstruction
27557	1,720	90	with primary ligamentous repair
27558	DOP	-	with primary ligamentous repair, with augmentation/reconstruction
27560	233	30	Closed treatment of patellar dislocation; without anesthesia
27562	354	30	requiring anesthesia
27566	1,224	60	Open treatment of patellar dislocation, with or without partial or total patellectomy

MANIPULATION

CPT	MAR$	FUD	
27570*	303	0	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)

ARTHRODESIS

CPT	MAR$	FUD	
27580	2,124	90	Fusion of knee, any technique

AMPUTATION

CPT	MAR$	FUD	
27590	1,467	60	Amputation, thigh, through femur, any level;
27591	1,517	90	immediate fitting technique including first cast
27592	1,618	90	open, circular (guillotine)
27594	506	45	secondary closure or scar revision
27596	1,416	60	re-amputation
27598	1,416	60	Disarticulation at knee

OTHER PROCEDURES

CPT	MAR$	FUD	
27599	DOP	-	Unlisted procedure, femur or knee

LEG (TIBIA AND FIBULA) AND ANKLE JOINT

INCISION

CPT	MAR$	FUD	
27600	607	45	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	809	45	posterior compartment(s) only
27602	1,113	60	anterior and/or lateral, and posterior compartment(s)
27603	506	45	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	111	30	infected bursa
27605*	253	0	Tenotomy, Achilles tendon, subcutaneous (separate procedure); local anesthesia
27606	303	30	general anesthesia
27607	405	30	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), leg or ankle
27610	920	45	Arthrotomy, ankle, for infection, with exploration, drainage or removal of foreign body
27612	1,012	60	Arthrotomy, ankle, posterior capsular release, with or without Achilles tendon lengthening

EXCISION

CPT	MAR$	FUD	
27613	303	30	Biopsy, soft tissue of leg or ankle area; superficial
27614	506	45	deep
27615	1,264	60	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27618	303	30	Excision, tumor, leg or ankle area; subcutaneous
27619	506	45	deep, subfascial or intramuscular
27620	920	45	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	1,214	60	Arthrotomy, ankle, with synovectomy;
27626	1,315	60	including tenosynovectomy

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CPT	MAR$	FUD	
27630	405	30	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	1,062	60	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	1,315	60	with autograft (includes obtaining graft)
27638	1,315	60	with allograft
27640	1,214	60	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or exostosis); tibia
27641	1,214	60	fibula
27645	1,922	90	Radical resection of tumor, bone; tibia
27646	1,315	60	fibula
27647	1,821	90	talus or calcaneus

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
27648	131	30	Injection procedure for ankle arthrography

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
27650	1,113	60	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	1,416	60	with graft (includes obtaining graft)
27654	1,618	90	Repair, secondary, ruptured Achilles tendon, with or without graft
27656	607	45	Repair, fascial defect of leg
27658	657	45	Repair or suture of flexor tendon of leg; primary, without graft, single, each
27659	809	45	secondary with or without graft, single tendon, each
27664	435	30	Repair or suture of extensor tendon of leg; primary, without graft, single, each
27665	607	45	secondary with or without graft, single tendon, each
27675	556	45	Repair for dislocating peroneal tendons; without fibular osteotomy
27676	657	45	with fibular osteotomy
27680	506	45	Tenolysis, including tibia, fibula and ankle flexor; single
27681	607	45	multiple (through same incision), each
27685	718	45	Lengthening or shortening of tendon, leg or ankle; single (separate procedure)
27686	809	45	multiple (through same incision), each
27687	769	45	Gastrocnemius recession (eg, Strayer procedure)
27690	809	45	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	1,012	60	anterior tibial or posterior tibial through interosseous space
27692	202	30	each additional tendon
27695	1,012	60	Suture, primary, torn, ruptured or severed ligament, ankle; collateral
27696	1,416	60	both collateral ligaments
27698	1,568	90	Suture, secondary repair, torn, ruptured or severed ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	2,023	90	Arthroplasty, ankle;
27702	3,136	90	with implant ("total ankle")
27703	2,984	90	secondary reconstruction, total ankle
27704	1,113	60	Removal of ankle implant
27705	1,264	60	Osteotomy; tibia
27707	708	45	fibula
27709	1,517	90	tibia and fibula
27712	1,841	90	multiple, with realignment on intramedullary rod (Sofield type procedure)
27715	2,478	90	Osteoplasty, tibia and fibula, lengthening
27720	1,821	90	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	1,972	90	with sliding graft
27724	2,124	90	with iliac or other autograft (includes obtaining graft)
27725	2,832	90	by synostosis, with fibula, any method
27727	2,225	90	Repair of congenital pseudarthrosis, tibia

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CPT	MAR$	FUD	
27730	1,163	60	Epiphyseal arrest by epiphysiodesis or stapling; distal tibia
27732	627	45	distal fibula
27734	1,376	60	distal tibia and fibula
27740	1,871	90	Epiphyseal arrest by epiphysiodesis or stapling, combined, proximal and distal tibia and fibula;
27742	2,276	90	and distal femur
27745	1,537	90	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
27750	566	45	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	708	45	with manipulation, with or without skeletal traction
27756	860	45	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	1,285	60	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage
27759	1,285	60	Open treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	273	30	Closed treatment of medial malleolus fracture; without manipulation
27762	354	30	with manipulation, with or without skin or skeletal traction
27766	951	45	Open treatment of medial malleolus fracture, with or without internal or external fixation
27780	202	30	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	303	30	with manipulation
27784	840	45	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation
27786	303	30	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	405	30	with manipulation
27792	910	45	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation
27808	303	30	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27810	506	45	with manipulation
27814	1,264	60	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation
27816	303	30	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	657	45	with manipulation
27822	1,467	60	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip
27823	1,578	90	with fixation of posterior lip
27824	394	30	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	789	45	with skeletal traction and/or requiring manipulation
27826	1,183	60	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
27827	1,892	90	of tibia only
27828	2,195	90	of both tibia and fibula
27829	708	45	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation
27830	253	30	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	303	30	requiring anesthesia
27832	819	45	Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula
27840	182	30	Closed treatment of ankle dislocation; without anesthesia
27842	273	30	requiring anesthesia, with or without percutaneous skeletal fixation

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CPT	MAR$	FUD	
27846	1,113	60	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	1,234	60	with repair or internal or external fixation

MANIPULATION

CPT	MAR$	FUD	
27860*	142	0	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)

ARTHRODESIS

CPT	MAR$	FUD	
27870	1,760	90	Arthrodesis, ankle, any method
27871	455	30	Arthrodesis, tibiofibular joint, proximal or distal

AMPUTATION

CPT	MAR$	FUD	
27880	1,467	60	Amputation, leg, through tibia and fibula;
27881	1,618	90	with immediate fitting technique including application of first cast
27882	1,062	60	open, circular (guillotine)
27884	506	45	secondary closure or scar revision
27886	1,517	90	re-amputation
27888	1,163	60	Amputation, ankle, through malleoli of tibia and fibula (Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	1,163	60	Ankle disarticulation

OTHER PROCEDURES

CPT	MAR$	FUD	
27892	1,285	60	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	1,285	60	posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	2,013	90	anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
27899	DOP	-	Unlisted procedure, leg or ankle

FOOT AND TOES

INCISION

CPT	MAR$	FUD	
28001*	101	0	Incision and drainage, infected bursa, foot
28002*	182	0	Deep dissection below fascia, for deep infection of foot, with or without tendon sheath involvement; single bursal space, specify
28003	202	30	multiple areas
28005	506	45	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), foot
28008	324	30	Fasciotomy, foot and/or toe
28010	101	30	Tenotomy, subcutaneous, toe; single
28011	152	30	multiple
28020	627	45	Arthrotomy, with exploration, drainage or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	405	30	metatarsophalangeal joint
28024	303	30	interphalangeal joint
28030	1,214	60	Neurectomy of intrinsic musculature of foot
28035	1,012	60	Tarsal tunnel release (posterior tibial nerve decompression)

EXCISION

CPT	MAR$	FUD	
28043	303	30	Excision, tumor, foot; subcutaneous
28045	506	45	deep, subfascial, intramuscular
28046	1,214	60	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	627	45	Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint
28052	405	30	metatarsophalangeal joint
28054	303	30	interphalangeal joint
28060	556	45	Fasciectomy, excision of plantar fascia; partial (separate procedure)
28062	1,163	60	radical (separate procedure)
28070	627	45	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	405	30	metatarsophalangeal joint, each
28080	455	30	Excision of interdigital (Morton) neuroma, single, each
28086	1,012	60	Synovectomy, tendon sheath, foot; flexor
28088	657	45	extensor

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CPT	MAR$	FUD	
28090	405	30	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot
28092	253	30	toes
28100	627	45	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	708	45	with iliac or other autograft (includes obtaining graft)
28103	607	45	with allograft
28104	496	30	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal bones, except talus or calcaneus;
28106	607	45	with iliac or other autograft (includes obtaining graft)
28107	506	45	with allograft
28108	405	30	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	303	30	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	455	30	Ostectomy, complete excision; first metatarsal head
28112	405	30	other metatarsal head (second, third or fourth)
28113	506	45	fifth metatarsal head
28114	1,214	60	all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)
28116	708	45	Ostectomy, excision of tarsal coalition
28118	708	45	Ostectomy, calcaneus;
28119	506	45	for spur, with or without plantar fascial release
28120	607	45	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (eg, for osteomyelitis or talar bossing), talus or calcaneus
28122	486	30	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus
28124	364	30	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis or dorsal bossing), phalanx of toe
28126	354	30	Resection, partial or complete, phalangeal base, single toe, each
28130	1,012	60	Talectomy (astragalectomy)
28140	607	45	Metatarsectomy
28150	354	30	Phalangectomy of toe, single, each
28153	405	30	Resection, head of phalanx, toe
28160	405	30	Hemiphalangectomy or interphalangeal joint excision, toe, single, each
28171	1,012	60	Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	1,012	60	metatarsal
28175	657	45	phalanx of toe

INTRODUCTION OR REMOVAL

CPT	MAR$	FUD	
28190*	131	0	Removal of foreign body, foot; subcutaneous
28192	303	30	deep
28193	455	30	complicated

REPAIR, REVISION, AND/OR RECONSTRUCTION

CPT	MAR$	FUD	
28200	607	45	Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon
28202	809	45	secondary with free graft, each tendon (includes obtaining graft)
28208	303	30	Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon
28210	445	30	secondary with free graft, each tendon (includes obtaining graft)
28220	506	45	Tenolysis, flexor, foot; single
28222	607	45	multiple (through same incision)
28225	283	30	Tenolysis, extensor, foot; single
28226	364	30	multiple (through same incision)
28230	303	30	Tenotomy, open, flexor; foot, single or multiple (separate procedure)
28232	142	30	toe, single (separate procedure)
28234	101	30	Tenotomy, open, extensor, foot or toe
28236	657	45	Transfer of tendon, anterior tibial into tarsal bone

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CPT	MAR$	FUD	
28238	698	45	Advancement of posterior tibial tendon with excision of accessory navicular bone (kidner type procedure)
28240	364	30	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	607	45	Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)
28260	951	45	Capsulotomy, midfoot; medial release only (separate procedure)
28261	1,082	60	with tendon lengthening
28262	2,023	90	extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity
28264	1,224	60	Capsulotomy, midtarsal (Heyman type procedure)
28270	243	30	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, single, each joint (separate procedure)
28272	172	30	interphalangeal joint, single, each joint (separate procedure)
28280	344	30	Webbing operation (create syndactylism of toes)(Kelikian type procedure)
28285	486	30	Hammertoe operation, one toe (eg, interphalangeal fusion, filleting, phalangectomy)
28286	486	30	Cock-up fifth toe operation with plastic skin closure (Ruiz-Mora type procedure)
28288	486	30	Ostectomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head
28290	657	45	Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)
28292	769	45	Keller, McBride or Mayo type procedure
28293	860	45	resection of joint with implant
28294	961	45	with tendon transplants (Joplin type procedure)
28296	1,264	60	with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	961	45	lapidus type procedure
28298	708	45	by phalanx osteotomy
28299	1,264	60	by other methods (eg, double osteotomy)
28300	971	45	Osteotomy; calcaneus (Dwyer or Chambers type procedure), with or without internal fixation
28302	910	45	talus
28304	819	45	Osteotomy, midtarsal bones, other than calcaneus or talus;
28305	1,012	60	with autograft (includes obtaining graft) (Fowler type)
28306	728	45	Osteotomy, metatarsal, base or shaft, single, with or without lengthening, for shortening or angular correction; first metatarsal
28307	829	45	first metatarsal with autograft
28308	566	45	other than first metatarsal
28309	708	45	Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)
28310	314	30	Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	202	30	other phalanges, any toe
28313	425	30	Reconstruction, angular deformity of toe (overlapping second toe, fifth toe, curly toes), soft tissue procedures only
28315	405	30	Sesamoidectomy, first toe (separate procedure)
28320	809	45	Repair of nonunion or malunion; tarsal bones (eg, calcaneus, talus)
28322	496	30	metatarsal, with or without bone graft (includes obtaining graft)
28340	1,012	60	Reconstruction, toe, macrodactyly; soft tissue resection
28341	1,214	60	requiring bone resection
28344	607	45	Reconstruction, toe(s); polydactyly
28345	809	45	syndactyly, with or without skin graft(s), each web
28360	DOP	-	Reconstruction, cleft foot

FRACTURE AND/OR DISLOCATION

CPT	MAR$	FUD	
28400	263	30	Closed treatment of calcaneal fracture; without manipulation
28405	405	30	with manipulation

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CPT	MAR$	FUD	
28406	556	45	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	1,032	60	Open treatment of calcaneal fracture, with or without internal or external fixation;
28420	1,416	60	with primary iliac or other autogenous bone graft (includes obtaining graft)
28430	273	30	Closed treatment of talus fracture; without manipulation
28435	374	30	with manipulation
28436	445	30	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	1,032	60	Open treatment of talus fracture, with or without internal or external fixation
28450	263	30	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	324	30	with manipulation, each
28456	394	30	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	617	45	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
28470	223	30	Closed treatment of metatarsal fracture; without manipulation, each
28475	253	30	with manipulation, each
28476	324	30	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	617	45	Open treatment of metatarsal fracture, with or without internal or external fixation, each
28490	101	30	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	111	30	with manipulation
28496	182	30	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	425	30	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28510	71	30	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	111	30	with manipulation, each
28525	334	30	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28530	202	30	Closed treatment of sesamoid fracture
28531	293	30	Open treatment of sesamoid fracture, with or without internal fixation
28540	303	30	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	455	30	requiring anesthesia
28546	556	45	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	860	45	Open treatment of tarsal bone dislocation, with or without internal or external fixation
28570	243	30	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	394	30	requiring anesthesia
28576	546	45	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	1,012	60	Open treatment of talotarsal joint dislocation, with or without internal or external fixation
28600	202	30	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	263	30	requiring anesthesia
28606	364	30	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	627	45	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation
28630*	182	0	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635*	283	0	requiring anesthesia
28636	394	30	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	425	30	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation

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CPT	MAR$	FUD	
28660*	121	0	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665*	223	0	requiring anesthesia
28666	374	30	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	425	30	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation

ARTHRODESIS

CPT	MAR$	FUD	
28705	1,821	90	Pantalar arthrodesis
28715	1,517	90	Triple arthrodesis
28725	1,214	60	Subtalar arthrodesis
28730	1,113	60	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	1,416	60	with osteotomy as for flatfoot correction
28737	1,214	60	Arthrodesis, midtarsal navicular-cuneiform, with tendon lengthening and advancement (Miller type procedure)
28740	910	45	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	718	45	Arthrodesis, great toe; metatarsophalangeal joint
28755	486	30	interphalangeal joint
28760	627	45	Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure)

AMPUTATION

CPT	MAR$	FUD	
28800	1,062	60	Amputation, foot; midtarsal (Chopart type procedure)
28805	1,062	60	transmetatarsal
28810	587	45	Amputation, metatarsal, with toe, single
28820	314	30	Amputation, toe; metatarsophalangeal joint
28825	243	30	interphalangeal joint

OTHER PROCEDURES

CPT	MAR$	FUD	
28899	DOP	-	Unlisted procedure, foot or toes

APPLICATION OF CASTS AND STRAPPING

BODY AND UPPER EXTREMITY

CASTS

CPT	MAR$	FUD	
29000	506	45	Application of halo type body cast (see 20661-20663 for insertion)
29010	324	30	Application of Risser jacket, localizer, body; only
29015	394	30	including head
29020	324	30	Application of turnbuckle jacket, body; only
29025	394	30	including head
29035	182	30	Application of body cast, shoulder to hips;
29040	283	30	including head, Minerva type
29044	223	30	including one thigh
29046	243	30	including both thighs
29049	131	30	Application; plaster figure-of-eight
29055	202	30	shoulder spica
29058	131	30	plaster Velpeau
29065	81	30	shoulder to hand (long arm)
29075	61	30	elbow to finger (short arm)
29085	61	30	hand and lower forearm (gauntlet)

SPLINTS

CPT	MAR$	FUD	
29105	61	30	Application of long arm splint (shoulder to hand)
29125	51	30	Application of short arm splint (forearm to hand); static
29126	131	30	dynamic
29130	51	30	Application of finger splint; static
29131	131	30	dynamic

STRAPPING-ANY AGE

CPT	MAR$	FUD	
29200	40	30	Strapping; thorax
29220	51	30	low back
29240	61	30	shoulder (eg, Velpeau)
29260	30	30	elbow or wrist
29280	30	30	hand or finger

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LOWER EXTREMITY

CASTS

CPT	MAR$	FUD	
29305	202	30	Application of hip spica cast; one leg
29325	223	30	one and one-half spica or both legs
29345	111	30	Application of long leg cast (thigh to toes);
29355	131	30	walker or ambulatory type
29358	101	30	Application of long leg cast brace
29365	101	30	Application of cylinder cast (thigh to ankle)
29405	81	30	Application of short leg cast (below knee to toes);
29425	101	30	walking or ambulatory type
29435	152	30	Application of patellar tendon bearing (PTB) cast
29440	30	30	Adding walker to previously applied cast
29445	162	30	Application of rigid total contact leg cast
29450	40	30	Application of clubfoot cast with molding or manipulation, long or short leg

SPLINTS

CPT	MAR$	FUD	
29505	71	30	Application of long leg splint (thigh to ankle or toes)
29515	61	30	Application of short leg splint (calf to foot)

STRAPPING-ANY AGE

CPT	MAR$	FUD	
29520	51	30	Strapping; hip
29530	40	30	knee
29540	30	30	ankle
29550	30	30	toes
29580	51	30	Unna boot
29590	131	30	Denis-Browne splint strapping

REMOVAL OR REPAIR

CPT	MAR$	FUD	
29700	40	30	Removal or bivalving; gauntlet, boot or body cast
29705	40	30	full arm or full leg cast
29710	61	30	shoulder or hip spica, Minerva, or Risser jacket, etc.
29715	71	30	turnbuckle jacket
29720	30	30	Repair of spica, body cast or jacket
29730	30	30	Windowing of cast
29740	30	30	Wedging of cast (except clubfoot casts)
29750	30	30	Wedging of clubfoot cast

OTHER PROCEDURES

CPT	MAR$	FUD	
29799	DOP	-	Unlisted procedure, casting or strapping

ARTHROSCOPY

CPT	MAR$	FUD	
29800	657	45	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	1,315	60	Arthroscopy, temporomandibular joint, surgical
29815	506	45	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29819	1,214	60	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	1,315	60	synovectomy, partial
29821	1,618	90	synovectomy, complete
29822	1,517	90	debridement, limited
29823	1,568	90	debridement, extensive
29825	708	45	with lysis and resection of adhesions, with or without manipulation
29826	1,416	60	decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29830	506	45	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	1,012	60	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	1,214	60	synovectomy, partial
29836	1,618	90	synovectomy, complete
29837	1,012	60	debridement, limited
29838	1,062	60	debridement, extensive
29840	728	45	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)

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CPT	MAR$	FUD	
29843	759	45	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	769	45	synovectomy, partial
29845	910	45	synovectomy, complete
29846	991	45	excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	991	45	internal fixation for fracture or instability
29848	860	45	with release of transverse carpal ligament
29850	1,163	60	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)
29851	1,811	90	with internal or external fixation (includes arthroscopy)
29855	1,285	60	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)
29856	1,386	60	bicondylar, with or without internal or external fixation (includes arthroscopy)
29870	688	45	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	759	45	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	1,012	60	for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	1,416	60	synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	1,618	90	synovectomy, major, two or more compartments (eg, medial or lateral)
29877	1,416	60	debridement/shaving of articular cartilage (chondroplasty)
29879	1,416	60	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling
29880	1,831	90	with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	1,416	60	with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	1,770	90	with meniscus repair (medial OR lateral)
29883	2,124	90	with meniscus repair (medial AND lateral)
29884	1,618	90	with lysis of adhesions, with or without manipulation (separate procedure)
29885	1,618	90	drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	1,618	90	drilling for intact osteochondritis dissecans lesion
29887	1,770	90	drilling for intact osteochondritis dissecans lesion with internal fixation
29888	3,136	90	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	3,136	90	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29894	910	45	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	910	45	synovectomy, partial
29897	910	45	debridement, limited
29898	1,012	60	debridement, extensive
29909	DOP	-	Unlisted procedure, arthroscopy

RESPIRATORY SYSTEM

NOSE

INCISION

CPT	MAR$	FUD	
30000*	131	0	Drainage abscess or hematoma, nasal, internal approach
30020*	142	0	Drainage abscess or hematoma, nasal septum

EXCISION

CPT	MAR$	FUD	
30100	71	30	Biopsy, intranasal
30110	243	30	Excision, nasal polyp(s), simple

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CPT	MAR$	FUD	
30115	516	45	Excision, nasal polyp(s), extensive
30117	202	30	Excision or destruction, any method (including laser), intranasal lesion; internal approach
30118	759	45	external approach (lateral rhinotomy)
30120	910	45	Excision or surgical planing of skin of nose for rhinophyma
30124	172	30	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	860	45	complex, under bone or cartilage
30130	202	30	Excision turbinate, partial or complete
30140	577	45	Submucous resection turbinate, partial or complete
30150	627	45	Rhinectomy; partial
30160	1,406	60	total

INTRODUCTION

CPT	MAR$	FUD	
30200*	61	0	Injection into turbinate(s), therapeutic
30210*	111	0	Displacement therapy (Proetz type)
30220	101	30	Insertion, nasal septal prosthesis (button)

REMOVAL OF FOREIGN BODY

CPT	MAR$	FUD	
30300*	101	0	Removal foreign body, intranasal; office type procedure
30310	263	30	requiring general anesthesia
30320	627	45	by lateral rhinotomy

REPAIR

CPT	MAR$	FUD	
30400	1,588	90	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	2,185	90	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	2,650	90	including major septal repair
30430	657	45	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	1,264	60	intermediate revision (bony work with osteotomies)
30450	1,618	90	major revision (nasal tip work and osteotomies)
30460	1,386	60	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	DOP	-	tip, septum, osteotomies
30520	1,113	60	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	1,386	60	Repair choanal atresia; intranasal
30545	1,760	90	transpalatine
30560*	91	0	Lysis intranasal synechia
30580	1,012	60	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	1,012	60	oronasal
30620	1,012	60	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	1,113	60	Repair nasal septal perforations

DESTRUCTION

CPT	MAR$	FUD	
30801*	81	0	Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); superficial
30802	162	30	intramural

OTHER PROCEDURES

CPT	MAR$	FUD	
30901*	101	0	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
30903*	152	0	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905*	293	0	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cauterization, any method; initial
30906*	233	0	subsequent
30915	1,264	60	Ligation arteries; ethmoidal
30920	1,517	90	internal maxillary artery, transantral
30930	101	30	Fracture nasal turbinate(s), therapeutic
30999	DOP	-	Unlisted procedure, nose

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ACCESSORY SINUSES

INCISION

CPT	MAR$	FUD	Description
31000*	101	0	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)
31002*	101	0	sphenoid sinus
31020	556	45	Sinusotomy, maxillary (antrotomy); intranasal
31030	1,366	60	radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	1,416	60	radical (Caldwell-Luc) with removal of antrochoanal polyps
31040	2,023	90	Pterygomaxillary fossa surgery, any approach
31050	860	45	Sinusotomy, sphenoid, with or without biopsy;
31051	1,012	60	with mucosal stripping or removal of polyp(s)
31070	1,062	60	Sinusotomy frontal; external, simple (trephine operation)
31075	1,618	90	transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	1,669	90	obliterative without osteoplastic flap, brow incision (includes ablation)
31081	1,669	90	obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	2,428	90	obliterative, with osteoplastic flap, brow incision
31085	2,428	90	obliterative, with osteoplastic flap, coronal incision
31086	1,821	90	nonobliterative, with osteoplastic flap, brow incision
31087	1,821	90	nonobliterative, with osteoplastic flap, coronal incision
31090	2,529	90	Sinusotomy combined, three or more sinuses

EXCISION

CPT	MAR$	FUD	Description
31200	708	45	Ethmoidectomy; intranasal, anterior
31201	1,163	60	intranasal, total
31205	1,467	60	extranasal, total
31225	2,276	90	Maxillectomy; without orbital exenteration
31230	2,832	90	with orbital exenteration (en bloc)

ENDOSCOPY

CPT	MAR$	FUD	Description
31231	121	30	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31233	263	30	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	455	30	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	324	30	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	546	45	with control of epistaxis
31239	1,214	60	with dacryocystorhinostomy
31240	435	30	with concha bullosa resection
31254	688	45	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	1,062	60	with ethmoidectomy, total (anterior and posterior)
31256	506	45	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	910	45	with removal of tissue from maxillary sinus
31276	1,315	60	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287	769	45	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	910	45	with removal of tissue from the sphenoid sinus
31290	1,922	90	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	2,023	90	sphenoid region
31292	1,517	90	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
31293	1,720	90	with medial orbital wall and inferior orbital wall decompression
31294	1,922	90	with optic nerve decompression

OTHER PROCEDURES

CPT	MAR$	FUD	Description
31299	DOP	-	Unlisted procedure, accessory sinuses

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LARYNX

EXCISION

CPT	MAR$	FUD	
31300	1,467	60	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320	809	45	diagnostic
31360	2,529	90	Laryngectomy; total, without radical neck dissection
31365	3,641	90	total, with radical neck dissection
31367	2,529	90	subtotal supraglottic, without radical neck dissection
31368	3,641	90	subtotal supraglottic, with radical neck dissection
31370	2,933	90	Partial laryngectomy (hemilaryngectomy); horizontal
31375	2,326	90	laterovertical
31380	2,326	90	anterovertical
31382	2,326	90	antero-latero-vertical
31390	3,136	90	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	3,894	90	with reconstruction
31400	2,023	90	Arytenoidectomy or arytenoidopexy, external approach
31420	1,618	90	Epiglottidectomy

INTRODUCTION

CPT	MAR$	FUD	
31500	152	30	Intubation, endotracheal, emergency procedure
31502	101	30	Tracheotomy tube change prior to establishment of fistula tract

ENDOSCOPY

CPT	MAR$	FUD	
31505	101	30	Laryngoscopy, indirect (separate procedure); diagnostic
31510	152	30	with biopsy
31511	162	30	with removal of foreign body
31512	152	30	with removal of lesion
31513	101	30	with vocal cord injection
31515	71	30	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31520	243	30	diagnostic, newborn
31525	344	30	diagnostic, except newborn
31526	445	30	diagnostic, with operating microscope
31527	759	45	with insertion of obturator
31528	455	30	with dilatation, initial
31529	253	30	with dilatation, subsequent
31530	607	45	Laryngoscopy, direct, operative, with foreign body removal;
31531	759	45	with operating microscope
31535	607	45	Laryngoscopy, direct, operative, with biopsy;
31536	759	45	with operating microscope
31540	627	45	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	779	45	with operating microscope
31560	1,568	90	Laryngoscopy, direct, operative, with arytenoidectomy;
31561	1,922	90	with operating microscope
31570	809	45	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	1,012	60	with operating microscope
31575	182	30	Laryngoscopy, flexible fiberoptic; diagnostic
31576	293	30	with biopsy
31577	708	45	with removal of foreign body
31578	789	45	with removal of lesion
31579	303	30	with stroboscopy

REPAIR

CPT	MAR$	FUD	
31580	2,529	90	Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31582	2,478	90	for laryngeal stenosis, with graft or core mold, including tracheotomy
31584	2,478	90	with open reduction of fracture
31585	202	30	Treatment of closed laryngeal fracture; without manipulation
31586	405	30	with closed manipulative reduction
31587	2,933	90	Laryngoplasty, cricoid split
31588	DOP	-	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)

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CPT	MAR$	FUD	
31590	2,023	90	Laryngeal reinnervation by neuromuscular pedicle

DESTRUCTION

CPT	MAR$	FUD	
31595	1,618	90	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral

OTHER PROCEDURES

CPT	MAR$	FUD	
31599	DOP	-	Unlisted procedure, larynx

TRACHEA AND BRONCHI

INCISION

CPT	MAR$	FUD	
31600	546	45	Tracheostomy, planned (separate procedure);
31601	657	45	under two years
31603	657	45	Tracheostomy, emergency procedure; transtracheal
31605	657	45	cricothyroid membrane
31610	708	45	Tracheostomy, fenestration procedure with skin flaps
31611	303	30	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	30	30	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	486	30	Tracheostoma revision; simple, without flap rotation
31614	1,092	60	complex, with flap rotation

ENDOSCOPY

CPT	MAR$	FUD	
31615	253	30	Tracheobronchoscopy through established tracheostomy incision
31622	475	30	Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing
31625	587	45	with biopsy
31628	607	45	with transbronchial lung biopsy, with or without fluoroscopic guidance
31629	587	45	with transbronchial needle aspiration biopsy
31630	657	45	with tracheal or bronchial dilation or closed reduction of fracture
31631	556	45	with tracheal dilation and placement of tracheal stent
31635	657	45	with removal of foreign body
31640	688	45	with excision of tumor
31641	1,012	60	with destruction of tumor or relief of stenosis by any method other than excision (eg, laser)
31645	556	45	with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	475	30	with therapeutic aspiration of tracheobronchial tree, subsequent
31656	445	30	with injection of contrast material for segmental bronchography (fiberscope only)

INTRODUCTION

CPT	MAR$	FUD	
31700	253	30	Catheterization, transglottic (separate procedure)
31708	101	30	Instillation of contrast material for laryngography or bronchography, without catheterization
31710	142	30	Catheterization for bronchography, with or without instillation of contrast material
31715	91	30	Transtracheal injection for bronchography
31717	121	30	Catheterization with bronchial brush biopsy
31720	30	30	Catheter aspiration (separate procedure); nasotracheal
31725	354	30	tracheobronchial with fiberscope, bedside
31730	415	30	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy

REPAIR

CPT	MAR$	FUD	
31750	2,326	90	Tracheoplasty; cervical
31755	2,529	90	tracheopharyngeal fistulization, each stage
31760	2,529	90	intrathoracic
31766	2,529	90	Carinal reconstruction
31770	2,529	90	Bronchoplasty; graft repair
31775	2,529	90	excision stenosis and anastomosis
31780	2,529	90	Excision tracheal stenosis and anastomosis; cervical
31781	2,832	90	cervicothoracic

CPT	MAR$	FUD	
31785	2,529	90	Excision of tracheal tumor or carcinoma; cervical
31786	3,237	90	thoracic
31800	2,023	90	Suture of tracheal wound or injury; cervical
31805	2,225	90	intrathoracic
31820	303	30	Surgical closure tracheostomy or fistula; without plastic repair
31825	496	30	with plastic repair
31830	303	30	Revision of tracheostomy scar

OTHER PROCEDURES

CPT	MAR$	FUD	
31899	DOP	-	Unlisted procedure, trachea, bronchi

LUNGS AND PLEURA

INCISION

CPT	MAR$	FUD	
32000*	202	0	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32002	253	30	Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)
32005	223	30	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)
32020	253	30	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)
32035	910	45	Thoracostomy; with rib resection for empyema
32036	1,012	60	with open flap drainage for empyema
32095	910	45	Thoracotomy, limited, for biopsy of lung or pleura
32100	1,416	60	Thoracotomy, major; with exploration and biopsy
32110	1,618	90	with control of traumatic hemorrhage and/or repair of lung tear
32120	1,517	90	for postoperative complications
32124	1,618	90	with open intrapleural pneumonolysis
32140	1,618	90	with cyst(s) removal, with or without a pleural procedure
32141	1,618	90	with excision-plication of bullae, with or without any pleural procedure
32150	1,416	60	with removal of intrapleural foreign body or fibrin deposit
32151	1,416	60	with removal of intrapulmonary foreign body
32160	1,517	90	with cardiac massage
32200	1,416	60	Pneumonostomy, with open drainage of abscess or cyst
32215	1,416	60	Pleural scarification for repeat pneumothorax
32220	2,023	90	Decortication, pulmonary, (separate procedure); total
32225	1,416	60	partial

EXCISION

CPT	MAR$	FUD	
32310	2,731	90	Pleurectomy, parietal (separate procedure)
32320	2,428	90	Decortication and parietal pleurectomy
32400*	121	0	Biopsy, pleura; percutaneous needle
32402	1,012	60	open
32405	354	30	Biopsy, lung or mediastinum, percutaneous needle
32420*	152	0	Pneumonocentesis, puncture of lung for aspiration
32440	2,731	90	Removal of lung, total pneumonectomy;
32442	3,439	90	with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	3,035	90	extrapleural
32480	2,529	90	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482	2,680	90	two lobes (bilobectomy)
32484	2,832	90	single segment (segmentectomy)
32485	3,035	90	with bronchoplasty
32486	2,933	90	with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488	3,389	90	all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32500	1,922	90	wedge resection, single or multiple

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CPT	MAR$	FUD	
32520	3,035	90	Resection of lung; with resection of chest wall
32522	3,439	90	with reconstruction of chest wall, without prosthesis
32525	3,641	90	with major reconstruction of chest wall, with prosthesis
32540	2,023	90	Extrapleural enucleation of empyema (empyemectomy)

ENDOSCOPY

CPT	MAR$	FUD	
32601	708	45	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32602	759	45	lungs and pleural space, with biopsy
32603	1,315	60	pericardial sac, without biopsy
32604	1,457	60	pericardial sac, with biopsy
32605	890	45	mediastinal space, without biopsy
32606	1,386	60	mediastinal space, with biopsy
32650	1,355	60	Thoracoscopy, surgical; with pleurodesis, any method
32651	1,861	90	with partial pulmonary decortication
32652	2,387	90	with total pulmonary decortication, including intrapleural pneumonolysis
32653	1,032	60	with removal of intrapleural foreign body or fibrin deposit
32654	1,558	90	with control of traumatic hemorrhage
32655	1,618	90	with excision-plication of bullae, including any pleural procedure
32656	1,446	60	with parietal pleurectomy
32657	1,750	90	with wedge resection of lung, single or multiple
32658	1,679	90	with removal of clot or foreign body from pericardial sac
32659	1,517	90	with creation of pericardial window or partial resection of pericardial sac for drainage
32660	2,256	90	with total pericardiectomy
32661	1,618	90	with excision of pericardial cyst, tumor, or mass
32662	1,639	90	with excision of mediastinal cyst, tumor, or mass
32663	2,650	90	with lobectomy, total or segmental
32664	1,851	90	with thoracic sympathectomy
32665	1,972	90	with esophagomyotomy (Heller type)

REPAIR

CPT	MAR$	FUD	
32800	1,214	60	Repair lung hernia through chest wall
32810	2,023	90	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	3,035	90	Open closure of major bronchial fistula
32820	3,035	90	Major reconstruction, chest wall (post-traumatic)

LUNG TRANSPLANTATION

CPT	MAR$	FUD	
32850	1,720	0	Donor pneumonectomy(ies) with preparation and maintenance of allograft (cadaver)
32851	5,058	90	Lung transplant, single; without cardiopulmonary bypass
32852	5,664	90	with cardiopulmonary bypass
32853	6,069	90	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	6,575	90	with cardiopulmonary bypass

SURGICAL COLLAPSE THERAPY; THORACOPLASTY

CPT	MAR$	FUD	
32900	1,416	60	Resection of ribs, extrapleural, all stages
32905	1,416	60	Thoracoplasty, Schede type or extrapleural (all stages);
32906	2,023	90	with closure of bronchopleural fistula
32940	1,416	60	Pneumonolysis, extraperiosteal, including filling or packing procedures
32960*	121	0	Pneumothorax, therapeutic, intrapleural injection of air

OTHER PROCEDURES

CPT	MAR$	FUD	
32999	DOP	-	Unlisted procedure, lungs and pleura

CARDIOVASCULAR

HEART AND PERICARDIUM

PERICARDIUM

CPT	MAR$	FUD	
33010*	223	0	Pericardiocentesis; initial

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CPT	MAR$	FUD	
33011*	223	0	subsequent
33015	303	30	Tube pericardiostomy
33020	1,618	90	Pericardiotomy for removal of clot or foreign body (primary procedure)
33025	1,720	90	Creation of pericardial window or partial resection for drainage
33030	2,023	90	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	2,933	90	with cardiopulmonary bypass
33050	1,922	90	Excision of pericardial cyst or tumor

CARDIAC TUMOR

CPT	MAR$	FUD	
33120	5,058	90	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	3,035	90	Resection of external cardiac tumor

PACEMAKER OR DEFIBRILLATOR

CPT	MAR$	FUD	
33200	1,972	90	Insertion of permanent pacemaker with epicardial electrode(s); by thoracotomy
33201	1,517	90	by xiphoid approach
33206	1,062	60	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	1,264	60	ventricular
33208	1,315	60	atrial and ventricular
33210	556	45	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
33211	607	45	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
33212	910	45	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular
33213	1,062	60	dual chamber
33214	1,315	60	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)
33216	860	45	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber, atrial or ventricular
33217	961	45	dual chamber
33218	708	45	Repair of pacemaker electrode(s) only; single chamber, atrial or ventricular
33220	910	45	dual chamber
33222	809	45	Revision or relocation of skin pocket for pacemaker
33223	1,113	60	Revision or relocation of skin pocket for implantable cardioverter-defibrillator
33233	324	30	Removal of permanent pacemaker pulse generator;
33234	1,548	90	with transvenous electrode(s), single lead system, atrial or ventricular
33235	1,720	90	with transvenous electrode(s), dual lead system
33236	2,074	90	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237	2,225	90	dual lead system
33238	2,428	90	Removal of permanent transvenous electrode(s) by thoracotomy
33240	1,214	60	Insertion or replacement of implantablecardioverter-defibrillator pulse generator only
33241	860	45	Removal of implantable cardioverter-defibrillator pulse generator only
33242	1,892	90	Repair of implantable cardioverter-defibrillator pulse generator and/or leads
33243	4,299	90	Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy
33244	2,428	90	by other than thoracotomy
33245	1,922	90	Implantation or replacement of implantablecardioverter-defibrillator pads by thoracotomy, with or without sensing electrodes;
33246	2,782	90	with insertion of implantable cardioverter-defibrillator pulse generator

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CPT	MAR$	FUD	
33247	1,720	90	Insertion or replacement of implantablecardioverter-defibrillator lead(s), by other than thoracotomy;
33249	2,731	90	with insertion of cardio-defibrillator pulse generator
33250	2,529	90	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, A-V node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251	3,237	90	with cardiopulmonary bypass
33260	2,326	90	Operative ablation of arrhythmogenic focus or pathway; without cardiopulmonary bypass
33261	2,883	90	with cardiopulmonary bypass

WOUNDS OF THE HEART AND GREAT VESSELS

CPT	MAR$	FUD	
33300	2,428	90	Repair of cardiac wound; without bypass
33305	3,338	90	with cardiopulmonary bypass
33310	2,428	90	Cardiotomy, exploratory (includes removal of foreign body); without bypass
33315	4,046	90	with cardiopulmonary bypass
33320	3,641	90	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	4,046	90	with shunt bypass
33322	4,552	90	with cardiopulmonary bypass
33330	4,552	90	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33332	4,754	90	with shunt bypass
33335	5,664	90	with cardiopulmonary bypass
33350	DOP	-	Great vessel repair with other major procedure

CARDIAC VALVES

AORTIC VALVE

CPT	MAR$	FUD	
33400	4,046	90	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401	3,844	90	open, with inflow occlusion
33403	4,147	90	using transventricular dilation, with cardiopulmonary bypass
33404	DOP	-	Construction of apical-aortic conduit
33405	4,349	90	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft
33406	4,754	90	with homograft valve (freehand)
33411	4,653	90	Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp
33412	4,653	90	with transventricular aortic annulus enlargement (Konno procedure)
33413	5,159	90	by translocation of autologous pulmonary valve with homograft replacement of pulmonary valve (Ross procedure)
33414	4,451	90	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	4,248	90	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	4,248	90	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	4,349	90	Aortoplasty (gusset) for supravalvular stenosis

MITRAL VALVE

CPT	MAR$	FUD	
33420	3,237	90	Valvotomy, mitral valve; closed heart
33422	4,349	90	open heart, with cardiopulmonary bypass
33425	4,552	90	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	4,552	90	with prosthetic ring
33427	4,552	90	radical reconstruction, with or without ring
33430	4,552	90	Replacement, mitral valve, with cardiopulmonary bypass

TRICUSPID VALVE

CPT	MAR$	FUD	
33460	4,046	90	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	4,349	90	Valvuloplasty, tricuspid valve; without ring insertion
33464	4,602	90	with ring insertion
33465	4,147	90	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	4,046	90	Tricuspid valve repositioning and plication for Ebstein anomaly

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CPT	MAR$	FUD	

PULMONARY VALVE

CPT	MAR$	FUD	Description
33470	3,035	90	Valvotomy, pulmonary valve, closed heart; transventricular
33471	3,287	90	via pulmonary artery
33472	3,439	90	Valvotomy, pulmonary valve, open heart; with inflow occlusion
33474	3,743	90	with cardiopulmonary bypass
33475	4,349	90	Replacement, pulmonary valve
33476	4,248	90	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478	4,248	90	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection

CORONARY ARTERY ANOMALIES

CPT	MAR$	FUD	Description
33500	3,540	90	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	2,357	90	without cardiopulmonary bypass
33502	2,832	90	Repair of anomalous coronary artery; by ligation
33503	3,136	90	by graft, without cardiopulmonary bypass
33504	4,046	90	by graft, with cardiopulmonary bypass
33505	4,349	90	with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506	4,349	90	by translocation from pulmonary artery to aorta

VENOUS GRAFTING ONLY FOR CORONARY ARTERY BYPASS

CPT	MAR$	FUD	Description
33510	4,248	90	Coronary artery bypass, vein only; single coronary venous graft
33511	4,552	90	two coronary venous grafts
33512	4,855	90	three coronary venous grafts
33513	5,159	90	four coronary venous grafts
33514	5,462	90	five coronary venous grafts
33516	5,664	90	six or more coronary venous grafts

COMBINED ARTERIAL-VENOUS GRAFTING FOR CORONARY BYPASS

CPT	MAR$	FUD	Description
33517	273	0	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for arterial graft)
33518	556	0	two venous grafts (list separately in addition to code for arterial graft)
33519	829	0	three venous grafts (list separately in addition to code for arterial graft)
33521	1,113	0	four venous grafts (list separately in addition to code for arterial graft)
33522	1,386	0	five venous grafts (list separately in addition to code for arterial graft)
33523	1,669	0	six or more venous grafts (list separately in addition to code for arterial graft)
33530	809	0	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)

ARTERIAL GRAFTING FOR CORONARY ARTERY BYPASS

CPT	MAR$	FUD	Description
33533	4,451	90	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	4,754	90	two coronary arterial grafts
33535	5,058	90	three coronary arterial grafts
33536	5,361	90	four or more coronary arterial grafts
33542	4,653	90	Myocardial resection (eg, ventricular aneurysmectomy)
33545	5,361	90	Repair of postinfarction ventricular septal defect, with or without myocardial resection

CORONARY ENDARTERECTOMY

CPT	MAR$	FUD	Description
33572	708	0	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)

SINGLE VENTRICLE AND OTHER COMPLEX CARDIAC ANOMALIES

CPT	MAR$	FUD	Description
33600	4,451	90	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch

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CPT	MAR$	FUD	
33602	4,349	90	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	4,552	90	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608	4,653	90	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
33610	4,552	90	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of interventricular septal defect
33611	4,855	90	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	4,956	90	with repair of right ventricular outflow tract obstruction
33615	4,754	90	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)
33617	5,007	90	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	5,462	90	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)

SEPTAL DEFECT

CPT	MAR$	FUD	
33641	3,439	90	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	3,743	90	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	3,743	90	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	4,400	90	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665	4,754	90	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670	4,855	90	Repair of complete atrioventricular canal, with or without prosthetic valve
33681	3,793	90	Closure of ventricular septal defect, with or without patch
33684	4,451	90	Closure of ventricular septal defect, with or without patch with pulmonary valvotomy or infundibular resection (acyanotic)
33688	4,451	90	Closure of ventricular septal defect, with or without patch with removal of pulmonary artery band, with or without gusset
33690	2,428	90	Banding of pulmonary artery
33692	4,451	90	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	4,552	90	with transannular patch
33696	4,552	90	with closure of previous shunt
33697	5,007	90	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect;
33698	5,159	90	with closure of previous shunt

SINUS OF VALSALVA

CPT	MAR$	FUD	
33702	4,097	90	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	4,451	90	with repair of ventricular septal defect
33720	4,147	90	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722	4,349	90	Closure of aortico-left ventricular tunnel

TOTAL ANOMALOUS PULMONARY VENOUS DRAINAGE

CPT	MAR$	FUD	
33730	4,147	90	Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)
33732	4,046	90	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane

SHUNTING PROCEDURES

CPT	MAR$	FUD	
33735	2,630	90	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736	3,136	90	open heart with cardiopulmonary bypass
33737	2,832	90	open heart, with inflow occlusion
33750	3,035	90	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)

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CPT	MAR$	FUD	
33755	3,035	90	ascending aorta to pulmonary artery (Waterston type operation)
33762	3,035	90	descending aorta to pulmonary artery (Potts-Smith type operation)
33764	2,630	90	central, with prosthetic graft
33766	3,035	90	superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)
33767	3,297	90	superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)

TRANSPOSITION OF THE GREAT VESSELS

CPT	MAR$	FUD	
33770	4,754	90	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771	4,956	90	with surgical enlargement of ventricular septal defect
33774	4,451	90	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775	4,602	90	with removal of pulmonary band
33776	4,805	90	with closure of ventricular septal defect
33777	4,734	90	with repair of subpulmonic obstruction
33778	5,108	90	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779	5,138	90	with removal of pulmonary band
33780	5,240	90	with closure of ventricular septal defect
33781	5,179	90	with repair of subpulmonic obstruction

TRUNCUS ARTERIOSUS

CPT	MAR$	FUD	
33786	5,058	90	Total repair, truncus arteriosus (Rastelli type operation)
33788	3,035	90	Reimplantation of an anomalous pulmonary artery

AORTIC ANOMALIES

CPT	MAR$	FUD	
33800	2,225	90	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	2,428	90	Division of aberrant vessel (vascular ring);
33803	2,832	90	with reanastomosis
33813	2,832	90	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814	3,945	90	with cardiopulmonary bypass
33820	2,023	90	Repair of patent ductus arteriosus; by ligation
33822	2,023	90	by division, under 18 years
33824	2,529	90	by division, 18 years and older
33840	3,035	90	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	3,338	90	with graft
33851	3,338	90	repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852	3,540	90	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853	4,552	90	with cardiopulmonary bypass

THORACIC AORTIC ANEURYSM

CPT	MAR$	FUD	
33860	5,159	90	Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension;
33861	5,209	90	with coronary reconstruction
33863	5,462	90	with aortic root replacement using composite prosthesis and coronary reconstruction
33870	5,664	90	Transverse arch graft, with cardiopulmonary bypass
33875	5,108	90	Descending thoracic aorta graft, with or without bypass
33877	5,361	90	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass

PULMONARY ARTERY

CPT	MAR$	FUD	
33910	3,844	90	Pulmonary artery embolectomy; with cardiopulmonary bypass
33915	2,731	90	without cardiopulmonary bypass
33916	3,945	90	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	3,844	90	Repair of pulmonary artery stenosis by reconstruction with patch or graft

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CPT	MAR$	FUD	
33918	4,097	90	Repair of pulmonary atresia with ventricular septal defect, by unifocalization of pulmonary arteries; without cardiopulmonary bypass
33919	4,754	90	with cardiopulmonary bypass
33920	4,703	90	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922	3,743	90	Transection of pulmonary artery with cardiopulmonary bypass

HEART/LUNG TRANSPLANTATION

CPT	MAR$	FUD	
33930	2,428	0	Donorcardiectomy-pneumonectomy, with preparation and maintenance of allograft
33935	16,184	90	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	2,124	0	Donor cardiectomy, with preparation and maintenance of allograft
33945	12,947	90	Heart transplant, with or without recipient cardiectomy

CARDIAC ASSIST

CPT	MAR$	FUD	
33960	3,641	90	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours
33961	1,821	90	each additional 24 hours
33970	1,012	60	Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971	506	45	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973	1,315	60	Insertion of intra-aortic balloon assist device through the ascending aorta
33974	1,720	90	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
33975	2,428	90	Implantation of ventricular assist device; single ventricle support
33976	3,439	90	biventricular support
33977	2,124	90	Removal of ventricular assist device; single ventricle support
33978	2,428	90	biventricular support

OTHER PROCEDURES

CPT	MAR$	FUD	
33999	DOP	-	Unlisted procedure, cardiac surgery

ARTERIES AND VEINS

EMBOLECTOMY/THROMBECTOMY

ARTERIAL, WITH OR WITHOUT CATHETER

CPT	MAR$	FUD	
34001	1,012	60	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051	2,023	90	innominate, subclavian artery, by thoracic incision
34101	809	45	axillary, brachial, innominate, subclavian artery, by arm incision
34111	809	45	radial or ulnar artery, by arm incision
34151	1,517	90	renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34201	1,214	60	femoropopliteal, aortoiliac artery, by leg incision
34203	1,214	60	popliteal-tibio-peroneal artery, by leg incision

VENOUS, DIRECT OR WITH CATHETER

CPT	MAR$	FUD	
34401	1,214	60	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421	809	45	vena cava, iliac, femoropopliteal vein, by leg incision
34451	1,517	90	vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471	1,012	60	subclavian vein, by neck incision
34490	708	45	axillary and subclavian vein, by arm incision

VENOUS RECONSTRUCTION

CPT	MAR$	FUD	
34501	1,214	60	Valvuloplasty, femoral vein
34502	3,743	90	Reconstruction of vena cava, any method
34510	1,517	90	Venous valve transposition, any vein donor
34520	2,529	90	Cross-over vein graft to venous system
34530	1,720	90	Saphenopopliteal vein anastomosis

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CPT	MAR$	FUD	

DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION FOR ANEURYSM, FALSE ANEURYSM, RUPTURED ANEURYSM, AND ASSOCIATED OCCLUSIVE DISEASE

CPT	MAR$	FUD	Description
35001	2,023	90	Direct repair of aneurysm, false aneurysm, 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
35002	2,529	90	for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005	DOP	-	for aneurysm, false aneurysm, and associated occlusive disease, vertebral artery
35011	1,821	90	for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013	2,326	90	for ruptured aneurysm, axillary-brachial artery, by arm incision
35021	1,821	90	for aneurysm, false aneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022	2,326	90	for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35045	1,821	90	for aneurysm, false aneurysm, and associated occlusive disease, radial or ulnar artery
35081	2,529	90	for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta
35082	3,540	90	for ruptured aneurysm, abdominal aorta
35091	2,832	90	for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092	3,844	90	for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35102	3,035	90	for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103	3,540	90	for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35111	2,023	90	for aneurysm, false aneurysm, and associated occlusive disease, splenic artery
35112	3,035	90	for ruptured aneurysm, splenic artery
35121	2,529	90	for aneurysm, false aneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122	3,035	90	for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
35131	2,023	90	for aneurysm, false aneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132	2,832	90	for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141	1,821	90	for aneurysm, false aneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35142	2,225	90	for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
35151	2,023	90	for aneurysm, false aneurysm, and associated occlusive disease, popliteal artery
35152	2,529	90	for ruptured aneurysm, popliteal artery
35161	1,821	90	for aneurysm, false aneurysm, and associated occlusive disease, other arteries
35162	1,821	90	for ruptured aneurysm, other arteries

REPAIR ARTERIOVENOUS FISTULA

CPT	MAR$	FUD	Description
35180	2,023	90	Repair, congenital arteriovenous fistula; head and neck
35182	2,630	90	thorax and abdomen
35184	2,023	90	extremities
35188	2,225	90	Repair, acquired or traumatic arteriovenous fistula; head and neck
35189	3,237	90	thorax and abdomen
35190	2,225	90	extremities

REPAIR BLOOD VESSEL OTHER THAN FOR FISTULA, WITH OR WITHOUT PATCH ANGIOPLASTY

CPT	MAR$	FUD	Description
35201	2,124	90	Repair blood vessel, direct; neck
35206	2,124	90	upper extremity

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CPT	MAR$	FUD	
35207	2,124	90	hand, finger
35211	3,338	90	intrathoracic, with bypass
35216	2,428	90	intrathoracic, without bypass
35221	2,731	90	intra-abdominal
35226	1,639	90	lower extremity
35231	2,630	90	Repair blood vessel with vein graft; neck
35236	2,630	90	upper extremity
35241	3,743	90	intrathoracic, with bypass
35246	2,529	90	intrathoracic, without bypass
35251	3,287	90	intra-abdominal
35256	2,246	90	lower extremity
35261	1,618	90	Repair blood vessel with graft other than vein; neck
35266	1,618	90	upper extremity
35271	3,237	90	intrathoracic, with bypass
35276	2,225	90	intrathoracic, without bypass
35281	2,023	90	intra-abdominal
35286	1,922	90	lower extremity

THROMBOENDARTERECTOMY

CPT	MAR$	FUD	
35301	2,023	90	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision
35311	2,529	90	subclavian, innominate, by thoracic incision
35321	1,821	90	axillary-brachial
35331	2,428	90	abdominal aorta
35341	2,225	90	mesenteric, celiac, or renal
35351	2,225	90	iliac
35355	2,326	90	iliofemoral
35361	2,428	90	combined aortoiliac
35363	2,630	90	combined aortoiliofemoral
35371	1,821	90	common femoral
35372	1,922	90	deep (profunda) femoral
35381	2,023	90	femoral and/or popliteal, and/or tibioperoneal
35390	607	0	Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure) (Use 35390 only with 35301)

TRANSLUMINAL ANGIOPLASTY

OPEN

CPT	MAR$	FUD	
35450	1,416	60	Transluminal balloon angioplasty, open; renal or other visceral artery
35452	1,012	60	aortic
35454	1,214	60	iliac
35456	1,214	60	femoral-popliteal
35458	1,214	60	brachiocephalic trunk or branches, each vessel
35459	1,214	60	tibioperoneal trunk and branches
35460	1,214	60	venous

PERCUTANEOUS

CPT	MAR$	FUD	
35470	1,214	60	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel
35471	1,416	60	renal or visceral artery
35472	1,012	60	aortic
35473	910	45	iliac
35474	1,113	60	femoral-popliteal
35475	1,366	60	brachiocephalic trunk or branches, each vessel
35476	961	45	venous

TRANSLUMINAL ATHERECTOMY

OPEN

CPT	MAR$	FUD	
35480	1,618	90	Transluminal peripheral atherectomy, open; renal or other visceral artery
35481	1,113	60	aortic
35482	971	45	iliac
35483	1,183	60	femoral-popliteal
35484	1,527	90	brachiocephalic trunk or branches, each vessel
35485	1,386	60	tibioperoneal trunk and branches

PERCUTANEOUS

CPT	MAR$	FUD	
35490	1,608	90	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery

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CPT	MAR$	FUD	
35491	1,113	60	aortic
35492	931	45	iliac
35493	1,183	60	femoral-popliteal
35494	1,527	90	brachiocephalic trunk or branches, each vessel
35495	1,386	60	tibioperoneal trunk and branches

BYPASS GRAFT

VEIN

CPT	MAR$	FUD	
35501	1,517	90	Bypass graft, with vein; carotid
35506	2,023	90	carotid-subclavian
35507	2,023	90	subclavian-carotid
35508	2,023	90	carotid-vertebral
35509	2,023	90	carotid-carotid
35511	2,225	90	subclavian-subclavian
35515	2,225	90	subclavian-vertebral
35516	2,225	90	subclavian-axillary
35518	2,225	90	axillary-axillary
35521	2,529	90	axillary-femoral
35526	3,237	90	aortosubclavian or carotid
35531	2,630	90	aortoceliac or aortomesenteric
35533	2,630	90	axillary-femoral-femoral
35536	2,630	90	splenorenal
35541	2,428	90	aortoiliac or bi-iliac
35546	2,630	90	aortofemoral or bifemoral
35548	2,630	90	aortoiliofemoral, unilateral
35549	2,832	90	aortoiliofemoral, bilateral
35551	2,933	90	aortofemoral-popliteal
35556	2,630	90	femoral-popliteal
35558	2,225	90	femoral-femoral
35560	2,630	90	aortorenal
35563	2,428	90	ilioiliac
35565	2,630	90	iliofemoral
35566	2,630	90	femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35571	2,529	90	popliteal-tibial, -peroneal artery or other distal vessels

IN-SITU VEIN

CPT	MAR$	FUD	
35582	2,428	90	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)
35583	2,326	90	femoral-popliteal
35585	2,428	90	femoral-anterior tibial, posterior tibial, or peroneal artery
35587	2,428	90	popliteal-tibial, peroneal

OTHER THAN VEIN

CPT	MAR$	FUD	
35601	2,428	90	Bypass graft, with other than vein; carotid
35606	2,428	90	carotid-subclavian
35612	2,428	90	subclavian-subclavian
35616	2,428	90	subclavian-axillary
35621	2,428	90	axillary-femoral
35623	2,326	90	axillary-popliteal or -tibial
35626	2,832	90	aortosubclavian or carotid
35631	2,832	90	aortoceliac, aortomesenteric, aortorenal
35636	2,832	90	splenorenal (splenic to renal arterial anastomosis)
35641	3,237	90	aortoiliac or bi-iliac
35642	3,237	90	carotid-vertebral
35645	3,237	90	subclavian-vertebral
35646	3,237	90	aortofemoral or bifemoral
35650	2,225	90	axillary-axillary
35651	3,035	90	aortofemoral-popliteal
35654	2,832	90	axillary-femoral-femoral
35656	2,529	90	femoral-popliteal
35661	2,023	90	femoral-femoral
35663	2,428	90	ilioiliac
35665	2,428	90	iliofemoral
35666	2,630	90	femoral-anterior tibial, posterior tibial, or peroneal artery
35671	2,428	90	popliteal-tibial or -peroneal artery
35681	DOP	-	Bypass graft, composite

ARTERIAL TRANSPOSITION

CPT	MAR$	FUD	
35691	2,428	90	Transposition and/or reimplantation; vertebral to carotid artery

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CPT	MAR$	FUD	
35693	2,428	90	vertebral to subclavian artery
35694	2,680	90	subclavian to carotid artery
35695	2,680	90	carotid to subclavian artery

EXPLORATION

CPT	MAR$	FUD	
35700	657	0	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)
35701	920	45	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721	718	45	femoral artery
35741	718	45	popliteal artery
35761	819	45	other vessels
35800	1,012	60	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	2,023	90	chest
35840	1,517	90	abdomen
35860	910	45	extremity
35870	3,540	90	Repair of graft-enteric fistula
35875	1,366	60	Thrombectomy of arterial or venous graft;
35876	1,922	90	with revision of arterial or venous graft
35901	1,416	60	Excision of infected graft; neck
35903	1,618	90	extremity
35905	3,287	90	thorax
35907	3,389	90	abdomen

VASCULAR INJECTION PROCEDURES

INTRAVENOUS

CPT	MAR$	FUD	
36000*	101	0	Introduction of needle or intracatheter, vein
36005	253	30	Injection procedure for contrast venography (including introduction of needle or intracatheter)
36010	202	30	Introduction of catheter, superior or inferior vena cava
36011	303	30	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	455	30	second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	303	30	Introduction of catheter, right heart or main pulmonary artery
36014	455	30	Selective catheter placement, left or right pulmonary artery
36015	455	30	Selective catheter placement, segmental or subsegmental pulmonary artery

INTRA-ARTERIAL - INTRA-AORTIC

CPT	MAR$	FUD	
36100	405	30	Introduction of needle or intracatheter, carotid or vertebral artery
36120	405	30	Introduction of needle or intracatheter; retrograde brachial artery
36140	303	30	extremity artery
36145	51	30	arteriovenous shunt created for dialysis (cannula, fistula, or graft)
36160	303	30	Introduction of needle or intracatheter, aortic, translumbar
36200	405	30	Introduction of catheter, aorta
36215	627	45	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36216	759	45	initial second order thoracic or brachiocephalic branch, within a vascular family
36217	910	45	initial third order or more selective thoracic or brachiocephalic branch, within a vascular family
36218	152	30	additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (use in addition to 36216 or 36217 as appropriate)
36245	708	45	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36246	759	45	initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36247	931	45	initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

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CPT	MAR$	FUD	
36248	152	30	additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (use in addition to 36246 or 36247 as appropriate)
36260	657	45	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	657	45	Revision of implanted intra-arterial infusion pump
36262	455	30	Removal of implanted intra-arterial infusion pump
36299	DOP	-	Unlisted procedure, vascular injection

VENOUS

CPT	MAR$	FUD	
36400	40	30	Venipuncture, under age 3 years; femoral, jugular or sagittal sinus
36405*	61	0	scalp vein
36406	71	30	other vein
36410*	30	0	Venipuncture, child over age 3 years or adult, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes. not to be used for routine venipuncture.
36415*	20	0	Routine venipuncture or finger/heel/ear stick for collection of specimen(s)
36420	101	30	Venipuncture, cutdown; under age 1 year
36425	81	30	age 1 or over
36430	40	30	Transfusion, blood or blood components
36440*	121	0	Push transfusion, blood, 2 years or under
36450	708	45	Exchange transfusion, blood; newborn
36455	1,012	60	other than newborn
36460	1,012	60	Transfusion, intrauterine, fetal
36468	91	30	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	111	30	face
36470*	61	0	Injection of sclerosing solution; single vein
36471*	91	0	multiple veins, same leg
36481	961	45	Percutaneous portal vein catheterization by any method
36488*	142	0	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, age 2 years or under
36489*	152	0	percutaneous, over age 2
36490*	233	0	cutdown, age 2 years or under
36491*	253	0	cutdown, over age 2
36493	182	30	Repositioning of previously placed central venous catheter under fluoroscopic guidance
36500	354	30	Venous catheterization for selective organ blood sampling
36510*	101	0	Catheterization of umbilical vein for diagnosis or therapy, newborn
36520	303	30	Therapeutic apheresis (plasma and/or cell exchange)
36522	253	30	Photopheresis, extracorporeal
36530	809	45	Insertion of implantable intravenous infusion pump
36531	809	45	Revision of implantable intravenous infusion pump
36532	607	45	Removal of implantable intravenous infusion pump
36533	708	45	Insertion of implantable venous access port, with or without subcutaneous reservoir
36534	708	45	Revision of implantable venous access port and/or subcutaneous reservoir
36535	405	30	Removal of implantable venous access port and/or subcutaneous reservoir

ARTERIAL

CPT	MAR$	FUD	
36600*	40	0	Arterial puncture, withdrawal of blood for diagnosis
36620	111	30	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	152	30	cutdown
36640	142	30	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown

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CPT	MAR$	FUD	
36660*	142	0	Catheterization, umbilical artery, newborn, for diagnosis or therapy

INTRAOSSEOUS

CPT	MAR$	FUD	
36680	152	30	Placement of needle for intraosseous infusion

INTERVASCULAR CANNULIZATION OR SHUNT

CPT	MAR$	FUD	
36800	303	30	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	910	45	arteriovenous, external (Scribner type)
36815	607	45	arteriovenous, external revision, or closure
36821	1,315	60	Arteriovenous anastomosis, direct, any site (eg, Cimino type) (separate procedure)
36822	1,113	60	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
36825	1,467	60	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	1,315	60	nonautogenous graft
36832	910	45	Revision of an arteriovenous fistula, with or without thrombectomy, autogenous or non-autogenous graft (separate procedure)
36834	1,467	60	Plastic repair of arteriovenous aneurysm (separate procedure)
36835	1,315	60	Insertion of Thomas shunt (separate procedure)
36860	101	30	Cannula declotting (separate procedure); without balloon catheter
36861	202	30	with balloon catheter

PORTAL DECOMPRESSION PROCEDURES

CPT	MAR$	FUD	
37140	3,136	90	Venous anastomosis; portocaval
37145	3,035	90	renoportal
37160	3,136	90	caval-mesenteric
37180	3,136	90	splenorenal, proximal
37181	4,046	90	splenorenal, distal (selective decompression of esophagogastric varices, any technique)

TRANSCATHETER THERAPY AND BIOPSY

CPT	MAR$	FUD	
37200	809	45	Transcatheter biopsy
37201	1,214	60	Transcatheter therapy, infusion for thrombolysis other than coronary
37202	870	45	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
37203	789	45	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)
37204	2,630	90	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
37205	1,740	90	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel
37206	870	45	each additional vessel
37207	1,740	90	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel
37208	900	45	each additional vessel
37209	657	45	Exchange of a previously placed arterial catheter during thrombolytic therapy

LIGATION AND OTHER PROCEDURES

CPT	MAR$	FUD	
37565	1,012	60	Ligation, internal jugular vein
37600	759	45	Ligation; external carotid artery
37605	809	45	internal or common carotid artery
37606	1,012	60	internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607	809	45	Ligation or banding of angioaccess arteriovenous fistula
37609	152	30	Ligation or biopsy, temporal artery
37615	809	45	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	2,023	90	chest
37617	1,517	90	abdomen
37618	1,012	60	extremity

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CPT	MAR$	FUD	
37620	1,517	90	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)
37650	708	45	Ligation of femoral vein
37660	1,012	60	Ligation of common iliac vein
37700	405	30	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37720	708	45	Ligation and division and complete stripping of long or short saphenous veins
37730	1,012	60	Ligation and division and complete stripping of long and short saphenous veins
37735	1,770	90	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
37760	2,023	90	Ligation of perforators, subfascial, radical (Linton type), with or without skin graft
37780	202	30	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	121	30	Ligation, division, and/or excision of recurrent or secondary varicose veins (clusters), one leg
37788	1,012	60	Penile revascularization, artery, with or without vein graft
37790	2,023	90	Penile venous occlusive procedure
37799	DOP	-	Unlisted procedure, vascular surgery

HEMIC AND LYMPHATIC SYSTEMS

SPLEEN

EXCISION

CPT	MAR$	FUD	
38100	1,618	90	Splenectomy; total (separate procedure)
38101	1,618	90	partial (separate procedure)
38102	961	45	total, en bloc for extensive disease, in conjunction with other procedure (Report in addition to code for primary procedure)

REPAIR

CPT	MAR$	FUD	
38115	1,618	90	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy

INTRODUCTION

CPT	MAR$	FUD	
38200	202	30	Injection procedure for splenoportography

BONE MARROW TRANSPLANTATION

CPT	MAR$	FUD	
38230	759	45	Bone marrow harvesting for transplantation
38240	657	45	Bone marrow transplantation; allogenic
38241	657	45	autologous

LYMPH NODES AND LYMPHATIC CHANNELS

INCISION

CPT	MAR$	FUD	
38300*	101	0	Drainage of lymph node abscess or lymphadenitis; simple
38305	202	30	extensive
38308	506	45	Lymphangiotomy or other operations on lymphatic channels
38380	506	45	Suture and/or ligation of thoracic duct; cervical approach
38381	1,416	60	thoracic approach
38382	1,416	60	abdominal approach

EXCISION

CPT	MAR$	FUD	
38500	152	30	Biopsy or excision of lymph node(s); superficial (separate procedure)
38505	152	30	by needle, superficial (eg, cervical, inguinal, axillary)
38510	344	30	deep cervical node(s)
38520	506	45	deep cervical node(s) with excision scalene fat pad
38525	405	30	deep axillary node(s)
38530	698	45	internal mammary node(s) (separate procedure)
38542	607	45	Dissection, deep jugular node(s)
38550	607	45	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection

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CPT	MAR$	FUD	
38555	1,012	60	with deep neurovascular dissection

LIMITED LYMPHADENECTOMY FOR STAGING

CPT	MAR$	FUD	
38562	1,012	60	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	1,214	60	retroperitoneal (aortic and/or splenic)

RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)

CPT	MAR$	FUD	
38700	1,214	60	Suprahyoid lymphadenectomy
38720	2,124	90	Cervical lymphadenectomy (complete)
38724	2,124	90	Cervical lymphadenectomy (modified radical neck dissection)
38740	809	45	Axillary lymphadenectomy; superficial
38745	1,416	60	complete
38746	617	0	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (Report in addition to code for primary procedure)
38747	678	0	Abdominal lymphadenectomy, regional, including celiac, para-aortic and vena caval nodes (Report in addition to code for primary procedure)
38760	809	45	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)
38765	1,821	90	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770	1,821	90	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780	2,731	90	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)

INTRODUCTION

CPT	MAR$	FUD	
38790	303	30	Injection procedure for lymphangiography
38794	405	30	Cannulation, thoracic duct

OTHER PROCEDURES

CPT	MAR$	FUD	
38999	DOP	-	Unlisted procedure, hemic or lymphatic system

MEDIASTINUM AND DIAPHRAGM

MEDIASTINUM

INCISION

CPT	MAR$	FUD	
39000	607	45	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010	1,214	60	transthoracic approach, including either transthoracic or median sternotomy

EXCISION

CPT	MAR$	FUD	
39200	1,841	90	Excision of mediastinal cyst
39220	1,841	90	Excision of mediastinal tumor

ENDOSCOPY

CPT	MAR$	FUD	
39400	657	45	Mediastinoscopy, with or without biopsy

OTHER PROCEDURES

CPT	MAR$	FUD	
39499	DOP	-	Unlisted procedure, mediastinum

DIAPHRAGM

REPAIR

CPT	MAR$	FUD	
39501	1,892	90	Repair, laceration of diaphragm, any approach
39502	1,740	90	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39503	2,225	90	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39520	1,720	90	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
39530	1,922	90	combined, thoracoabdominal
39531	1,922	90	combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)
39540	1,922	90	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	1,922	90	chronic

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CPT	MAR$	FUD	
39545	1,214	60	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic

OTHER PROCEDURES

CPT	MAR$	FUD	
39599	DOP	-	Unlisted procedure, diaphragm

DIGESTIVE SYSTEM

LIPS

EXCISION

CPT	MAR$	FUD	
40490	61	30	Biopsy of lip
40500	829	45	Vermilionectomy (lip shave), with mucosal advancement
40510	759	45	Excision of lip; transverse wedge excision with primary closure
40520	698	45	V-excision with primary direct linear closure
40525	799	45	full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	2,023	90	full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	728	45	Resection of lip, more than one-fourth, without reconstruction

REPAIR (CHEILOPLASTY)

CPT	MAR$	FUD	
40650	303	30	Repair lip, full thickness; vermilion only
40652	405	30	up to half vertical height
40654	607	45	over one-half vertical height, or complex
40700	1,618	90	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	2,428	90	primary bilateral, one stage procedure
40702	1,416	60	primary bilateral, one of two stages
40720	1,618	90	secondary, by recreation of defect and reclosure
40761	2,529	90	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle

OTHER PROCEDURES

CPT	MAR$	FUD	
40799	DOP	-	Unlisted procedure, lips

VESTIBULE OF MOUTH

INCISION

CPT	MAR$	FUD	
40800*	81	0	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	152	30	complicated
40804*	81	0	Removal of embedded foreign body, vestibule of mouth; simple
40805	152	30	complicated
40806	152	30	Incision of labial frenum (frenotomy)

EXCISION, DESTRUCTION

CPT	MAR$	FUD	
40808	71	30	Biopsy, vestibule of mouth
40810	61	30	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	152	30	with simple repair
40814	202	30	with complex repair
40816	303	30	complex, with excision of underlying muscle
40818	202	30	Excision of mucosa of vestibule of mouth as donor graft
40819	152	30	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	51	30	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)

REPAIR

CPT	MAR$	FUD	
40830	101	30	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	192	30	over 2.5 cm or complex
40840	809	45	Vestibuloplasty; anterior
40842	809	45	posterior, unilateral
40843	1,012	60	posterior, bilateral
40844	1,214	60	entire arch
40845	1,416	60	complex (including ridge extension, muscle repositioning)

OTHER PROCEDURES

CPT	MAR$	FUD	
40899	DOP	-	Unlisted procedure, vestibule of mouth

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TONGUE AND FLOOR OF MOUTH

INCISION

CPT	MAR$	FUD	
41000*	81	0	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005*	81	0	sublingual, superficial
41006	81	30	sublingual, deep, supramylohyoid
41007	81	30	submental space
41008	81	30	submandibular space
41009	81	30	masticator space
41010	142	30	Incision of lingual frenum (frenotomy)
41015	71	30	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	101	30	submental
41017	131	30	submandibular
41018	182	30	masticator space

EXCISION

CPT	MAR$	FUD	
41100	71	30	Biopsy of tongue; anterior two-thirds
41105	101	30	posterior one-third
41108	71	30	Biopsy of floor of mouth
41110	91	30	Excision of lesion of tongue without closure
41112	142	30	Excision of lesion of tongue with closure; anterior two-thirds
41113	142	30	posterior one-third
41114	506	45	with local tongue flap
41115	51	30	Excision of lingual frenum (frenectomy)
41116	142	30	Excision, lesion of floor of mouth
41120	910	45	Glossectomy; less than one-half tongue
41130	1,113	60	hemiglossectomy
41135	2,225	90	partial, with unilateral radical neck dissection
41140	1,770	90	complete or total, with or without tracheostomy, without radical neck dissection
41145	2,832	90	complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	2,225	90	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	2,832	90	composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	3,035	90	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)

REPAIR

CPT	MAR$	FUD	
41250*	111	0	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251*	152	0	posterior one-third of tongue
41252*	303	0	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex

OTHER PROCEDURES

CPT	MAR$	FUD	
41500	506	45	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	1,012	60	Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	202	30	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41599	DOP	-	Unlisted procedure, tongue, floor of mouth

DENTOALVEOLAR STRUCTURES

INCISION

CPT	MAR$	FUD	
41800*	91	0	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	81	30	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	101	30	bone

EXCISION, DESTRUCTION

CPT	MAR$	FUD	
41820	405	30	Gingivectomy, excision gingiva, each quadrant
41821	81	30	Operculectomy, excision pericoronal tissues
41822	101	30	Excision of fibrous tuberosities, dentoalveolar structures

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CPT	MAR$	FUD	
41823	202	30	Excision of osseous tuberosities, dentoalveolar structures
41825	61	30	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	101	30	with simple repair
41827	202	30	with complex repair
41828	152	30	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	152	30	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	61	30	Destruction of lesion (except excision), dentoalveolar structures

OTHER PROCEDURES

CPT	MAR$	FUD	
41870	384	30	Periodontal mucosal grafting
41872	293	30	Gingivoplasty, each quadrant (specify)
41874	293	30	Alveoloplasty, each quadrant (specify)
41899	DOP	-	Unlisted procedure, dentoalveolar structures

PALATE AND UVULA

INCISION

CPT	MAR$	FUD	
42000*	81	0	Drainage of abscess of palate, uvula

EXCISION, DESTRUCTION

CPT	MAR$	FUD	
42100	61	30	Biopsy of palate, uvula
42104	81	30	Excision, lesion of palate, uvula; without closure
42106	142	30	with simple primary closure
42107	1,618	90	with local flap closure
42120	1,517	90	Resection of palate or extensive resection of lesion
42140	101	30	Uvulectomy, excision of uvula
42145	1,376	60	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	91	30	Destruction of lesion, palate or uvula (thermal, cryo or chemical)

REPAIR

CPT	MAR$	FUD	
42180	162	30	Repair, laceration of palate; up to 2 cm
42182	303	30	over 2 cm or complex
42200	1,639	90	Palatoplasty for cleft palate, soft and/or hard palate only
42205	2,023	90	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	2,276	90	with bone graft to alveolar ridge (includes obtaining graft)
42215	1,639	90	Palatoplasty for cleft palate; major revision
42220	1,730	90	secondary lengthening procedure
42225	1,730	90	attachment pharyngeal flap
42226	1,770	90	Lengthening of palate, and pharyngeal flap
42227	1,770	90	Lengthening of palate, with island flap
42235	556	45	Repair of anterior palate, including vomer flap
42260	607	45	Repair of nasolabial fistula
42280	81	30	Maxillary impression for palatal prosthesis
42281	40	30	Insertion of pin-retained palatal prosthesis

OTHER PROCEDURES

CPT	MAR$	FUD	
42299	DOP	-	Unlisted procedure, palate, uvula

SALIVARY GLAND AND DUCTS

INCISION

CPT	MAR$	FUD	
42300*	182	0	Drainage of abscess; parotid, simple
42305	303	30	parotid, complicated
42310*	121	0	submaxillary or sublingual, intraoral
42320*	253	0	submaxillary, external
42325	101	30	Fistulization of sublingual salivary cyst (ranula);
42326	121	30	with prosthesis
42330	91	30	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	243	30	submandibular (submaxillary), complicated, intraoral
42340	607	45	parotid, extraoral or complicated intraoral

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CPT	MAR$	FUD	

EXCISION

CPT	MAR$	FUD	Description
42400*	101	0	Biopsy of salivary gland; needle
42405	212	30	incisional
42408	303	30	Excision of sublingual salivary cyst (ranula)
42409	253	30	Marsupialization of sublingual salivary cyst (ranula)
42410	627	45	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	1,669	90	lateral lobe, with dissection and preservation of facial nerve
42420	2,063	90	total, with dissection and preservation of facial nerve
42425	1,376	60	total, en bloc removal with sacrifice of facial nerve
42426	2,832	90	total, with unilateral radical neck dissection
42440	1,062	60	Excision of submandibular (submaxillary) gland
42450	1,062	60	Excision of sublingual gland

REPAIR

CPT	MAR$	FUD	Description
42500	718	45	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	1,062	60	secondary or complicated
42507	1,315	60	Parotid duct diversion, bilateral (Wilke type procedure);
42508	1,315	60	with excision of one submandibular gland
42509	2,225	90	with excision of both submandibular glands
42510	1,366	60	with ligation of both submandibular (Wharton's) ducts

OTHER PROCEDURES

CPT	MAR$	FUD	Description
42550	71	30	Injection procedure for sialography
42600	1,012	60	Closure salivary fistula
42650*	51	0	Dilation salivary duct
42660*	61	0	Dilation and catheterization of salivary duct, with or without injection
42665	121	30	Ligation salivary duct, intraoral
42699	DOP	-	Unlisted procedure, salivary glands or ducts

PHARYNX, ADENOIDS, AND TONSILS

INCISION

CPT	MAR$	FUD	Description
42700*	131	0	Incision and drainage abscess; peritonsillar
42720	202	30	retropharyngeal or parapharyngeal, intraoral approach
42725	506	45	retropharyngeal or parapharyngeal, external approach

EXCISION, DESTRUCTION

CPT	MAR$	FUD	Description
42800	91	30	Biopsy; oropharynx
42802	152	30	hypopharynx
42804	111	30	nasopharynx, visible lesion, simple
42806	121	30	nasopharynx, survey for unknown primary lesion
42808	303	30	Excision or destruction of lesion of pharynx, any method
42809	101	30	Removal of foreign body from pharynx
42810	384	30	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	1,042	60	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	516	45	Tonsillectomy and adenoidectomy; under age 12
42821	556	45	age 12 or over
42825	496	30	Tonsillectomy, primary or secondary; under age 12
42826	536	45	age 12 or over
42830	293	30	Adenoidectomy, primary; under age 12
42831	324	30	age 12 or over
42835	273	30	Adenoidectomy, secondary; under age 12
42836	293	30	age 12 or over
42842	1,537	90	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	1,841	90	closure with local flap (eg, tongue, buccal)
42845	1,841	90	closure with other flap

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CPT	MAR$	FUD	
42860	303	30	Excision of tonsil tags
42870	526	45	Excision or destruction lingual tonsil, any method (separate procedure)
42880	708	45	Excision nasopharyngeal lesion (eg, fibroma)
42890	1,214	60	Limited pharyngectomy
42892	1,618	90	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	1,922	90	Resection of pharyngeal wall requiring closure with myocutaneous flap

REPAIR

CPT	MAR$	FUD	
42900	506	45	Suture pharynx for wound or injury
42950	1,264	60	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	1,264	60	Pharyngoesophageal repair

OTHER PROCEDURES

CPT	MAR$	FUD	
42955	455	30	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	131	30	Control oropharyngeal hemorrhage, primary or secondary (eg, posttonsillectomy); simple
42961	152	30	complicated, requiring hospitalization
42962	283	30	with secondary surgical intervention
42970	253	30	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization
42971	303	30	complicated, requiring hospitalization
42972	374	30	with secondary surgical intervention
42999	DOP	-	Unlisted procedure, pharynx, adenoids, or tonsils

ESOPHAGUS

INCISION

CPT	MAR$	FUD	
43020	1,416	60	Esophagotomy, cervical approach, with removal of foreign body
43030	1,315	60	Cricopharyngeal myotomy
43045	1,821	90	Esophagotomy, thoracic approach, with removal of foreign body

EXCISION

CPT	MAR$	FUD	
43100	1,517	90	Excision of lesion, esophagus, with primary repair; cervical approach
43101	2,225	90	thoracic or abdominal approach
43107	4,653	90	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43108	5,361	90	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es)
43112	4,855	90	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43113	5,563	90	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es)
43116	4,855	90	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117	4,754	90	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)
43118	5,058	90	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es)
43121	4,703	90	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122	4,703	90	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
43123	5,058	90	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es)

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CPT	MAR$	FUD	
43124	4,248	90	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130	1,366	60	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	2,023	90	thoracic approach

ENDOSCOPY

CPT	MAR$	FUD	
43200	303	30	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43202	354	30	with biopsy, single or multiple
43204	577	45	with injection sclerosis of esophageal varices
43205	617	45	with band ligation of esophageal varices
43215	425	30	with removal of foreign body
43216	435	30	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	445	30	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219	455	30	with insertion of plastic tube or stent
43220	405	30	with balloon dilation (less than 30 mm diameter)
43226	415	30	with insertion of guide wire followed by dilation over guide wire
43227	577	45	with control of bleeding, any method
43228	577	45	with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43234	314	30	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	425	30	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)
43239	435	30	with biopsy, single or multiple
43241	425	30	with transendoscopic tube or catheter placement
43243	708	45	with injection sclerosis of esophageal and/or gastric varices
43244	708	45	with band ligation of esophageal and/or gastric varices
43245	526	45	with dilation of gastric outlet for obstruction, any method
43246	718	45	with directed placement of percutaneous gastrostomy tube
43247	526	45	with removal of foreign body
43248	506	45	with insertion of guide wire followed by dilation of esophagus over guide wire
43249	455	30	with balloon dilation of esophagus (less than 30 mm diameter)
43250	536	45	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251	546	45	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	688	45	with control of bleeding, any method
43258	708	45	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43259	860	45	with endoscopic ultrasound examination
43260	860	45	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261	860	45	with biopsy, single or multiple
43262	1,062	60	with sphincterotomy/papillotomy
43263	860	45	with pressure measurement of sphincter of oddi (pancreatic duct or common bile duct)
43264	1,264	60	with endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts
43265	1,264	60	with endoscopic retrograde destruction, lithotripsy of stone(s), any method
43267	1,062	60	with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube

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CPT	MAR$	FUD	
43268	1,062	60	with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269	860	45	with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271	1,062	60	with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272	1,062	60	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

REPAIR

CPT	MAR$	FUD	
43300	1,922	90	Esophagoplasty, (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	2,225	90	with repair of tracheoesophageal fistula
43310	2,529	90	Esophagoplasty, (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	2,933	90	with repair of tracheoesophageal fistula
43320	2,326	90	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43324	2,023	90	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)
43325	2,326	90	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43326	2,225	90	with gastroplasty (eg, Collis)
43330	1,942	90	Esophagomyotomy (Heller type); abdominal approach
43331	1,942	90	thoracic approach
43340	2,428	90	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	2,529	90	thoracic approach
43350	1,517	90	Esophagostomy, fistulization of esophagus, external; abdominal approach
43351	1,416	60	thoracic approach
43352	1,416	60	cervical approach
43360	4,046	90	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361	4,552	90	with colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es)
43400	2,023	90	Ligation, direct, esophageal varices
43401	2,225	90	Transection of esophagus with repair, for esophageal varices
43405	2,023	90	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410	1,517	90	Suture of esophageal wound or injury; cervical approach
43415	1,942	90	transthoracic or transabdominal approach
43420	1,366	60	Closure of esophagostomy or fistula; cervical approach
43425	2,225	90	transthoracic or transabdominal approach

MANIPULATION

CPT	MAR$	FUD	
43450*	182	0	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	303	30	Dilation of esophagus, over guide wire
43456	405	30	Dilation of esophagus, by balloon or dilator, retrograde
43458	364	30	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
43460	405	30	Esophagogastric tamponade, with balloon (sengstaaken type)

OTHER PROCEDURES

CPT	MAR$	FUD	
43499	DOP	-	Unlisted procedure, esophagus

STOMACH

INCISION

CPT	MAR$	FUD	
43500	1,366	60	Gastrotomy; with exploration or foreign body removal
43501	1,669	90	with suture repair of bleeding ulcer

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CPT	MAR$	FUD	
43502	1,922	90	with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510	1,416	60	with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520	1,163	60	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)

EXCISION

CPT	MAR$	FUD	
43600	142	30	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
43605	1,366	60	by laparotomy
43610	1,517	90	Excision, local; ulcer or benign tumor of stomach
43611	2,124	90	malignant tumor of stomach
43620	2,832	90	Gastrectomy, total; with esophagoenterostomy
43621	2,933	90	with Roux-en-Y reconstruction
43622	3,136	90	with formation of intestinal pouch, any type
43631	2,428	90	Gastrectomy, partial, distal; with gastroduodenostomy
43632	2,428	90	with gastrojejunostomy
43633	2,529	90	with Roux-en-Y reconstruction
43634	2,731	90	with formation of intestinal pouch
43635	303	0	Vagotomy with partial distal gastrectomy (List separately in addition to code(s) for primary procedure) (Use 43635 only with 43631, 43632, 43633, 43634)
43638	2,832	90	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy;
43639	2,933	90	with pyloroplasty or pyloromyotomy
43640	1,871	90	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	2,023	90	parietal cell (highly selective)

INTRODUCTION

CPT	MAR$	FUD	
43750	405	30	Percutaneous placement of gastrostomy tube
43760*	81	0	Change of gastrostomy tube
43761	202	30	Repositioning of the gastric feeding tube through the duodenum for enteric nutrition

OTHER PROCEDURES

CPT	MAR$	FUD	
43800	1,467	60	Pyloroplasty
43810	1,537	90	Gastroduodenostomy
43820	1,537	90	Gastrojejunostomy; without vagotomy
43825	1,851	90	with vagotomy, any type
43830	1,163	60	Gastrostomy, temporary (tube, rubber or plastic) (separate procedure);
43831	900	45	neonatal, for feeding
43832	1,618	90	Gastrostomy, permanent, with construction of gastric tube
43840	1,416	60	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842	1,720	90	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	1,720	90	other than vertical-banded gastroplasty
43846	1,821	90	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy
43847	2,225	90	with small bowel reconstruction to limit absorption
43848	2,326	90	Revision of gastric restrictive procedure for morbid obesity (separate procedure)
43850	2,023	90	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855	2,326	90	with vagotomy
43860	2,023	90	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or bowel resection; without vagotomy
43865	2,326	90	with vagotomy
43870	1,012	60	Closure of gastrostomy, surgical
43880	1,618	90	Closure of gastrocolic fistula
43999	DOP	-	Unlisted procedure, stomach

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INTESTINES (EXCEPT RECTUM)

INCISION

CPT	MAR$	FUD	
44005	1,477	60	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010	1,507	60	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015	860	0	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (list separately in addition to primary procedure)
44020	1,477	60	Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	1,416	60	for decompression (eg, Baker tube)
44025	1,578	90	Colotomy, for exploration, biopsy(s), or foreign body removal
44050	1,467	60	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	1,416	60	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, ladd procedure)

EXCISION

CPT	MAR$	FUD	
44100	263	30	Biopsy of intestine by capsule, tube, peroral (one or more specimens)
44110	1,527	90	Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	1,720	90	multiple enterotomies
44120	1,780	90	Enterectomy, resection of small intestine; single resection and anastomosis
44121	657	45	each additional resection and anastomosis
44125	1,780	90	with enterostomy
44130	1,517	90	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44139	324	0	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)
44140	1,871	90	Colectomy, partial; with anastomosis
44141	2,023	90	with skin level cecostomy or colostomy
44143	1,922	90	with end colostomy and closure of distal segment (Hartmann type procedure)
44144	1,902	90	with resection, with colostomy or ileostomy and creation of mucofistula
44145	2,154	90	with coloproctostomy (low pelvic anastomosis)
44146	2,326	90	with coloproctostomy (low pelvic anastomosis), with colostomy
44147	2,529	90	abdominal and transanal approach
44150	2,529	90	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	2,731	90	with continent ileostomy
44152	3,237	90	with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy
44153	4,299	90	with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
44155	3,035	90	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	3,237	90	with continent ileostomy
44160	1,922	90	Colectomy with removal of terminal ileum and ileocolostomy

ENTEROSTOMY - EXTERNAL FISTULIZATION OF INTESTINES

CPT	MAR$	FUD	
44300	910	45	Enterostomy or cecostomy, tube (eg, for decompression or feeding) (separate procedure)
44310	1,467	60	Ileostomy or jejunostomy, non-tube (separate procedure)
44312	283	30	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	1,618	90	complicated (reconstruction in-depth) (separate procedure)
44316	2,225	90	Continent ileostomy (Kock procedure) (separate procedure)
44320	1,163	60	Colostomy or skin level cecostomy; (separate procedure)
44322	1,214	60	with multiple biopsies (eg, for Hirschsprung disease) (separate procedure)
44340	253	30	Revision of colostomy; simple (release of superficial scar) (separate procedure)

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CPT	MAR$	FUD	
44345	1,214	60	complicated (reconstruction in-depth) (separate procedure)
44346	1,264	60	with repair of paracolostomy hernia (separate procedure)

ENDOSCOPY, SMALL BOWEL AND STOMAL

CPT	MAR$	FUD	
44360	455	30	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)
44361	526	45	with biopsy, single or multiple
44363	546	45	with removal of foreign body
44364	577	45	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	566	45	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	657	45	with control of bleeding, any method
44369	698	45	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44372	718	45	with placement of percutaneous jejunostomy tube
44373	718	45	with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376	961	45	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	1,012	60	with biopsy, single or multiple
44378	1,143	60	with control of bleeding, any method
44380	334	30	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382	364	30	with biopsy, single or multiple
44385	364	30	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	394	30	with biopsy, single or multiple
44388	455	30	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	496	30	with biopsy, single or multiple
44390	587	45	with removal of foreign body
44391	657	45	with control of bleeding, any method
44392	577	45	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	708	45	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	657	45	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

INTRODUCTION

CPT	MAR$	FUD	
44500	131	30	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)

REPAIR

CPT	MAR$	FUD	
44602	1,366	60	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	1,770	90	multiple perforations
44604	1,770	90	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	1,588	90	with colostomy
44615	1,790	90	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620	1,012	60	Closure of enterostomy, large or small intestine;
44625	1,467	60	with resection and anastomosis
44640	1,315	60	Closure of intestinal cutaneous fistula
44650	1,416	60	Closure of enteroenteric or enterocolic fistula

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CPT	MAR$	FUD	
44660	1,416	60	Closure of enterovesical fistula; without intestinal or bladder resection
44661	2,225	90	with bowel and/or bladder resection
44680	1,821	90	Intestinal plication (separate procedure)

OTHER PROCEDURES

CPT	MAR$	FUD	
44799	DOP	-	Unlisted procedure, intestine

MECKEL'S DIVERTICULUM AND THE MESENTERY

EXCISION

CPT	MAR$	FUD	
44800	1,214	60	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820	1,012	60	Excision of lesion of mesentery (separate procedure)

SUTURE

CPT	MAR$	FUD	
44850	1,062	60	Suture of mesentery (separate procedure)

OTHER PROCEDURES

CPT	MAR$	FUD	
44899	DOP	-	Unlisted procedure, Meckel's diverticulum and the mesentery

APPENDIX

INCISION

CPT	MAR$	FUD	
44900	1,012	60	Incision and drainage of appendiceal abscess, transabdominal

EXCISION

CPT	MAR$	FUD	
44950	1,012	60	Appendectomy;
44955	61	30	when done for indicated purpose at time of other major procedure (not as separate procedure)
44960	1,113	60	for ruptured appendix with abscess or generalized peritonitis

RECTUM

INCISION

CPT	MAR$	FUD	
45000	354	30	Transrectal drainage of pelvic abscess
45005	243	30	Incision and drainage of submucosal abscess, rectum
45020	455	30	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess

EXCISION

CPT	MAR$	FUD	
45100	405	30	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	809	45	Anorectal myomectomy
45110	2,832	90	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	2,124	90	partial resection of rectum, transabdominal approach
45112	3,035	90	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	3,439	90	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114	2,630	90	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116	2,124	90	transacral approach only (Kraske type)
45120	3,136	90	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121	2,782	90	with subtotal or total colectomy, with multiple biopsies
45123	2,023	90	Proctectomy, partial, without anastomosis, perineal approach
45130	1,517	90	Excision of rectal procidentia, with anastomosis; perineal approach
45135	2,529	90	abdominal and perineal approach
45150	1,012	60	Division of stricture of rectum
45160	1,922	90	Excision of rectal tumor by proctotomy, transacral or transcoccygeal approach
45170	303	30	Excision of rectal tumor, transanal approach

DESTRUCTION

CPT	MAR$	FUD	
45190	1,214	60	Destruction of rectal tumor, any method (eg, electrodesiccation) transanal approach

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CPT	MAR$	FUD	

ENDOSCOPY

CPT	MAR$	FUD	Description
45300	71	30	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	71	30	with dilation, any method
45305	121	30	with biopsy, single or multiple
45307	253	30	with removal of foreign body
45308	223	30	with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	273	30	with removal of single tumor, polyp, or other lesion by snare technique
45315	283	30	with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	303	30	with control of bleeding, any method
45320	314	30	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)
45321	303	30	with decompression of volvulus
45330	131	30	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	182	30	with biopsy, single or multiple
45332	202	30	with removal of foreign body
45333	202	30	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	354	30	with control of bleeding, any method
45337	263	30	with decompression of volvulus, any method
45338	273	30	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	374	30	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45355	405	30	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	516	45	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)
45379	860	45	with removal of foreign body
45380	668	45	with biopsy, single or multiple
45382	809	45	with control of bleeding, any method
45383	860	45	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	749	45	with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	809	45	with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

REPAIR

CPT	MAR$	FUD	Description
45500	1,012	60	Proctoplasty; for stenosis
45505	1,113	60	for prolapse of mucous membrane
45520	81	30	Perirectal injection of sclerosing solution for prolapse
45540	1,770	90	Proctopexy for prolapse; abdominal approach
45541	1,800	90	perineal approach
45550	2,185	90	Proctopexy combined with sigmoid resection, abdominal approach
45560	708	45	Repair of rectocele (separate procedure)
45562	1,720	90	Exploration, repair, and presacral drainage for rectal injury;
45563	2,630	90	with colostomy
45800	1,922	90	Closure of rectovesical fistula;
45805	2,124	90	with colostomy
45820	1,922	90	Closure of rectourethral fistula;
45825	2,124	90	with colostomy

MANIPULATION

CPT	MAR$	FUD	Description
45900*	223	0	Reduction of procidentia (separate procedure) under anesthesia
45905*	152	0	Dilation of anal sphincter (separate procedure) under anesthesia other than local

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CPT	MAR$	FUD	
45910	152	30	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915*	253	0	Removal of fecal impaction or foreign body (separate procedure) under anesthesia

OTHER PROCEDURES

CPT	MAR$	FUD	
45999	DOP	-	Unlisted procedure, rectum

ANUS

INCISION

CPT	MAR$	FUD	
46030*	61	0	Removal of anal seton, other marker
46040	233	30	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	233	30	Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia
46050*	81	0	Incision and drainage, perianal abscess, superficial
46060	860	45	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	162	30	Incision, anal septum (infant)
46080*	121	0	Sphincterotomy, anal, division of sphincter (separate procedure)
46083	81	30	Incision of thrombosed hemorrhoid, external

EXCISION

CPT	MAR$	FUD	
46200	405	30	Fissurectomy, with or without sphincterotomy
46210	152	30	Cryptectomy; single
46211	506	45	multiple (separate procedure)
46220	61	30	Papillectomy or excision of single tag, anus (separate procedure)
46221	202	30	Hemorrhoidectomy, by simple ligature (eg, rubber band)
46230	121	30	Excision of external hemorrhoid tags and/or multiple papillae
46250	506	45	Hemorrhoidectomy, external, complete
46255	809	45	Hemorrhoidectomy, internal and external, simple;
46257	860	45	with fissurectomy
46258	910	45	with fistulectomy, with or without fissurectomy
46260	860	45	Hemorrhoidectomy, internal and external, complex or extensive;
46261	860	45	with fissurectomy
46262	910	45	with fistulectomy, with or without fissurectomy
46270	607	45	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	840	45	submuscular
46280	910	45	complex or multiple, with or without placement of seton
46285	202	30	second stage
46288	1,062	60	Closure of anal fistula with rectal advancement flap
46320*	121	0	Enucleation or excision of external thrombotic hemorrhoid

INTRODUCTION

CPT	MAR$	FUD	
46500*	51	0	Injection of sclerosing solution, hemorrhoids

ENDOSCOPY

CPT	MAR$	FUD	
46600	71	30	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
46604	182	30	with dilation, any method
46606	111	30	with biopsy, single or multiple
46608	212	30	with removal of foreign body
46610	182	30	with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	233	30	with removal of single tumor, polyp, or other lesion by snare technique
46612	253	30	with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46614	283	30	with control of bleeding, any method
46615	384	30	with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

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CPT	MAR$	FUD	

REPAIR

CPT	MAR$	FUD	Description
46700	910	45	Anoplasty, plastic operation for stricture; adult
46705	1,012	60	infant
46715	1,214	60	Repair of low imperforate anus; with anoperineal fistula ("cut-back" procedure)
46716	1,366	60	with transposition of anoperineal or anovestibular fistula
46730	2,883	90	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	3,237	90	combined transabdominal and sacroperineal approaches
46740	2,731	90	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	3,641	90	combined transabdominal and sacroperineal approaches
46744	4,147	90	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	4,552	90	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	5,058	90	with vaginal lengthening by intestinal graft or pedicle flaps
46750	1,062	60	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	1,103	60	child
46753	1,517	90	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	303	30	Removal of Thiersch wire or suture, anal canal
46760	1,416	60	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	2,023	90	levator muscle imbrication (Park posterior anal repair)
46762	2,579	90	implantation artificial sphincter

DESTRUCTION

CPT	MAR$	FUD	Description
46900*	51	0	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
46910*	81	0	electrodesiccation
46916	71	30	cryosurgery
46917	121	30	laser surgery
46922	101	30	surgical excision
46924	455	30	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method
46934	172	30	Destruction of hemorrhoids, any method; internal
46935	101	30	external
46936	142	30	internal and external
46937	142	30	Cryosurgery of rectal tumor; benign
46938	303	30	malignant
46940	202	30	Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	202	30	subsequent

SUTURE

CPT	MAR$	FUD	Description
46945	172	30	Ligation of internal hemorrhoids; single procedure
46946	344	30	multiple procedures

OTHER PROCEDURE

CPT	MAR$	FUD	Description
46999	DOP	-	Unlisted procedure, anus

LIVER

INCISION

CPT	MAR$	FUD	Description
47000*	202	0	Biopsy of liver, needle; percutaneous
47001	131	0	when done for indicated purpose at time of other major procedure
47010	1,618	90	Hepatotomy for drainage of abscess or cyst, one or two stages
47015	1,416	60	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)

EXCISION

CPT	MAR$	FUD	Description
47100	1,012	60	Biopsy of liver, wedge
47120	2,933	90	Hepatectomy, resection of liver; partial lobectomy
47122	3,945	90	trisegmentectomy
47125	3,945	90	total left lobectomy

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CPT	MAR$	FUD	
47130	3,945	90	total right lobectomy
47133	4,653	0	Donor hepatectomy, with preparation and maintenance of allograft; from cadaver donor
47134	7,586	90	partial, from living donor
47135	15,173	90	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	13,150	90	heterotopic, partial or whole, from cadaver or living donor, any age

REPAIR

CPT	MAR$	FUD	
47300	1,618	90	Marsupialization of cyst or abscess of liver
47350	1,517	90	Hepatorrhaphy, suture of liver wound or injury; simple
47355	1,821	90	with common duct or gallbladder drainage
47360	2,023	90	complex, with or without hepatic artery ligation

OTHER PROCEDURES

CPT	MAR$	FUD	
47399	DOP	-	Unlisted procedure, liver

BILIARY TRACT

INCISION

CPT	MAR$	FUD	
47400	2,124	90	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	1,922	90	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425	2,276	90	with transduodenal sphincterotomy or sphincteroplasty
47460	2,124	90	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480	1,264	60	Cholecystotomy or cholecystostomy with exploration, drainage, or removal of calculus (separate procedure)
47490	455	30	Percutaneous cholecystostomy

INTRODUCTION

CPT	MAR$	FUD	
47500	243	30	Injection procedure for percutaneous transhepatic cholangiography
47505	273	30	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)
47510	708	45	Introduction of percutaneous transhepatic catheter for biliary drainage
47511	910	45	Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	253	30	Change of percutaneous biliary drainage catheter
47530	577	45	Revision and/or reinsertion of transhepatic tube

ENDOSCOPY

CPT	MAR$	FUD	
47550	556	45	Biliary endoscopy, intraoperative (choledochoscopy)
47552	688	45	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553	738	45	with biopsy, single or multiple
47554	1,092	60	with removal of stone(s)
47555	910	45	with dilation of biliary duct stricture(s) without stent
47556	1,012	60	with dilation of biliary duct stricture(s) with stent

EXCISION

CPT	MAR$	FUD	
47600	1,436	60	Cholecystectomy;
47605	1,618	90	with cholangiography
47610	2,023	90	Cholecystectomy with exploration of common duct;
47612	2,124	90	with choledochoenterostomy
47620	2,225	90	with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47630	708	45	Biliary duct stone extraction, percutaneous via T-tube tract, basket or snare (eg, Burhenne technique)
47700	1,821	90	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701	4,248	90	Portoenterostomy (eg, Kasai procedure)

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CPT	MAR$	FUD	
47711	2,529	90	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	3,540	90	intrahepatic
47715	2,023	90	Excision of choledochal cyst
47716	1,720	90	Anastomosis, choledochal cyst, without excision

REPAIR

CPT	MAR$	FUD	
47720	1,517	90	Cholecystoenterostomy; direct
47721	1,922	90	with gastroenterostomy
47740	1,720	90	Roux-en-Y
47741	2,529	90	Roux-en-Y with gastroenter-stomy
47760	2,124	90	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	2,023	90	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	2,428	90	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	3,641	90	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	2,225	90	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801	1,113	60	Placement of choledochal stent
47802	1,821	90	U-tube hepaticoenterostomy
47900	2,326	90	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)

OTHER PROCEDURES

CPT	MAR$	FUD	
47999	DOP	-	Unlisted procedure, biliary tract

PANCREAS

INCISION

CPT	MAR$	FUD	
48000	1,720	90	Placement of drains, peripancreatic, for acute pancreatitis;
48001	1,922	90	with cholecystostomy, gastrostomy, and jejunostomy
48005	1,720	90	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48020	2,023	90	Removal of pancreatic calculus

EXCISION

CPT	MAR$	FUD	
48100	1,517	0	Biopsy of pancreas, open, any method (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48102*	303	0	Biopsy of pancreas, percutaneous needle
48120	1,770	90	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	2,023	90	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	2,428	90	with pancreaticojejunostomy
48146	3,035	90	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	1,821	90	Excision of ampulla of Vater
48150	3,540	90	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy,choledochoen-erostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
48152	3,338	90	without pancreatojejunostomy
48153	3,540	90	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154	3,338	90	without pancreatojejunostomy
48155	2,428	90	Pancreatectomy, total
48160	DOP	-	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islets
48180	2,529	90	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

INTRODUCTION

CPT	MAR$	FUD	
48400	243	30	Injection procedure for intraoperative pancreatography

REPAIR

CPT	MAR$	FUD	
48500	1,517	90	Marsupialization of cyst of pancreas
48510	2,023	90	External drainage, pseudocyst of pancreas
48520	1,720	90	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	2,023	90	Roux-en-Y

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CPT	MAR$	FUD	
48545	1,871	90	Pancreatorrhaphy for trauma
48547	2,579	90	Duodenal exclusion with gastrojejunostomy for pancreatic trauma

PANCREAS TRANSPLANTATION

CPT	MAR$	FUD	
48550	DOP	-	Donor pancreatectomy, with preparation and maintenance of allograft from cadaver donor, with or without duodenal segment for transplantation
48554	DOP	-	Transplantation of pancreatic allograft
48556	DOP	-	Removal of transplanted pancreatic allograft

OTHER PROCEDURES

CPT	MAR$	FUD	
48999	DOP	-	Unlisted procedure, pancreas

ABDOMEN, PERITONEUM, AND OMENTUM

INCISION

CPT	MAR$	FUD	
49000	1,012	60	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	809	45	Reopening of recent laparotomy
49010	1,012	60	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020	1,113	60	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, transabdominal
49040	1,315	60	Drainage of subdiaphragmatic or subphrenic abscess
49060	1,113	60	Drainage of retroperitoneal abscess
49080*	152	0	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081*	131	0	subsequent
49085	1,012	60	Removal of peritoneal foreign body from peritoneal cavity

EXCISION, DESTRUCTION

CPT	MAR$	FUD	
49180*	303	0	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49200	1,416	60	Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
49201	2,124	90	extensive
49215	1,669	90	Excision of presacral or sacrococcygeal tumor
49220	2,225	90	Staging celiotomy (laparotomy) for Hodgkin's 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)
49250	809	45	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255	1,012	60	Omentectomy, epiploectomy, resection of omentum (separate procedure)

INTRODUCTION, REVISION, AND/OR REMOVAL

CPT	MAR$	FUD	
49400*	121	0	Injection of air or contrast into peritoneal cavity (separate procedure)
49420*	152	0	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421	303	30	permanent
49422	405	30	Removal of permanent intraperitoneal cannula or catheter
49425	1,264	60	Insertion of peritoneal-venous shunt
49426	2,023	90	Revision of peritoneal-venous shunt
49427	263	30	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
49428	607	45	Ligation of peritoneal-venous shunt
49429	961	45	Removal of peritoneal-venous shunt

REPAIR

HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY

CPT	MAR$	FUD	
49495	1,062	60	Repair initial inguinal hernia, under age 6 months, with or without hydrocelectomy; reducible
49496	1,345	60	incarcerated or strangulated
49500	809	45	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501	1,092	60	incarcerated or strangulated
49505	860	45	Repair initial inguinal hernia, age 5 years or over; reducible

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CPT	MAR$	FUD	
49507	1,143	60	incarcerated or strangulated
49520	1,113	60	Repair recurrent inguinal hernia, any age; reducible
49521	1,396	60	incarcerated or strangulated
49525	910	45	Repair inguinal hernia, sliding, any age
49540	1,042	60	Repair lumbar hernia
49550	900	45	Repair initial femoral hernia, any age, reducible;
49553	1,183	60	incarcerated or strangulated
49555	1,062	60	Repair recurrent femoral hernia; reducible
49557	1,345	60	incarcerated or strangulated
49560	1,163	60	Repair initial incisional hernia; reducible
49561	1,446	60	incarcerated or strangulated
49565	1,315	60	Repair recurrent incisional hernia; reducible
49566	1,598	90	incarcerated or strangulated
49568	202	0	Implantation of mesh or other prosthesis for incisional hernia repair (list separately in addition to code for the incisional hernia repair)
49570	405	30	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	688	45	incarcerated or strangulated
49580	708	45	Repair umbilical hernia, under age 5 years; reducible
49582	991	45	incarcerated or strangulated
49585	809	45	Repair umbilical hernia, age 5 years or over; reducible
49587	1,092	60	incarcerated or strangulated
49590	910	45	Repair spigelian hernia
49600	1,062	60	Repair of small omphalocele, with primary closure
49605	2,630	90	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	2,124	90	with removal of prosthesis, final reduction and closure, in operating room
49610	1,214	60	Repair of omphalocele (Gross type operation); first stage
49611	1,214	60	second stage

SUTURE

CPT	MAR$	FUD	
49900	627	45	Suture, secondary, of abdominal wall for evisceration or dehiscence

OTHER PROCEDURES

CPT	MAR$	FUD	
49905	1,274	0	Omental flap (eg, for reconstruction of sternal and chest wall defects) (list separately in addition to code for primary procedure)
49999	DOP	-	Unlisted procedure, abdomen, peritoneum and omentum

URINARY SYSTEM

KIDNEY

INCISION

CPT	MAR$	FUD	
50010	1,517	90	Renal exploration, not necessitating other specific procedures
50020	1,366	60	Drainage of perirenal or renal abscess (separate procedure)
50040	1,821	90	Nephrostomy, nephrotomy with drainage
50045	1,821	90	Nephrotomy, with exploration
50060	2,023	90	Nephrolithotomy; removal of calculus
50065	2,529	90	secondary surgical operation for calculus
50070	2,529	90	complicated by congenital kidney abnormality
50075	2,630	90	removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
50080	2,023	90	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting or basket extraction; up to 2 cm
50081	2,326	90	over 2 cm
50100	1,649	90	Transection or repositioning of aberrant renal vessels (separate procedure)
50120	1,922	90	Pyelotomy; with exploration
50125	1,922	90	with drainage, pyelostomy
50130	2,023	90	with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)

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CPT	MAR$	FUD	
50135	2,529	90	complicated (eg, secondary operation, congenital kidney abnormality)

EXCISION

CPT	MAR$	FUD	
50200*	283	0	Renal biopsy; percutaneous, by trocar or needle
50205	809	45	by surgical exposure of kidney
50220	2,124	90	Nephrectomy, including partial ureterectomy, any approach including rib resection;
50225	2,397	90	complicated because of previous surgery on same kidney
50230	3,287	90	radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234	2,428	90	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	2,832	90	through separate incision
50240	2,428	90	Nephrectomy, partial
50280	1,618	90	Excision or unroofing of cyst(s) of kidney
50290	1,618	90	Excision of perinephric cyst

RENAL TRANSPLANTATION

CPT	MAR$	FUD	
50300	3,035	0	Donor nephrectomy, with preparation and maintenance of allograft; from cadaver donor, unilateral or bilateral
50320	3,287	90	from living donor
50340	2,529	90	Recipient nephrectomy (separate procedure)
50360	3,793	90	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy
50365	5,058	90	with recipient nephrectomy
50370	2,023	90	Removal of transplanted renal allograft
50380	3,793	90	Renal autotransplantation, reimplantation of kidney

INTRODUCTION

CPT	MAR$	FUD	
50390*	253	0	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50392	303	30	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393	405	30	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50394	30	30	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50395	506	45	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396	40	30	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398*	61	0	Change of nephrostomy or pyelostomy tube

REPAIR

CPT	MAR$	FUD	
50400	2,377	90	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405	2,630	90	complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
50500	2,225	90	Nephrorrhaphy, suture of kidney wound or injury
50520	2,276	90	Closure of nephrocutaneous or pyelocutaneous fistula
50525	2,428	90	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526	2,428	90	thoracic approach
50540	2,782	90	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)

ENDOSCOPY

CPT	MAR$	FUD	
50551	708	45	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50553	769	45	with ureteral catheterization, with or without dilation of ureter
50555	789	45	with biopsy
50557	728	45	with fulguration and/or incision, with or without biopsy

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CPT	MAR$	FUD	
50559	819	45	with insertion of radioactive substance with or without biopsy and/or fulguration
50561	920	45	with removal of foreign body or calculus
50570	1,183	60	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50572	1,285	60	with ureteral catheterization, with or without dilation of ureter
50574	1,386	60	with biopsy
50575	1,487	60	with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50576	1,376	60	with fulguration and/or incision, with or without biopsy
50578	1,426	60	with insertion of radioactive substance, with or without biopsy and/or fulguration
50580	1,487	60	with removal of foreign body or calculus

OTHER PROCEDURES

CPT	MAR$	FUD	
50590	3,793	90	Lithotripsy, extracorporeal shock wave

URETER

INCISION

CPT	MAR$	FUD	
50600	1,871	90	Ureterotomy with exploration or drainage (separate procedure)
50605	1,871	90	Ureterotomy for insertion of indwelling stent, all types
50610	1,983	90	Ureterolithotomy; upper one-third of ureter
50620	1,871	90	middle one-third of ureter
50630	2,023	90	lower one-third of ureter

EXCISION

CPT	MAR$	FUD	
50650	2,023	90	Ureterectomy, with bladder cuff (separate procedure)
50660	2,832	90	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach

INTRODUCTION

CPT	MAR$	FUD	
50684	40	30	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter
50686	51	30	Manometric studies through ureterostomy or indwelling ureteral catheter
50688*	101	0	Change of ureterostomy tube
50690	51	30	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service

REPAIR

CPT	MAR$	FUD	
50700	2,023	90	Ureteroplasty, plastic operation on ureter (eg, stricture)
50715	1,821	90	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	1,416	60	Ureterolysis for ovarian vein syndrome
50725	2,529	90	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727	1,426	60	Revision of urinary-cutaneous anastomosis (any type urostomy);
50728	1,629	90	with repair of fascial defect and hernia
50740	2,225	90	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	2,529	90	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	2,326	90	Ureteroureterostomy
50770	2,478	90	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	2,256	90	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	2,670	90	anastomosis of duplicated ureter to bladder
50783	2,802	90	with extensive ureteral tailoring
50785	2,478	90	with vesico-psoas hitch or bladder flap
50800	2,256	90	Ureteroenterostomy, direct anastomosis of ureter to intestine

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CPT	MAR$	FUD	
50810	3,186	90	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including bowel anastomosis
50815	2,883	90	Ureterocolon conduit, including bowel anastomosis
50820	2,933	90	Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation)
50825	4,046	90	Continent diversion, including bowel anastomosis using any segment of small and/or large bowel (Kock pouch or Camey enterocystoplasty)
50830	5,058	90	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840	2,933	90	Replacement of all or part of ureter by bowel segment, including bowel anastomosis
50845	2,933	90	Cutaneous appendico-vesicostomy
50860	1,831	90	Ureterostomy, transplantation of ureter to skin
50900	2,023	90	Ureterorrhaphy, suture of ureter (separate procedure)
50920	2,023	90	Closure of ureterocutaneous fistula
50930	2,326	90	Closure of ureterovisceral fistula (including visceral repair)
50940	1,012	60	Deligation of ureter

ENDOSCOPY

CPT	MAR$	FUD	
50951	223	30	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	253	30	with ureteral catheterization, with or without dilation of ureter
50955	253	30	with biopsy
50957	263	30	with fulguration and/or incision, with or without biopsy
50959	273	30	with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material)
50961	263	30	with removal of foreign body or calculus
50970	233	30	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	263	30	with ureteral catheterization, with or without dilation of ureter
50974	263	30	with biopsy
50976	263	30	with fulguration and/or incision, with or without biopsy
50978	263	30	with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of material)
50980	263	30	with removal of foreign body or calculus

BLADDER

INCISION

CPT	MAR$	FUD	
51000*	51	0	Aspiration of bladder by needle
51005*	51	0	Aspiration of bladder; by trocar or intracatheter
51010	172	30	with insertion of suprapubic catheter
51020	1,315	60	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	1,345	60	with cryosurgical destruction of intravesical lesion
51040	1,214	60	Cystostomy, cystotomy with drainage
51045	1,062	60	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	1,214	60	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060	2,225	90	Transvesical ureterolithotomy
51065	2,225	90	Cystotomy, with stone basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	809	45	Drainage of perivesical or prevesical space abscess

EXCISION

CPT	MAR$	FUD	
51500	1,416	60	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	1,517	90	Cystotomy; for simple excision of vesical neck (separate procedure)

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CPT	MAR$	FUD	
51525	2,023	90	for excision of bladder- verticulum, single or multiple (separate procedure)
51530	1,517	90	for excision of bladder tumor
51535	1,517	90	Cystotomy for excision, incision, or repair of ureterocele
51550	1,720	90	Cystectomy, partial; simple
51555	2,023	90	complicated (eg, postradiation, previous surgery, difficult location)
51565	2,478	90	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	2,579	90	Cystectomy, complete; (separate procedure)
51575	3,793	90	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
51580	4,046	90	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	4,552	90	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
51590	4,552	90	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis;
51595	5,058	90	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
51596	5,563	90	Cystectomy, complete, with continent diversion, any technique, using any segment of small and/or large bowel to construct neobladder
51597	4,855	90	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 thereof

INTRODUCTION

CPT	MAR$	FUD	
51600*	30	0	Injection procedure for cystography or voiding urethrocystography
51605	40	30	Injection procedure and placement of chain for contrast and/or chain urethrocystography
51610	30	30	Injection procedure for retrograde urethrocystography
51700*	30	0	Bladder irrigation, simple, lavage and/or instillation
51705*	51	0	Change of cystostomy tube; simple
51710*	253	0	complicated
51715	506	45	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	81	30	Bladder instillation of anticarcinogenic agent (including detention time)

URODYNAMICS

CPT	MAR$	FUD	
51725	131	30	Simple cystometrogram (CMG) (eg, spinal manometer)
51726	162	30	Complex cystometrogram (eg, calibrated electronic equipment)
51736	30	30	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)
51741	61	30	Complex uroflowmetry (eg, calibrated electronic equipment)
51772	152	30	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
51784	212	30	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique
51785	212	30	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51792	303	30	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)
51795	131	30	Voiding pressure studies (VP); bladder voiding pressure, any technique
51797	192	30	intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)

REPAIR

CPT	MAR$	FUD	
51800	2,023	90	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
51820	3,035	90	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy

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CPT	MAR$	FUD	
51840	1,517	90	Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type); simple
51841	1,821	90	complicated (eg, secondary repair)
51845	2,023	90	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860	1,517	90	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51865	1,821	90	complicated
51880	657	45	Closure of cystostomy (separate procedure)
51900	3,035	90	Closure of vesicovaginal fistula, abdominal approach
51920	1,922	90	Closure of vesicouterine fistula;
51925	2,782	90	with hysterectomy
51940	4,552	90	Closure of bladder exstrophy
51960	3,035	90	Enterocystoplasty, including bowel anastomosis
51980	1,821	90	Cutaneous vesicostomy

ENDOSCOPY - CYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY

CPT	MAR$	FUD	
52000	202	30	Cystourethroscopy (separate procedure)
52005	303	30	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	405	30	with brush biopsy of ureter and/or renal pelvis
52010	303	30	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service

TRANSURETHRAL SURGERY

URETHRA AND BLADDER

CPT	MAR$	FUD	
52204	303	30	Cystourethroscopy, with biopsy
52214	303	30	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	303	30	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	587	45	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm)
52235	1,214	60	MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	1,821	90	LARGE bladder tumor(s)
52250	405	30	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	303	30	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	303	30	local anesthesia
52270	303	30	Cystourethroscopy, with internal urethrotomy; female
52275	354	30	male
52276	809	45	Cystourethroscopy with direct vision internal urethrotomy
52277	860	45	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	303	30	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female
52283	283	30	Cystourethroscopy, with steroid injection into stricture
52285	303	30	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
52290	405	30	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	607	45	with resection or fulguration of ureterocele(s), unilateral or bilateral
52305	607	45	with incision or resection of orifice of bladder diverticulum, single or multiple

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CPT	MAR$	FUD	
52310	405	30	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	759	45	complicated
52317	1,012	60	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	1,396	60	complicated or large (over 2.5 cm)

URETER AND PELVIS

CPT	MAR$	FUD	
52320	759	45	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	809	45	with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	607	45	with subureteric injection of implant material
52330	506	45	with manipulation, without removal of ureteral calculus
52332	506	45	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	607	45	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52335	1,264	60	Cystourethroscopy, with ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method);
52336	1,618	90	with removal or manipulation of calculus (ureteral catheterization is included)
52337	1,821	90	with lithotripsy (ureteral catheterization is included)
52338	1,770	90	with biopsy and/or fulguration of lesion
52339	1,295	60	with resection of tumor

VESICAL NECK AND PROSTATE

CPT	MAR$	FUD	
52340	1,315	60	Cystourethroscopy with incision, fulguration, or resection of bladder neck and/or posterior urethra (congenital valves, obstructive hypertrophic mucosal folds)
52450	1,113	60	Transurethral incision of prostate
52500	1,012	60	Transurethral resection of bladder neck (separate procedure)
52510	1,274	60	Transurethral balloon dilation of the prostatic urethra, any method
52601	2,023	90	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52606	384	30	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
52612	2,326	90	Transurethral resection of prostate; first stage of two-stage resection (partial resection)
52614	607	45	second stage of two-stage resection (resection completed)
52620	607	45	Transurethral resection; of residual obstructive tissue after 90 days postoperative
52630	2,023	90	of regrowth of obstructive tissue longer than one year postoperative
52640	1,012	60	of postoperative bladder neck contracture
52647	1,618	90	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52648	1,821	90	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52700	809	45	Transurethral drainage of prostatic abscess

URETHRA

INCISION

CPT	MAR$	FUD	
53000	243	30	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	607	45	perineal urethra, external
53020	202	30	Meatotomy, cutting of meatus (separate procedure); except infant
53025	71	30	infant

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CPT	MAR$	FUD	
53040	303	30	Drainage of deep periurethral abscess
53060	131	30	Drainage of Skene's gland abscess or cyst
53080	405	30	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	1,214	60	complicated

EXCISION

CPT	MAR$	FUD	
53200	202	30	Biopsy of urethra
53210	1,416	60	Urethrectomy, total, including cystostomy; female
53215	1,851	90	male
53220	1,012	60	Excision or fulguration of carcinoma of urethra
53230	1,315	60	Excision of urethral diverticulum (separate procedure); female
53235	1,315	60	male
53240	405	30	Marsupialization of urethral diverticulum, male or female
53250	405	30	Excision of bulbourethral gland (Cowper's gland)
53260	101	30	Excision or fulguration; urethral polyp(s), distal urethra
53265	202	30	urethral caruncle
53270	202	30	Skene's glands
53275	314	30	urethral prolapse

REPAIR

CPT	MAR$	FUD	
53400	1,012	60	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	1,467	60	second stage (formation of urethra), including urinary diversion
53410	1,618	90	Urethroplasty, one-stage reconstruction of male anterior urethra
53415	2,428	90	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra
53420	2,023	90	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	2,023	90	second stage
53430	1,426	60	Urethroplasty, reconstruction of female urethra
53440	2,023	90	Operation for correction of male urinary incontinence, with or without introduction of prosthesis
53442	506	45	Removal of perineal prosthesis introduced for continence
53443	2,225	90	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53445	2,731	90	Operation for correction of urinary incontinence with placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir
53447	607	45	Removal, repair or replacement of inflatable sphincter including pump and/or reservoir and/or cuff
53449	910	45	Surgical correction of hydraulic abnormality of inflatable sphincter device
53450	405	30	Urethromeatoplasty, with mucosal advancement
53460	506	45	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53502	1,032	60	Urethrorrhaphy, suture of urethral wound or injury, female
53505	1,032	60	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	1,366	60	perineal
53515	2,023	90	prostatomembranous
53520	607	45	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)

MANIPULATION

CPT	MAR$	FUD	
53600*	51	0	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial
53601*	40	0	subsequent
53605	172	30	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53620*	91	0	Dilation of urethral stricture by passage of filiform and follower, male; initial
53621*	61	0	subsequent

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CPT	MAR$	FUD	
53640*	81	0	Passage of filiform and follower for acute vesical retention, male
53660*	51	0	Dilation of female urethra including suppository and/or instillation; initial
53661*	40	0	subsequent
53665	131	30	Dilation of female urethra, general or conduction (spinal) anesthesia
53670*	30	0	Catheterization, urethra; simple
53675*	61	0	complicated (may include difficult removal of balloon catheter)

OTHER PROCEDURES

CPT	MAR$	FUD	
53899	DOP	-	Unlisted procedure, urinary system

MALE GENITAL SYSTEM

PENIS

INCISION

CPT	MAR$	FUD	
54000	81	30	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	142	30	except newborn
54015	131	30	Incision and drainage of penis, deep

DESTRUCTION

CPT	MAR$	FUD	
54050*	40	0	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055*	81	0	electrodesiccation
54056	101	30	cryosurgery
54057	202	30	laser surgery
54060	202	30	surgical excision
54065	273	30	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method

EXCISION

CPT	MAR$	FUD	
54100	101	30	Biopsy of penis; cutaneous (separate procedure)
54105	142	30	deep structures
54110	840	45	Excision of penile plaque (Peyronie disease);
54111	1,871	90	with graft to 5 cm in length
54112	2,074	90	with graft greater than 5 cm in length
54115	556	45	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	1,012	60	Amputation of penis; partial
54125	2,023	90	complete
54130	2,832	90	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135	3,439	90	in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54150	81	30	Circumcision, using clamp or other device; newborn
54152	101	30	except newborn
54160	101	30	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
54161	303	30	except newborn

INTRODUCTION

CPT	MAR$	FUD	
54200*	51	0	Injection procedure for Peyronie disease;
54205	506	45	with surgical exposure of plaque
54220	182	30	Irrigation of corpora cavernosa for priapism
54230	142	30	Injection procedure for corpora cavernosography
54231	405	30	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
54235	142	30	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
54240	142	30	Penile plethysmography
54250	202	30	Nocturnal penile tumescence and/or rigidity test

REPAIR

CPT	MAR$	FUD	
54300	809	45	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	1,416	60	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps

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CPT	MAR$	FUD	
54308	1,416	60	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	1,618	90	greater than 3 cm
54316	1,821	90	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	1,012	60	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	1,214	60	One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	1,416	60	with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	1,618	90	with urethroplasty by local skin flaps and mobilization of urethra
54328	2,074	90	with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332	2,326	90	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
54336	2,680	90	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	1,062	60	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	1,618	90	requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	2,023	90	requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	3,389	90	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 flaps or grafts

CPT	MAR$	FUD	
54360	607	45	Plastic operation on penis to correct angulation
54380	809	45	Plastic operation on penis for epispadias distal to external sphincter;
54385	1,012	60	with incontinence
54390	1,012	60	with exstrophy of bladder
54400	1,214	60	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	1,416	60	inflatable (self-contained)
54402	607	45	Removal or replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis
54405	2,529	90	Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir
54407	607	45	Removal, repair, or replacement of inflatable (multi-component) penile prosthesis, including pump and/or reservoir and/or cylinders
54409	759	45	Surgical correction of hydraulic abnormality of inflatable (multi-component) prosthesis including pump and/or reservoir and/or cylinders
54420	1,264	60	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	1,264	60	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
54435	303	30	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	DOP	-	Plastic operation of penis for injury

MANIPULATION

CPT	MAR$	FUD	
54450	81	30	Foreskin manipulation including lysis of preputial adhesions and stretching

TESTIS

EXCISION

CPT	MAR$	FUD	
54500	40	30	Biopsy of testis, needle (separate procedure)
54505	314	30	Biopsy of testis, incisional (separate procedure)
54510	607	45	Excision of local lesion of testis

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CPT	MAR$	FUD	
54520	637	45	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54530	961	45	Orchiectomy, radical, for tumor; inguinal approach
54535	1,264	60	with abdominal exploration
54550	840	45	Exploration for undescended testis (inguinal or scrotal area)
54560	1,163	60	Exploration for undescended testis with abdominal exploration

REPAIR

CPT	MAR$	FUD	
54600	1,012	60	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	405	30	Fixation of contralateral testis (separate procedure)
54640	1,113	60	Orchiopexy, inguinal approach, with or without hernia repair
54650	1,770	90	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	405	30	Insertion of testicular prosthesis (separate procedure)
54670	809	45	Suture or repair of testicular injury
54680	1,012	60	Transplantation of testis(es) to thigh (because of scrotal destruction)

EPIDIDYMIS

INCISION

CPT	MAR$	FUD	
54700	142	30	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)

EXCISION

CPT	MAR$	FUD	
54800	40	30	Biopsy of epididymis, needle
54820	566	45	Exploration of epididymis, with or without biopsy
54830	607	45	Excision of local lesion of epididymis
54840	809	45	Excision of spermatocele, with or without epididymectomy
54860	809	45	Epididymectomy; unilateral
54861	1,214	60	bilateral

REPAIR

CPT	MAR$	FUD	
54900	2,023	90	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	3,035	90	bilateral

TUNICA VAGINALIS

INCISION

CPT	MAR$	FUD	
55000*	30	0	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication

EXCISION

CPT	MAR$	FUD	
55040	809	45	Excision of hydrocele; unilateral
55041	1,214	60	bilateral

REPAIR

CPT	MAR$	FUD	
55060	617	45	Repair of tunica vaginalis hydrocele (bottle type)

SCROTUM

INCISION

CPT	MAR$	FUD	
55100*	61	0	Drainage of scrotal wall abscess
55110	506	45	Scrotal exploration
55120	253	30	Removal of foreign body in scrotum

EXCISION

CPT	MAR$	FUD	
55150	303	30	Resection of scrotum

REPAIR

CPT	MAR$	FUD	
55175	809	45	Scrotoplasty; simple
55180	1,214	60	complicated

VAS DEFERENS

INCISION

CPT	MAR$	FUD	
55200	364	30	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)

EXCISION

CPT	MAR$	FUD	
55250	455	30	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)

INTRODUCTION

CPT	MAR$	FUD	
55300	364	30	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral

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CPT	MAR$	FUD	

REPAIR

CPT	MAR$	FUD	Description
55400	2,023	90	Vasovasostomy, vasovasorrhaphy

SUTURE

CPT	MAR$	FUD	Description
55450	131	30	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)

SPERMATIC CORD

EXCISION

CPT	MAR$	FUD	Description
55500	607	45	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	607	45	Excision of lesion of spermatic cord (separate procedure)
55530	809	45	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	961	45	abdominal approach
55540	961	45	with hernia repair

SEMINAL VESICLES

INCISION

CPT	MAR$	FUD	Description
55600	708	45	Vesiculotomy;
55605	DOP	-	complicated

EXCISION

CPT	MAR$	FUD	Description
55650	2,023	90	Vesiculectomy, any approach
55680	2,023	90	Excision of Mullerian duct cyst

PROSTATE

INCISION

CPT	MAR$	FUD	Description
55700	202	30	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	860	45	incisional, any approach
55720	860	45	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	1,416	60	complicated

EXCISION

CPT	MAR$	FUD	Description
55801	2,225	90	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	2,630	90	Prostatectomy, perineal radical;
55812	2,883	90	with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	3,540	90	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	2,023	90	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages
55831	2,023	90	retropubic, subtotal
55840	2,630	90	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	2,782	90	with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	3,540	90	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55860	1,416	60	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	2,023	90	with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	3,035	90	with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes

OTHER PROCEDURES

CPT	MAR$	FUD	Description
55870	142	30	Electroejaculation
55899	DOP	-	Unlisted procedure, male genital system

INTERSEX SURGERY

CPT	MAR$	FUD	Description
55970	DOP	-	Intersex surgery; male to female
55980	DOP	-	female to male

LAPAROSCOPY/ PERITONEOSCOPY/ HYSTEROSCOPY

CPT	MAR$	FUD	Description
56300	809	45	Laparoscopy, diagnostic (separate procedure)
56301	1,012	60	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
56302	1,012	60	with occlusion of oviducts by device (eg, band, clip, or Falope ring)

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CPT	MAR$	FUD	
56303	1,012	60	with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
56304	1,012	60	with lysis of adhesions
56305	1,012	60	with biopsy of peritoneal surface(s), single or multiple
56306	1,012	60	with aspiration (single or multiple)
56307	1,487	60	with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
56308	2,023	90	with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)
56309	1,487	60	with removal of leiomyomata, subserosal (single or multiple)
56311	1,214	60	with retroperitoneal lymph node sampling (biopsy), single or multiple
56312	1,821	90	with bilateral total pelvic lymphadenectomy
56313	2,124	90	with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
56315	1,012	60	appendectomy
56316	860	45	repair of initial inguinal hernia
56317	1,062	60	repair of recurrent inguinal hernia
56320	809	45	with ligation of spermatic veins for varicocele
56322	1,416	60	transection of vagus nerves, truncal
56323	2,326	90	transection of vagus nerves, selective or highly selective
56324	2,124	90	cholecystoenterostomy
56340	1,416	60	cholecystectomy (any method)
56341	1,618	90	cholecystectomy with cholangiography
56342	2,023	90	cholecystectomy with exploration of common duct
56350	405	30	Hysteroscopy, diagnostic (separate procedure)
56351	607	45	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
56352	668	45	with lysis of intrauterine adhesions (any method)
56353	749	45	with division or resection of intrauterine septum (any method)
56354	819	45	with removal of leiomyomata
56355	657	45	with removal of impacted foreign body
56356	2,023	90	with endometrial ablation (any method)
56360	455	30	Peritoneoscopy; without biopsy
56361	486	30	with biopsy
56362	506	45	Peritoneoscopy with guided transhepatic cholangiography; without biopsy
56363	587	45	with biopsy

OTHER PROCEDURES

CPT	MAR$	FUD	
56399	DOP	-	Unlisted procedure, laparoscopy, peritoneoscopy, hysteroscopy

FEMALE GENITAL SYSTEM

VULVA, PERINEUM AND INTROITUS

INCISION

CPT	MAR$	FUD	
56405*	202	0	Incision and drainage of vulva or perineal abscess
56420*	101	0	Incision and drainage of Bartholin's gland abscess
56440	405	30	Marsupialization of Bartholin's gland cyst
56441	101	30	Lysis of labial adhesions

DESTRUCTION

CPT	MAR$	FUD	
56501	101	30	Destruction of lesion(s), vulva; simple, any method
56515	405	30	extensive, any method

EXCISION

CPT	MAR$	FUD	
56605*	121	0	Biopsy of vulva or perineum (separate procedure); one lesion
56606*	61	0	each separate additional lesion
56620	1,113	60	Vulvectomy simple; partial
56625	1,568	90	complete
56630	1,629	90	Vulvectomy, radical, partial;
56631	2,225	90	with unilateral inguinofemoral lymphadenectomy

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CPT	MAR$	FUD	
56632	2,630	90	with bilateral inguinofemoral lymphadenectomy
56633	1,942	90	Vulvectomy, radical, complete;
56634	2,428	90	with unilateral inguinofemoral lymphadenectomy
56637	2,559	90	with bilateral inguinofemoral lymphadenectomy
56640	2,933	90	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56700	354	30	Partial hymenectomy or revision of hymenal ring
56720*	111	0	Hymenotomy, simple incision
56740	435	30	Excision of Bartholin's gland or cyst

REPAIR

CPT	MAR$	FUD	
56800	486	30	Plastic repair of introitus
56805	1,214	60	Clitoroplasty for intersex state
56810	587	45	Perineoplasty, repair of perineum, non-obstetrical (separate procedure)

VAGINA

INCISION

CPT	MAR$	FUD	
57000	455	30	Colpotomy; with exploration
57010	556	45	with drainage of pelvic abscess
57020*	81	0	Colpocentesis (separate procedure)

DESTRUCTION

CPT	MAR$	FUD	
57061	101	30	Destruction of vaginal lesion(s); simple, any method
57065	425	30	extensive, any method

EXCISION

CPT	MAR$	FUD	
57100*	81	0	Biopsy of vaginal mucosa; simple (separate procedure)
57105	121	30	extensive, requiring suture (including cysts)
57108	1,012	60	Colpectomy, obliteration of vagina; partial
57110	1,416	60	complete
57120	1,244	60	Colpocleisis (Le Fort type)
57130	506	45	Excision of vaginal septum
57135	405	30	Excision of vaginal cyst or tumor

INTRODUCTION

CPT	MAR$	FUD	
57150*	30	0	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
57160*	81	0	Insertion of pessary
57170	101	30	Diaphragm or cervical cap fitting with instructions
57180	121	30	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)

REPAIR

CPT	MAR$	FUD	
57200	607	45	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	657	45	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	759	45	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	708	45	Plastic repair of urethrocele
57240	870	45	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	809	45	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	1,315	60	Combined anteroposterior colporrhaphy;
57265	1,467	60	with enterocele repair
57268	1,012	60	Repair of enterocele, vaginal approach (separate procedure)
57270	1,264	60	Repair of enterocele, abdominal approach (separate procedure)
57280	1,416	60	Colpopexy, abdominal approach
57282	1,416	60	Sacrospinous ligament fixation for prolapse of vagina
57288	1,416	60	Sling operation for stress incontinence (eg, fascia or synthetic)
57289	1,264	60	Pereyra procedure, including anterior colporrhaphy
57291	2,782	90	Construction of artificial vagina; without graft
57292	3,439	90	with graft
57300	1,366	60	Closure of rectovaginal fistula; vaginal or transanal approach

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CPT	MAR$	FUD	
57305	1,770	90	abdominal approach
57307	1,972	90	abdominal approach, with concomitant colostomy
57310	1,467	60	Closure of urethrovaginal fistula;
57311	DOP	-	with bulbocavernosus transplant
57320	1,517	90	Closure of vesicovaginal fistula; vaginal approach
57330	1,720	90	transvesical and vaginal approach
57335	2,782	90	Vaginoplasty for intersex state

MANIPULATION

CPT	MAR$	FUD	
57400*	202	0	Dilation of vagina under anesthesia
57410*	202	0	Pelvic examination under anesthesia
57415	131	30	Removal of impacted vaginal foreign body (separate procedure) under anesthesia

ENDOSCOPY

CPT	MAR$	FUD	
57452*	233	0	Colposcopy (vaginoscopy); (separate procedure)
57454*	263	0	with biopsy(s) of the cervix and/or endocervical curettage
57460	415	30	with loop electrode excision procedure of the cervix

CERVIX UTERI

EXCISION

CPT	MAR$	FUD	
57500*	81	0	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	121	30	Endocervical curettage (not done as part of a dilation and curettage)
57510	81	30	Cauterization of cervix; electro or thermal
57511*	152	0	cryocautery, initial or repeat
57513	354	30	laser ablation
57520	506	45	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	455	30	loop electrode excision
57530	506	45	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57540	1,214	60	Excision of cervical stump, abdominal approach;
57545	1,517	90	with pelvic floor repair
57550	1,214	60	Excision of cervical stump, vaginal approach;
57555	1,517	90	with anterior and/or posterior repair
57556	1,517	90	with repair of enterocele

REPAIR

CPT	MAR$	FUD	
57700	961	45	Cerclage of uterine cervix, nonobstetrical
57720	506	45	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach

MANIPULATION

CPT	MAR$	FUD	
57800*	61	0	Dilation of cervical canal, instrumental (separate procedure)
57820	405	30	Dilation and curettage of cervical stump

CORPUS UTERI

EXCISION

CPT	MAR$	FUD	
58100*	101	0	Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58120	405	30	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140	1,214	60	Myomectomy, excision of fibroid tumor of uterus, single or multiple (separate procedure); abdominal approach
58145	910	45	vaginal approach
58150	1,720	90	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	2,326	90	with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)
58180	1,517	90	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	2,023	90	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)

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CPT	MAR$	FUD	
58210	3,540	90	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)
58240	4,451	90	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 resection of rectum and colon and colostomy, or any combination thereof
58260	1,922	90	Vaginal hysterectomy;
58262	2,023	90	with removal of tube(s), and/or ovary(s)
58263	2,225	90	with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	2,225	90	with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, pereyra type, with or without endoscopic control)
58270	2,023	90	with repair of enterocele
58275	2,023	90	Vaginal hysterectomy, with total or partial colpectomy;
58280	2,023	90	with repair of enterocele
58285	2,428	90	Vaginal hysterectomy, radical (Schauta type operation)

INTRODUCTION

CPT	MAR$	FUD	
58300*	152	0	Insertion of intrauterine device (IUD)
58301	51	30	Removal of intrauterine device (IUD)
58321	152	30	Artificial insemination; intra-cervical
58322	202	30	intra-uterine
58323	51	30	Sperm washing for artificial insemination
58340*	101	0	Injection procedure for hysterosalpingography
58345	678	45	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58350*	152	0	Chromotubation of oviduct, including materials

REPAIR

CPT	MAR$	FUD	
58400	1,224	60	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	1,669	90	with presacral sympathectomy
58520	1,113	60	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540	1,821	90	Hysteroplasty, repair of uterine anomaly (Strassman type)

OVIDUCT

INCISION

CPT	MAR$	FUD	
58600	1,012	60	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605	759	45	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611	405	30	Ligation or transection of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure)
58615	1,012	60	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

EXCISION

CPT	MAR$	FUD	
58700	1,052	60	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	1,153	60	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

REPAIR

CPT	MAR$	FUD	
58740	1,669	90	Lysis of adhesions (salpingolysis, ovariolysis)
58750	2,124	90	Tubotubal anastomosis
58752	1,669	90	Tubouterine implantation
58760	1,720	90	Fimbrioplasty
58770	1,720	90	Salpingostomy (salpingoneostomy)

OVARY

INCISION

CPT	MAR$	FUD	
58800	506	45	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach

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CPT	MAR$	FUD	
58805	1,214	60	abdominal approach
58820	506	45	Drainage of ovarian abscess; vaginal approach
58822	1,012	60	abdominal approach
58825	1,214	60	Transposition, ovary(s)

EXCISION

CPT	MAR$	FUD	
58900	1,062	60	Biopsy of ovary, unilateral or bilateral (separate procedure)
58920	1,113	60	Wedge resection or bisection of ovary, unilateral or bilateral
58925	1,113	60	Ovarian cystectomy, unilateral or bilateral
58940	1,113	60	Oophorectomy, partial or total, unilateral or bilateral;
58943	2,023	90	for ovarian malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950	1,618	90	Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	2,529	90	with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952	2,377	90	with radical dissection for debulking
58960	2,074	90	Laparotomy, for staging or restaging of ovarian malignancy ("second look"), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy

IN VITRO FERTILIZATION

CPT	MAR$	FUD	
58970	1,113	60	Follicle puncture for oocyte retrieval, any method
58972	708	45	Culture and fertilization of oocyte(s)
58974	910	45	Embryo transfer, any method (separate procedure)
58976	1,214	60	Gamete or zygote intrafallopian transfer, any method

OTHER PROCEDURES

CPT	MAR$	FUD	
58999	DOP	-	Unlisted procedure, female genital system (nonobstetrical)

MATERNITY CARE AND DELIVERY

INCISION

CPT	MAR$	FUD	
59000*	101	0	Amniocentesis, any method
59012	405	30	Cordocentesis (intrauterine), any method
59015	303	30	Chorionic villus sampling, any method
59020*	101	0	Fetal contraction stress test
59025	101	30	Fetal non-stress test
59030*	101	0	Fetal scalp blood sampling
59050	182	30	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report (separate procedure); supervision and interpretation
59051	142	30	interpretation only
59100	1,618	90	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)

EXCISION

CPT	MAR$	FUD	
59120	1,416	60	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	1,416	60	tubal or ovarian, without salpingectomy and/or oophorectomy
59130	1,467	60	abdominal pregnancy
59135	1,770	90	interstitial, uterine pregnancy requiring total hysterectomy
59136	2,023	90	interstitial, uterine pregnancy with partial resection of uterus
59140	1,416	60	cervical, with evacuation
59150	1,113	60	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151	1,821	90	with salpingectomy and/or oophorectomy
59160	425	30	Curettage, postpartum (separate procedure)

INTRODUCTION

CPT	MAR$	FUD	
59200	243	30	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)

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CPT	MAR$	FUD	

REPAIR

CPT	MAR$	FUD	Description
59300	212	30	Episiotomy or vaginal repair, by other than attending physician
59320	364	30	Cerclage of cervix, during pregnancy; vaginal
59325	607	45	abdominal
59350	1,517	90	Hysterorrhaphy of ruptured uterus

VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE

CPT	MAR$	FUD	Description
59400	2,023	90	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	1,062	60	Vaginal delivery only (with or without episiotomy and/or forceps);
59410	1,264	60	including postpartum care
59412	354	0	External cephalic version, with or without tocolysis (list in addition to code(s) for delivery)
59414	253	30	Delivery of placenta (separate procedure)
59425	506	0	Antepartum care only; 4-6 visits
59426	809	0	7 or more visits
59430	202	30	Postpartum care only (separate procedure)

CESAREAN DELIVERY

CPT	MAR$	FUD	Description
59510	2,529	90	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	1,467	60	Cesarean delivery only;
59515	1,770	90	including postpartum care
59525	860	45	Subtotal or total hysterectomy after cesarean delivery (list in addition to 59510 or 59515)

ABORTION

CPT	MAR$	FUD	Description
59812	405	30	Treatment of incomplete abortion, any trimester, completed surgically
59820	455	30	Treatment of missed abortion, completed surgically; first trimester
59821	506	45	second trimester
59830	506	45	Treatment of septic abortion, completed surgically
59840	455	30	Induced abortion, by dilation and curettage
59841	455	30	Induced abortion, by dilation and evacuation
59850	718	45	Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections),including hospital admission and visits, deliver of fetus and secundines;
59851	910	45	with dilation and curettage and/or evacuation
59852	1,214	60	with hysterotomy (failed intra-amniotic injection)
59855	850	45	Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856	1,042	60	with dilation and curettage and/or evacuation
59857	1,345	60	with hysterotomy (failed medical evaluation)

OTHER PROCEDURES

CPT	MAR$	FUD	Description
59870	506	45	Uterine evacuation and curettage for hydatidiform mole
59899	DOP	-	Unlisted procedure, maternity care and delivery

ENDOCRINE SYSTEM

THYROID GLAND

INCISION

CPT	MAR$	FUD	Description
60000*	91	0	Incision and drainage of thyroglossal cyst, infected

EXCISION

CPT	MAR$	FUD	Description
60001	152	0	Aspiration and/or injection, thyroid cyst
60100*	152	0	Biopsy thyroid, percutaneous core needle
60200	1,012	60	Excision of cyst or adenoma of thyroid, or transection of isthmus
60210	1,264	60	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	1,770	90	with contralateral subtotal lobectomy, including isthmusectomy
60220	1,618	90	Total thyroid lobectomy, unilateral; with or without isthmusectomy

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CPT	MAR$	FUD	
60225	1,821	90	with contralateral subtotal lobectomy, including isthmusectomy
60240	2,124	90	Thyroidectomy, total or complete
60252	2,630	90	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	2,933	90	with radical neck dissection
60260	1,720	90	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	2,326	90	Thyroidectomy, including substernal thyroid gland; sternal split or transthoracic approach
60271	DOP	-	cervical approach
60280	1,214	60	Excision of thyroglossal duct cyst or sinus;
60281	1,214	60	recurrent

PARATHYROID, THYMUS, ADRENAL GLANDS, AND CAROTID BODY

EXCISION

CPT	MAR$	FUD	
60500	1,851	90	Parathyroidectomy or exploration of parathyroid(s);
60502	1,821	90	re-exploration
60505	2,326	90	with mediastinal exploration, sternal split or transthoracic approach
60512	657	45	Parathyroid autotransplantation
60520	1,972	90	Thymectomy, partial or total; transcervical approach (separate procedure)
60521	2,428	90	sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522	2,933	90	sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540	1,972	90	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545	2,276	90	with excision of adjacent retroperitoneal tumor
60600	2,023	90	Excision of carotid body tumor; without excision of carotid artery
60605	2,478	90	with excision of carotid artery

OTHER PROCEDURES

CPT	MAR$	FUD	
60699	DOP	-	Unlisted procedure, endocrine system

NERVOUS SYSTEM

SKULL, MENINGES, AND BRAIN

INJECTION, DRAINAGE, OR ASPIRATION

CPT	MAR$	FUD	
61000*	202	0	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001*	142	0	subsequent taps
61020*	202	0	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026*	303	0	with injection of drug or other substance for diagnosis or treatment
61050*	253	0	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055*	415	0	with injection of drug or other substance for diagnosis or treatment (eg, C1-C2)
61070*	162	0	Puncture of shunt tubing or reservoir for aspiration or injection procedure

TWIST DRILL, BURR HOLE(S), OR TREPHINE

CPT	MAR$	FUD	
61105*	1,012	0	Twist drill hole for subdural or ventricular puncture; not followed by other surgery
61106	708	0	followed by other surgery
61107*	1,082	0	for implanting ventricular catheter or pressure recording device
61108	2,023	90	for evacuation and/or drainage of subdural hematoma
61120	1,012	60	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); not followed by other surgery
61130	708	0	followed by other surgery
61140	2,225	90	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150	2,225	90	with drainage of brain abscess or cyst

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CPT	MAR$	FUD	
61151	253	30	with subsequent tapping (aspiration) of intracranial abscess or cyst
61154	2,225	90	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	2,175	90	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210*	809	0	for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure)
61215	DOP	-	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	1,517	90	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253	2,579	90	Burr hole(s) or trephine, infratentorial, unilateral or bilateral

CRANIECTOMY OR CRANIOTOMY

CPT	MAR$	FUD	
61304	3,540	90	Craniectomy or craniotomy, exploratory; supratentorial
61305	3,743	90	infratentorial (posterior fossa)
61312	3,641	90	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	3,844	90	intracerebral
61314	4,552	90	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	4,956	90	intracerebellar
61320	3,237	90	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	3,540	90	infratentorial
61330	3,035	90	Decompression of orbit only, transcranial approach
61332	4,046	90	Exploration of orbit (transcranial approach); with biopsy
61333	4,046	90	with removal of lesion
61334	4,046	90	with removal of foreign body
61340	2,225	90	Other cranial decompression (eg, subtemporal), supratentorial
61343	4,552	90	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)

CPT	MAR$	FUD	
61345	1,972	90	Other cranial decompression, posterior fossa
61440	2,630	90	Craniotomy for section of tentorium cerebelli (separate procedure)
61450	3,540	90	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	3,945	90	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	3,844	90	for section of one or more cranial nerves
61470	3,844	90	for medullary tractotomy
61480	3,844	90	for mesencephalic tractotomy or pedunculotomy
61490	2,529	90	Craniotomy for lobotomy, including cingulotomy
61500	3,641	90	Craniectomy; with excision of tumor or other bone lesion of skull
61501	3,540	90	for osteomyelitis
61510	4,046	90	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512	4,248	90	for excision of meningioma, supratentorial
61514	3,743	90	for excision of brain abscess, supratentorial
61516	3,743	90	for excision or fenestration of cyst, supratentorial
61518	4,451	90	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	5,058	90	meningioma
61520	5,058	90	cerebellopontine angle tumor
61521	6,747	90	midline tumor at base of skull
61522	4,451	90	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	4,451	90	for excision or fenestration of cyst
61526	5,058	90	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;

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CPT	MAR$	FUD	
61530	5,058	90	combined with middle/posterior fossa craniotomy/craniectomy
61531	4,046	90	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring
61533	3,894	90	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring
61534	3,844	90	for excision of epileptogenic focus without electrocorticography during surgery
61535	2,933	90	for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	4,147	90	for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61538	4,451	90	for lobectomy with electrocorticography during surgery, temporal lobe
61539	4,451	90	for lobectomy with electrocorticography during surgery, other than temporal lobe, partial or total
61541	5,917	90	for transection of corpus callosum
61542	5,361	90	for total hemispherectomy
61543	3,035	90	for partial or subtotal hemispherectomy
61544	3,844	90	for excision or coagulation of choroid plexus
61545	7,384	90	for excision of craniopharyngioma
61546	4,299	90	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	3,995	90	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550	2,529	90	Craniectomy for craniosynostosis; single cranial suture
61552	2,832	90	multiple cranial sutures
61556	2,832	90	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	3,237	90	bifrontal bone flap
61558	3,945	90	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	4,451	90	recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563	3,844	90	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	4,956	90	with optic nerve decompression
61570	4,956	90	Craniectomy or craniotomy; with excision of foreign body from brain
61571	4,956	90	with treatment of penetrating wound of brain
61575	2,832	90	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576	2,933	90	requiring splitting of tongue and/or mandible (including tracheostomy)

APPROACH PROCEDURES

ANTERIOR CRANIAL FOSSA

CPT	MAR$	FUD	
61580	4,046	90	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	4,653	90	extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	4,198	90	extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583	4,754	90	intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	4,653	90	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	5,159	90	with orbital exenteration

MIDDLE CRANIAL FOSSA

CPT	MAR$	FUD	
61590	5,664	90	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without

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CPT MAR$ FUD

CPT	MAR$	FUD	Description
			disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	5,917	90	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 and/or mobilization of contents of auditory canal or petrous carotid artery
61592	5,361	90	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

POSTERIOR CRANIAL FOSSA

CPT	MAR$	FUD	Description
61595	3,945	90	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
61596	4,805	90	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
61597	5,058	90	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
61598	4,501	90	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus

DEFINITIVE PROCEDURES

BASE OF ANTERIOR CRANIAL FOSSA

CPT	MAR$	FUD	Description
61600	3,439	90	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	3,692	90	intradural, including dural repair, with or without graft

BASE OF MIDDLE CRANIAL FOSSA

CPT	MAR$	FUD	Description
61605	3,894	90	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	5,209	90	intradural, including dural repair, with or without graft
61607	4,855	90	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	5,664	90	intradural, including dural repair, with or without graft
61609	1,366	60	Transection or ligation, carotid artery in cavernous sinus; without repair
61610	4,805	90	with repair by anastomosis or graft
61611	1,012	60	Transection or ligation, carotid artery in petrous canal; without repair
61612	4,552	90	with repair by anastomosis or graft
61613	5,563	90	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus

BASE OF POSTERIOR CRANIAL FOSSA

CPT	MAR$	FUD	Description
61615	4,299	90	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
61616	5,816	90	intradural, including dural repair, with or without graft

REPAIR AND/OR RECONSTRUCTION OF SURGICAL DEFECTS OF SKULL BASE

CPT	MAR$	FUD	Description
61618	2,225	90	Secondary repair of dura for CSF 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)
61619	2,731	90	by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)

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CPT	MAR$	FUD	

ENDOVASCULAR THERAPY

CPT	MAR$	FUD	Description
61624	2,731	90	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61626	2,326	90	non-central nervous system, head or neck (extracranial, brachiocephalic branch)

SURGERY FOR ANEURYSM, ARTERIOVENOUS MALFORMATION OR VASCULAR DISEASE

CPT	MAR$	FUD	Description
61680	6,069	90	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	7,081	90	supratentorial, complex
61684	6,575	90	infratentorial, simple
61686	7,586	90	infratentorial, complex
61690	6,575	90	dural, simple
61692	7,586	90	dural, complex
61700	4,653	90	Surgery of intracranial aneurysm, intracranial approach; carotid circulation
61702	5,058	90	vertebral-basilar circulation
61703	1,315	60	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705	5,462	90	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708	4,046	90	by intracranial electrothrombosis
61710	4,046	90	by intra-arterial embolization, injection procedure, or balloon catheter
61711	4,147	90	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61712	DOP	-	Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)

STEREOTAXIS

CPT	MAR$	FUD	Description
61720	3,490	90	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735	3,419	90	subcortical structure(s) other than globus pallidus or thalamus
61750	2,913	90	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	3,115	90	with computerized axial tomography
61760	3,176	90	Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring
61770	1,922	90	Stereotactic localization, any method, including burr hole(s), with insertion of catheter(s) for brachytherapy
61790	2,832	90	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radio frequency); gasserian ganglion
61791	3,490	90	trigeminal medullary tract
61793	3,844	90	Stereotactic focused proton beam or gamma radiosurgery
61795 •	DOP	-	Stereotactic computer assisted volumetric intracranial procedure (list separately in addition to code for primary procedure)

NEUROSTIMULATORS (INTRACRANIAL)

CPT	MAR$	FUD	Description
61850	2,326	90	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; cortical
61855	2,023	90	subcortical
61860	1,720	90	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical
61865	3,439	90	subcortical
61870	890	45	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61875	1,416	60	subcortical
61880	890	45	Revision or removal of intracranial neurostimulator electrodes
61885	374	30	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling
61888	506	45	Revision or removal of cranial neurostimulator pulse generator or receiver

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CPT	MAR$	FUD	

REPAIR

CPT	MAR$	FUD	Description
62000	1,821	90	Elevation of depressed skull fracture; simple, extradural
62005	2,529	90	compound or comminuted, extradural
62010	3,136	90	with repair of dura and/or debridement of brain
62100	3,338	90	Craniotomy for repair of dural/ CSF leak, including surgery for rhinorrhea/otorrhea
62115	DOP	-	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62116	DOP	-	with simple cranioplasty
62117	DOP	-	requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120	2,529	90	Repair of encephalocele, skull vault, including cranioplasty
62121	3,439	90	Craniotomy for repair of encephalocele, skull base
62140	2,428	90	Cranioplasty for skull defect; up to 5 cm diameter
62141	2,933	90	larger than 5 cm diameter
62142	2,124	90	Removal of bone flap or prosthetic plate of skull
62143	2,832	90	Replacement of bone flap or prosthetic plate of skull
62145	3,540	90	Cranioplasty for skull defect with reparative brain surgery
62146	2,852	90	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147	3,358	90	larger than 5 cm diameter

CSF SHUNT

CPT	MAR$	FUD	Description
62180	2,731	90	Ventriculocisternostomy (Torkildsen type operation)
62190	2,023	90	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192	2,023	90	subarachnoid/subdural-peritoneal, -pleural, other terminus
62194	809	45	Replacement or irrigation, subarachnoid/subdural catheter
62200	3,439	90	Ventriculocisternostomy, third ventricle;
62201	2,023	90	stereotactic method
62220	2,326	90	Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223	2,428	90	ventriculo-peritoneal, -pleural, other terminus
62225	910	45	Replacement or irrigation, ventricular catheter
62230	1,821	90	Replacement or revision of CSF shunt, obstructed valve, or distal catheter in shunt system
62256	910	45	Removal of complete CSF shunt system; without replacement
62258	2,023	90	with replacement by similar or other shunt at same operation

SPINE AND SPINAL CORD

INJECTION, DRAINAGE, OR ASPIRATION

CPT	MAR$	FUD	Description
62268*	1,548	0	Percutaneous aspiration, spinal cord cyst or syrinx
62269*	1,699	0	Biopsy of spinal cord, percutaneous needle
62270*	202	0	Spinal puncture, lumbar, diagnostic
62272*	202	0	Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)
62273*	101	0	Injection, lumbar epidural, of blood or clot patch
62274*	101	0	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, single
62275	152	30	epidural, cervical or thoracic, single
62276*	101	0	subarachnoid or subdural, differential
62277*	101	0	subarachnoid or subdural, continuous
62278*	135	0	epidural, lumbar or caudal, single
62279*	101	0	epidural, lumbar or caudal, continuous
62280*	303	0	Injection of neurolytic substance (eg, alcohol, phenol, iced saline solutions); subarachnoid
62281*	324	0	epidural, cervical or thoracic
62282*	400	0	epidural, lumbar or caudal

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CPT	MAR$	FUD	
62284*	303	0	Injection procedure for myelography and/or computerized axial tomography, spinal (other than C1-C2 and posterior fossa)
62287	1,315	60	Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar
62288*	293	0	Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure)
62289*	263	0	lumbar or caudal epidural (separate procedure)
62290*	303	0	Injection procedure for diskography, each level; lumbar
62291*	303	0	cervical
62292	506	45	Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar
62294	303	30	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62298*	314	0	Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural, cervical or thoracic (separate procedure)

POSTERIOR EXTRADURAL LAMINOTOMY OR LAMINECTOMY FOR EXPLORATION/ DECOMPRESSION OF NEURAL ELEMENTS OR EXCISION OF HERNIATED INTERVERTEBRAL DISKS

CPT	MAR$	FUD	
63001	3,540	90	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; cervical
63003	3,540	90	thoracic
63005	3,338	90	lumbar, except for spondylolisthesis
63011	3,136	90	sacral
63012	3,136	90	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)
63015	4,046	90	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
63016	4,046	90	thoracic
63017	4,046	90	lumbar
63020	3,237	90	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical
63030	3,035	90	one interspace, lumbar
63035	607	0	each additional interspace, cervical or lumbar
63040	3,540	90	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration; cervical
63042	3,540	90	lumbar
63045	3,540	90	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
63046	3,540	90	thoracic
63047	3,540	90	lumbar
63048	708	0	each additional segment, cervical, thoracic or lumbar

TRANSPEDICULAR OR COSTOVERTEBRAL APPROACH FOR POSTEROLATERAL EXTRADURAL EXPLORATION/ DECOMPRESSION

CPT	MAR$	FUD	
63055	4,552	90	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic
63056	4,046	90	lumbar
63057	607	0	each additional segment, thoracic or lumbar
63064	3,844	90	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment
63066	556	0	each additional segment

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CPT	MAR$	FUD	

ANTERIOR OR ANTEROLATERAL APPROACH FOR EXTRADURAL EXPLORATION/DECOMPRESSION

CPT	MAR$	FUD	Description
63075	2,832	90	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	607	0	cervical, each additional interspace
63077	3,035	90	thoracic, single interspace
63078	607	0	thoracic, each additional interspace
63081	4,248	90	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	708	0	cervical, each additional segment
63085	4,552	90	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	708	0	thoracic, each additional segment
63087	4,552	90	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
63088	708	0	each additional segment
63090	4,248	90	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
63091	708	0	each additional segment

INCISION

CPT	MAR$	FUD	Description
63170	4,248	90	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic or thoracolumbar
63172	3,439	90	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	3,439	90	to peritoneal space
63180	4,248	90	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments
63182	4,653	90	more than two segments
63185	3,439	90	Laminectomy with rhizotomy; one or two segments
63190	3,743	90	more than two segments
63191	3,743	90	Laminectomy with section of spinal accessory nerve
63194	3,743	90	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical
63195	3,743	90	thoracic
63196	3,844	90	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical
63197	3,844	90	thoracic
63198	4,400	90	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical
63199	4,400	90	thoracic
63200	3,793	90	Laminectomy, with release of tethered spinal cord, lumbar

EXCISION BY LAMINECTOMY OF LESION OTHER THAN HERNIATED DISK

CPT	MAR$	FUD	Description
63250	4,552	90	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	4,552	90	thoracic
63252	5,563	90	thoracolumbar
63265	4,046	90	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	4,046	90	thoracic
63267	3,641	90	lumbar
63268	3,641	90	sacral
63270	4,248	90	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	4,248	90	thoracic
63272	3,844	90	lumbar
63273	3,844	90	sacral
63275	4,046	90	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	4,046	90	extradural, thoracic
63277	3,641	90	extradural, lumbar

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CPT	MAR$	FUD	
63278	3,641	90	extradural, sacral
63280	4,248	90	intradural, extramedullary, cervical
63281	4,248	90	intradural, extramedullary, thoracic
63282	3,844	90	intradural, extramedullary, lumbar
63283	3,844	90	intradural, sacral
63285	5,058	90	intradural, intramedullary, cervical
63286	5,058	90	intradural, intramedullary, thoracic
63287	5,058	90	intradural, intramedullary, thoracolumbar
63290	DOP	-	combined extradural-intradural lesion, any level

EXCISION, ANTERIOR OR ANTEROLATERAL APPROACH, INTRASPINAL LESION

CPT	MAR$	FUD	
63300	4,552	90	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	5,058	90	extradural, thoracic by transthoracic approach
63302	5,058	90	extradural, thoracic by thoracolumbar approach
63303	5,058	90	extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	4,552	90	intradural, cervical
63305	5,058	90	intradural, thoracic by transthoracic approach
63306	5,058	90	intradural, thoracic by thoracolumbar approach
63307	5,058	90	intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	607	0	each additional segment (list separately in addition to codes for single segment 63300-63307)

STEREOTAXIS

CPT	MAR$	FUD	
63600	2,428	90	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	2,428	90	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63615	2,933	90	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord

NEUROSTIMULATORS (SPINAL)

CPT	MAR$	FUD	
63650	1,460	60	Percutaneous implantation of neurostimulator electrodes; epidural
63655	1,416	60	Laminectomy for implantation of neurostimulator electrodes; epidural
63660	860	45	Revision or removal of spinal neurostimulator electrodes
63685	971	45	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	708	45	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63690	101	30	Electronic analysis of implanted neurostimulator pulse generator system (may include rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); without reprogramming of pulse generator
63691	152	30	with reprogramming of pulse generator

REPAIR

CPT	MAR$	FUD	
63700	2,630	90	Repair of meningocele; less than 5 cm diameter
63702	2,832	90	larger than 5 cm diameter
63704	3,035	90	Repair of myelomeningocele; less than 5 cm diameter
63706	3,237	90	larger than 5 cm diameter
63707	3,237	90	Repair of dural/CSF leak, not requiring laminectomy
63709	3,237	90	Repair of dural/CSF leak or pseudomeningocele, with laminectomy
63710	3,136	90	Dural graft, spinal

SHUNT, SPINAL CSF

CPT	MAR$	FUD	
63740	2,630	90	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741	1,821	90	percutaneous, not requiring laminectomy
63744	1,315	60	Replacement, irrigation or revision of lumbosubarachnoid shunt

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CPT	MAR$	FUD	
63746	1,012	60	Removal of entire lumbosubarachnoid shunt system without replacement
63750	2,478	90	Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy
63780	2,023	90	Insertion or replacement, subarachnoid or epidural catheter, with reservoir and/or pump for drug infusion, without laminectomy

EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM

INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC

SOMATIC NERVES

CPT	MAR$	FUD	
64400*	253	0	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402*	182	0	facial nerve
64405*	71	0	greater occipital nerve
64408*	121	0	vagus nerve
64410*	121	0	phrenic nerve
64412*	121	0	spinal accessory nerve
64413*	121	0	cervical plexus
64415*	152	0	brachial plexus
64417*	152	0	axillary nerve
64418*	152	0	suprascapular nerve
64420*	152	0	intercostal nerve, single
64421*	152	0	intercostal nerves, multiple, regional block
64425*	152	0	ilioinguinal, iliohypogastric nerves
64430*	152	0	pudendal nerve
64435*	152	0	paracervical (uterine) nerve
64440*	152	0	paravertebral nerve (thoracic, lumbar, sacral, coccygeal), single vertebral level
64441*	314	0	paravertebral nerves, multiple levels (eg, regional block)
64442*	155	0	paravertebral facet joint nerve, lumbar, single level
64443*	111	0	paravertebral facet joint nerve, lumbar, each additional level
64445*	152	0	sciatic nerve
64450*	61	0	other peripheral nerve or branch

SYMPATHETIC NERVES

CPT	MAR$	FUD	
64505*	131	0	Injection, anesthetic agent; sphenopalatine ganglion
64508*	131	0	carotid sinus (separate procedure)
64510*	105	0	stellate ganglion (cervical sympathetic)
64520*	152	0	lumbar or thoracic (paravertebral sympathetic)
64530*	131	0	celiac plexus, with or without radiologic monitoring

NEUROSTIMULATORS (PERIPHERAL NERVE)

CPT	MAR$	FUD	
64550	101	30	Application of surface (transcutaneous) neurostimulator
64553	354	30	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	283	30	peripheral nerve
64560	283	30	autonomic nerve
64565	283	30	neuromuscular
64573	607	45	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	526	45	peripheral nerve
64577	526	45	autonomic nerve
64580	526	45	neuromuscular
64585	455	30	Revision or removal of peripheral neurostimulator electrodes
64590	496	30	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595	334	30	Revision or removal of peripheral neurostimulator pulse generator or receiver

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DESTRUCTION BY NEUROLYTIC AGENT (EG, CHEMICAL, THERMAL, ELECTRICAL, RADIO FREQUENCY)

SOMATIC NERVES

CPT	MAR$	FUD	
64600	253	30	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	455	30	second and third division branches at foramen ovale
64610	556	45	second and third division branches at foramen ovale under radiologic monitoring
64612	243	30	Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64613	243	30	cervical spinal muscles (eg, for spasmodic torticollis)
64620	152	30	Destruction by neurolytic agent; intercostal nerve
64622	253	30	paravertebral facet joint nerve, lumbar, single level
64623	51	0	paravertebral facet joint nerve, lumbar, each additional level
64630	81	30	pudendal nerve
64640	81	30	other peripheral nerve or branch

SYMPATHETIC NERVES

CPT	MAR$	FUD	
64680	303	30	Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring

NEUROPLASTY (EXPLORATION, NEUROLYSIS OR NERVE DECOMPRESSION)

CPT	MAR$	FUD	
64702	506	45	Neuroplasty; digital, one or both, same digit
64704	809	45	nerve of hand or foot
64708	1,012	60	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	1,416	60	sciatic nerve
64713	1,315	60	brachial plexus
64714	1,315	60	lumbar plexus
64716	1,517	90	Neuroplasty and/or transposition; cranial nerve (specify)
64718	1,113	60	ulnar nerve at elbow
64719	799	45	ulnar nerve at wrist
64721	850	45	median nerve at carpal tunnel
64722	1,012	60	Decompression; unspecified nerve(s) (specify)
64726	486	30	plantar digital nerve
64727	DOP	-	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)

TRANSECTION OR AVULSION

CPT	MAR$	FUD	
64732	708	45	Transection or avulsion of; supraorbital nerve
64734	708	45	infraorbital nerve
64736	1,012	60	mental nerve
64738	1,012	60	inferior alveolar nerve by osteotomy
64740	506	45	lingual nerve
64742	1,012	60	facial nerve, differential or complete
64744	759	45	greater occipital nerve
64746	506	45	phrenic nerve
64752	1,467	60	vagus nerve (vagotomy), transthoracic
64755	2,326	90	vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760	1,416	60	vagus nerve (vagotomy), abdominal
64761	506	45	pudendal nerve
64763	607	45	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	1,012	60	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	1,113	60	Transection or avulsion of other cranial nerve, extradural
64772	607	45	Transection or avulsion of other spinal nerve, extradural

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CPT	MAR$	FUD	
EXCISION			
SOMATIC NERVES			
64774	**405**	**30**	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	**405**	**30**	digital nerve, one or both, same digit
64778	**202**	**0**	digital nerve, each additional digit (list separately by this number)
64782	**607**	**45**	hand or foot, except digital nerve
64783	**DOP**	**-**	hand or foot, each additional nerve, except same digit (list separately by this number)
64784	**910**	**45**	major peripheral nerve, except sciatic
64786	**1,062**	**60**	sciatic nerve
64787	**637**	**45**	Implantation of nerve end into bone or muscle (list separately in addition to neuroma excision)
64788	**637**	**45**	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	**910**	**45**	major peripheral nerve
64792	**1,113**	**60**	extensive (including malignant type)
64795	**303**	**30**	Biopsy of nerve
SYMPATHETIC NERVES			
64802	**1,467**	**60**	Sympathectomy, cervical
64804	**2,023**	**90**	Sympathectomy, cervicothoracic
64809	**2,023**	**90**	Sympathectomy, thoracolumbar
64818	**1,214**	**60**	Sympathectomy, lumbar
64820	**1,517**	**90**	Sympathectomy, digital arteries, with magnification, each digit
NEURORRHAPHY			
64830	**DOP**	**-**	Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair)
64831	**587**	**45**	Suture of digital nerve, hand or foot; one nerve
64832	**253**	**0**	each additional digital nerve
64834	**809**	**45**	Suture of one nerve, hand or foot; common sensory nerve
64835	**1,012**	**60**	median motor thenar
64836	**1,214**	**60**	ulnar motor
64837	**607**	**0**	Suture of each additional nerve, hand or foot
64840	**1,214**	**60**	Suture of posterior tibial nerve
64856	**1,214**	**60**	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	**1,214**	**60**	without transposition
64858	**1,487**	**60**	Suture of sciatic nerve
64859	**607**	**0**	Suture of each additional major peripheral nerve
64861	**1,366**	**60**	Suture of; brachial plexus
64862	**1,366**	**60**	lumbar plexus
64864	**1,214**	**60**	Suture of facial nerve; extracranial
64865	**1,214**	**60**	infratemporal, with or without grafting
64866	**2,984**	**90**	Anastomosis; facial-spinal accessory
64868	**2,984**	**90**	facial-hypoglossal
64870	**2,984**	**90**	facial-phrenic
64872	**DOP**	**-**	Suture of nerve; requiring secondary or delayed suture (list separately in addition to code for primary neurorrhaphy)
64874	**DOP**	**-**	requiring extensive mobilization, or transposition of nerve (list separately in addition to code for nerve suture)
64876	**DOP**	**-**	requiring shortening of bone of extremity (list separately in addition to code for nerve suture)
NEURORRHAPHY WITH NERVE GRAFT			
64885	**2,984**	**90**	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	**3,237**	**90**	more than 4 cm in length
64890	**1,416**	**60**	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	**1,618**	**90**	more than 4 cm length
64892	**1,416**	**60**	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	**1,618**	**90**	more than 4 cm length
64895	**1,821**	**90**	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length

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CPT	MAR$	FUD	
64896	2,023	90	more than 4 cm length
64897	1,821	90	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	2,023	90	more than 4 cm length
64901	202	30	Nerve graft, each additional nerve; single strand
64902	405	30	multiple strands (cable)
64905	809	45	Nerve pedicle transfer; first stage
64907	809	45	second stage

OTHER PROCEDURES

CPT	MAR$	FUD	
64999	DOP	-	Unlisted procedure, nervous system

EYE AND OCULAR ADNEXA

EYEBALL

REMOVAL OF EYE

CPT	MAR$	FUD	
65091	1,012	60	Evisceration of ocular contents; without implant
65093	1,264	60	with implant
65101	1,264	60	Enucleation of eye; without implant
65103	1,416	60	with implant, muscles not attached to implant
65105	1,720	90	with implant, muscles attached to implant
65110	2,023	90	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	2,276	90	with therapeutic removal of bone
65114	2,630	90	with muscle or myocutaneous flap

SECONDARY IMPLANT(S) PROCEDURES

CPT	MAR$	FUD	
65125	607	45	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
65130	1,163	60	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	1,264	60	after enucleation, muscles not attached to implant
65140	1,517	90	after enucleation, muscles attached to implant
65150	1,113	60	Reinsertion of ocular implant; with or without conjunctival graft
65155	1,214	60	with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	759	45	Removal of ocular implant

REMOVAL OF FOREIGN BODY

CPT	MAR$	FUD	
65205*	71	0	Removal of foreign body, external eye; conjunctival superficial
65210*	81	0	conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
65220*	81	0	corneal, without slit lamp
65222*	121	0	corneal, with slit lamp
65235	1,517	90	Removal of foreign body, intraocular; from anterior chamber or lens
65260	2,023	90	from posterior segment, magnetic extraction, anterior or posterior route
65265	2,023	90	from posterior segment, nonmagnetic extraction

REPAIR OF LACERATION

CPT	MAR$	FUD	
65270*	202	0	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	303	30	conjunctiva, by mobilization and rearrangement, without hospitalization
65273	506	45	conjunctiva, by mobilization and rearrangement, with hospitalization
65275	789	45	cornea, nonperforating, with or without removal foreign body
65280	1,416	60	cornea and/or sclera, perforating, not involving uveal tissue
65285	1,517	90	cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65286	1,012	60	application of tissue glue, wounds of cornea and/or sclera
65290	1,012	60	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule

ANTERIOR SEGMENT

CORNEA

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CPT	MAR$	FUD	

EXCISION

CPT	MAR$	FUD	Description
65400	809	45	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410*	607	0	Biopsy of cornea
65420	506	45	Excision or transposition of pterygium; without graft
65426	708	45	with graft

REMOVAL OR DESTRUCTION

CPT	MAR$	FUD	Description
65430*	61	0	Scraping of cornea, diagnostic, for smear and/or culture
65435*	101	0	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	202	30	with application of chelating agent (eg, EDTA)
65450	131	30	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
65600	607	45	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)

KERATOPLASTY

CPT	MAR$	FUD	Description
65710	2,428	90	Keratoplasty (corneal transplant); lamellar
65730	2,984	90	penetrating (except in aphakia)
65750	3,540	90	penetrating (in aphakia)
65755	2,529	90	penetrating (in pseudophakia)

OTHER PROCEDURES

CPT	MAR$	FUD	Description
65760	3,237	90	Keratomileusis
65765	3,540	90	Keratophakia
65767	2,832	90	Epikeratoplasty
65770	3,035	90	Keratoprosthesis
65771	1,416	60	Radial keratotomy
65772	1,720	90	Corneal relaxing incision for correction of surgically induced astigmatism
65775	2,225	90	Corneal wedge resection for correction of surgically induced astigmatism

ANTERIOR CHAMBER

INCISION

CPT	MAR$	FUD	Description
65800*	303	0	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805*	253	0	with therapeutic release of aqueous
65810	1,012	60	with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	1,517	90	with removal of blood, with or without irrigation and/or air injection
65820	1,062	60	Goniotomy
65850	1,618	90	Trabeculotomy ab externo
65855	1,012	60	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)
65860	496	30	Severing adhesions of anterior segment, laser technique (separate procedure)

OTHER PROCEDURES

CPT	MAR$	FUD	Description
65865	1,062	60	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae
65870	961	45	anterior synechiae, except goniosynechiae
65875	1,012	60	posterior synechiae
65880	1,062	60	corneovitreal adhesions
65900	1,315	60	Removal of epithelial downgrowth, anterior chamber eye
65920	2,023	90	Removal of implanted material, anterior segment eye
65930	1,012	60	Removal of blood clot, anterior segment eye
66020	253	30	Injection, anterior chamber (separate procedure); air or liquid
66030*	273	0	medication

ANTERIOR SCLERA

EXCISION

CPT	MAR$	FUD	Description
66130	405	30	Excision of lesion, sclera
66150	1,467	60	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	1,416	60	thermocauterization with iridectomy

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CPT	MAR$	FUD	
66160	1,416	60	sclerectomy with punch or scissors, with iridectomy
66165	1,517	90	iridencleisis or iridotasis
66170	1,517	90	trabeculectomy ab externo in absence of previous surgery
66172	1,821	90	trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66180	1,467	60	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185	1,062	60	Revision of aqueous shunt to extraocular reservoir

REPAIR OR REVISION

CPT	MAR$	FUD	
66220	2,023	90	Repair of scleral staphyloma; without graft
66225	2,428	90	with graft
66250	1,012	60	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure

IRIS, CILIARY BODY

INCISION

CPT	MAR$	FUD	
66500	708	45	Iridotomy by stab incision (separate procedure); except transfixion
66505	708	45	with transfixion as for iris bombe

EXCISION

CPT	MAR$	FUD	
66600	1,416	60	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	2,225	90	with cyclectomy
66625	1,012	60	peripheral for glaucoma (separate procedure)
66630	1,012	60	sector for glaucoma (separate procedure)
66635	1,012	60	"optical" (separate procedure)

REPAIR

CPT	MAR$	FUD	
66680	1,214	60	Repair of iris, ciliary body (as for iridodialysis)
66682	1,517	90	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)

DESTRUCTION

CPT	MAR$	FUD	
66700	910	45	Ciliary body destruction; diathermy
66710	910	45	cyclophotocoagulation
66720	910	45	cryotherapy
66740	910	45	cyclodialysis
66761	1,012	60	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (one or more sessions)
66762	607	45	Iridoplasty by photocoagulation (one or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
66770	759	45	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)

LENS

INCISION

CPT	MAR$	FUD	
66820	556	45	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	556	45	laser surgery (eg, YAG laser) (one or more stages)
66825	1,133	60	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)

REMOVAL CATARACT

CPT	MAR$	FUD	
66830	1,821	90	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	1,821	90	Removal of lens material; aspiration technique, one or more stages
66850	2,023	90	phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	1,618	90	pars plana approach, with or without vitrectomy
66920	2,023	90	intracapsular
66930	2,428	90	intracapsular, for dislocated lens
66940	2,023	90	extracapsular (other than 66840, 66850, 66852)

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CPT	MAR$	FUD	
66983	2,832	90	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984	2,832	90	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985	2,023	90	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	2,225	90	Exchange of intraocular lens

OTHER PROCEDURES

CPT	MAR$	FUD	
66999	DOP	-	Unlisted procedure, anterior segment of eye

POSTERIOR SEGMENT

VITREOUS

CPT	MAR$	FUD	
67005	1,821	90	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	2,529	90	subtotal removal with mechanical vitrectomy
67015	1,113	60	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	1,113	60	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure)
67028	1,113	60	Intravitreal injection of a pharmacologic agent (separate procedure)
67030	1,517	90	Discission of vitreous strands (without removal), pars plana approach
67031	1,113	60	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036	3,540	90	Vitrectomy, mechanical, pars plana approach;
67038	4,046	90	with epiretinal membrane stripping
67039	3,237	90	with focal endolaser photocoagulation
67040	3,439	90	with endolaser panretinal photocoagulation

RETINA OR CHOROID

REPAIR

CPT	MAR$	FUD	
67101	2,529	90	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
67105	2,276	90	photocoagulation (laser or xenon arc, one or more sessions), with or without drainage of subretinal fluid
67107	2,832	90	scleral buckling (such as lamellar excision, imbrication or encircling procedure), with or without implant, may include procedures 67101, 67105
67108	4,147	90	with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures 67101-67107 and/or removal of lens by same technique
67109	DOP	-	by technique other than 67101-67108 and 67110
67110	1,315	60	by injection of air or other gas (eg, pneumatic retinopexy)
67112	DOP	-	previously operated upon, any technique
67115	910	45	Release of encircling material (posterior segment)
67120	910	45	Removal of implanted material, posterior segment; extraocular
67121	1,214	60	intraocular

PROPHYLAXIS

CPT	MAR$	FUD	
67141	910	45	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67145	1,214	60	photocoagulation (laser or xenon arc)

DESTRUCTION

CPT	MAR$	FUD	
67208	1,416	60	Destruction of localized lesion of retina (eg, maculopathy, choroidopathy, small tumors), one or more sessions; cryotherapy, diathermy
67210	1,214	60	photocoagulation (laser or xenon arc)
67218	2,225	90	radiation by implantation of source (includes removal of source)

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CPT	MAR$	FUD	
67227	1,517	90	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy
67228	1,214	60	photocoagulation (laser or xenon arc)

SCLERA

REPAIR

CPT	MAR$	FUD	
67250	2,074	90	Scleral reinforcement (separate procedure); without graft
67255	2,428	90	with graft

OTHER PROCEDURES

CPT	MAR$	FUD	
67299	DOP	-	Unlisted procedure, posterior segment

OCULAR ADNEXA

EXTRAOCULAR MUSCLES

CPT	MAR$	FUD	
67311	1,517	90	Strabismus surgery, recession or resection procedure (patient not previously operated on); one horizontal muscle
67312	1,821	90	two horizontal muscles
67314	1,517	90	one vertical muscle (excluding superior oblique)
67316	1,922	90	two or more vertical muscles (excluding superior oblique)
67318	1,618	90	Strabismus surgery, any procedure (patient not previously operated on), superior oblique muscle
67320	1,922	90	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify)
67331	1,517	90	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles
67332	2,023	90	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy)
67334	1,517	90	Strabismus surgery by posterior fixation suture technique, with or without muscle recession
67335	DOP	-	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (Report in addition to code for specific strabismus surgery)
67340	1,922	90	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)
67343	1,467	60	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
67345	303	30	Chemodenervation of extraocular muscle

OTHER PROCEDURES

CPT	MAR$	FUD	
67350	1,012	60	Biopsy of extraocular muscle
67399	DOP	-	Unlisted procedure, ocular muscle

ORBIT

EXPLORATION, EXCISION, DECOMPRESSION

CPT	MAR$	FUD	
67400	1,416	60	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	1,416	60	with drainage only
67412	2,023	90	with removal of lesion
67413	2,023	90	with removal of foreign body
67414	2,124	90	with removal of bone for decompression
67415	354	30	Fine needle aspiration of orbital contents
67420	2,326	90	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	2,124	90	with removal of foreign body
67440	2,023	90	with drainage
67445	2,225	90	with removal of bone for decompression
67450	2,023	90	for exploration, with or without biopsy

OTHER PROCEDURES

CPT	MAR$	FUD	
67500*	152	0	Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505	152	30	alcohol
67515*	81	0	Injection of therapeutic agent into Tenon's capsule
67550	1,214	60	Orbital implant (implant outside muscle cone); insertion
67560	1,012	60	removal or revision

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CPT	MAR$	FUD	
67570	910	45	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
67599	DOP	-	Unlisted procedure, orbit

EYELIDS

INCISION

CPT	MAR$	FUD	
67700*	152	0	Blepharotomy, drainage of abscess, eyelid
67710*	101	0	Severing of tarsorrhaphy
67715*	152	0	Canthotomy (separate procedure)

EXCISION

CPT	MAR$	FUD	
67800	152	30	Excision of chalazion; single
67801	192	30	multiple, same lid
67805	223	30	multiple, different lids
67808	324	30	under general anesthesia and/or requiring hospitalization, single or multiple
67810*	131	0	Biopsy of eyelid
67820*	40	0	Correction of trichiasis; epilation, by forceps only
67825*	101	0	epilation, (eg, by electrosurgery or cryotherapy)
67830	152	30	incision of lid margin
67835	1,315	60	incision of lid margin, with free mucous membrane graft
67840*	202	0	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67850*	152	0	Destruction of lesion of lid margin (up to 1 cm)

TARSORRHAPHY

CPT	MAR$	FUD	
67875	253	30	Temporary closure of eyelids by suture (eg, Frost suture)
67880	455	30	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	657	45	with transposition of tarsal plate

REPAIR (BROW PTOSIS, BLEPHAROPTOSIS, LID RETRACTION, ECTROPION, ENTROPION)

CPT	MAR$	FUD	
67900	627	45	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	1,416	60	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	1,618	90	frontalis muscle technique with fascial sling (includes obtaining fascia)
67903	1,720	90	(tarso)levator resection or advancement, internal approach
67904	1,720	90	(tarso)levator resection or advancement, external approach
67906	1,618	90	superior rectus technique with fascial sling (includes obtaining fascia)
67908	1,214	60	conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	1,214	60	Reduction of overcorrection of ptosis
67911	1,821	90	Correction of lid retraction
67914	405	30	Repair of ectropion; suture
67915	202	30	thermocauterization
67916	910	45	blepharoplasty, excision tarsal wedge
67917	1,214	60	blepharoplasty, extensive (eg, Kuhnt-Szymanowski or tarsal strip operations)
67921	405	30	Repair of entropion; suture
67922	202	30	thermocauterization
67923	910	45	blepharoplasty, excision tarsal wedge
67924	1,163	60	blepharoplasty, extensive (eg, Wheeler operation)

RECONSTRUCTION

CPT	MAR$	FUD	
67930	556	45	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	809	45	full thickness
67938	71	30	Removal of embedded foreign body, eyelid
67950	1,214	60	Canthoplasty (reconstruction of canthus)
67961	1,467	60	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation

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CPT	MAR$	FUD	
			for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	1,618	90	over one-fourth of lid margin
67971	1,720	90	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	1,821	90	total eyelid, lower, one stage or first stage
67974	2,023	90	total eyelid, upper, one stage or first stage
67975	809	45	second stage

OTHER PROCEDURES

CPT	MAR$	FUD	
67999	DOP	-	Unlisted procedure, eyelids

CONJUNCTIVE

INCISION AND DRAINAGE

CPT	MAR$	FUD	
68020	61	30	Incision of conjunctiva, drainage of cyst
68040	71	30	Expression of conjunctival follicles, eg, for trachoma

EXCISION AND/OR DESTRUCTION

CPT	MAR$	FUD	
68100	152	30	Biopsy of conjunctiva
68110	202	30	Excision of lesion, conjunctiva; up to 1 cm
68115	405	30	over 1 cm
68130	607	45	with adjacent sclera
68135*	202	0	Destruction of lesion, conjunctiva

INJECTION

CPT	MAR$	FUD	
68200*	101	0	Subconjunctival injection

CONJUNCTIVOPLASTY

CPT	MAR$	FUD	
68320	1,315	60	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	1,416	60	with buccal mucous membrane graft (includes obtaining graft)
68326	1,416	60	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	1,618	90	with buccal mucous membrane graft (includes obtaining graft)
68330	1,012	60	Repair of symblepharon; conjunctivoplasty, without graft
68335	1,416	60	with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	455	30	division of symblepharon, with or without insertion of conformer or contact lens

OTHER PROCEDURES

CPT	MAR$	FUD	
68360	607	45	Conjunctival flap; bridge or partial (separate procedure)
68362	1,113	60	total (such as Gunderson thin flap or purse string flap)
68399	DOP	-	Unlisted procedure, conjunctiva

LACRIMAL SYSTEM

INCISION

CPT	MAR$	FUD	
68400	212	30	Incision, drainage of lacrimal gland
68420	202	30	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
68440*	101	0	Snip incision of lacrimal punctum

EXCISION

CPT	MAR$	FUD	
68500	1,264	60	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	1,214	60	partial
68510	202	30	Biopsy of lacrimal gland
68520	1,315	60	Excision of lacrimal sac (dacryocystectomy)
68525	202	30	Biopsy of lacrimal sac
68530	1,012	60	Removal of foreign body or dacryolith, lacrimal passages
68540	1,517	90	Excision of lacrimal gland tumor; frontal approach
68550	1,720	90	involving osteotomy

REPAIR

CPT	MAR$	FUD	
68700	1,214	60	Plastic repair of canaliculi
68705	152	30	Correction of everted punctum, cautery
68720	1,517	90	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)

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CPT	MAR$	FUD	
68745	1,618	90	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	1,720	90	with insertion of tube or stent
68760	152	30	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761	192	30	by plug, each
68770	759	45	Closure of lacrimal fistula (separate procedure)

PROBING AND/OR RELATED PROCEDURES

CPT	MAR$	FUD	
68800*	81	0	Dilation of lacrimal punctum, with or without irrigation, unilateral or bilateral
68820*	121	0	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral;
68825	253	0	requiring general anesthesia
68830	354	30	with insertion of tube or stent
68840*	81	0	Probing of lacrimal canaliculi, with or without irrigation
68850*	71	0	Injection of contrast medium for dacryocystography

OTHER PROCEDURES

CPT	MAR$	FUD	
68899	DOP	-	Unlisted procedure, lacrimal system

AUDITORY SYSTEM

EXTERNAL EAR

INCISION

CPT	MAR$	FUD	
69000*	101	0	Drainage external ear, abscess or hematoma; simple
69005	334	30	complicated
69020*	152	0	Drainage external auditory canal, abscess
69090	81	30	Ear piercing

EXCISION

CPT	MAR$	FUD	
69100	81	30	Biopsy external ear
69105	121	30	Biopsy external auditory canal
69110	607	45	Excision external ear; partial, simple repair
69120	809	45	complete amputation
69140	1,163	60	Excision exostosis(es), external auditory canal
69145	202	30	Excision soft tissue lesion, external auditory canal
69150	1,517	90	Radical excision external auditory canal lesion; without neck dissection
69155	2,377	90	with neck dissection

REMOVAL OF FOREIGN BODY

CPT	MAR$	FUD	
69200	81	30	Removal foreign body from external auditory canal; without general anesthesia
69205	202	30	with general anesthesia
69210	61	30	Removal impacted cerumen (separate procedure), one or both ears
69220	61	30	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
69222	152	30	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)

REPAIR

CPT	MAR$	FUD	
69300	1,214	60	Otoplasty, protruding ear, with or without size reduction
69310	2,023	90	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to trauma, infection) (separate procedure)
69320	2,023	90	Reconstruction external auditory canal for congenital atresia, single stage

OTHER PROCEDURES

CPT	MAR$	FUD	
69399	DOP	-	Unlisted procedure, external ear

MIDDLE EAR

INTRODUCTION

CPT	MAR$	FUD	
69400	30	30	Eustachian tube inflation, transnasal; with catheterization
69401	30	30	without catheterization
69405	30	30	Eustachian tube catheterization, transtympanic
69410	20	30	Focal application of phase control substance, middle ear (baffle technique)

INCISION

CPT	MAR$	FUD	
69420*	101	0	Myringotomy including aspiration and/or eustachian tube inflation

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CPT	MAR$	FUD	
69421*	212	0	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	81	30	Ventilating tube removal when originally inserted by another physician
69433*	202	0	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	435	30	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	1,113	60	Middle ear exploration through postauricular or ear canal incision
69450	1,163	60	Tympanolysis, transcanal

EXCISION

CPT	MAR$	FUD	
69501	1,254	60	Transmastoid antrotomy ("simple" mastoidectomy)
69502	1,517	90	Mastoidectomy; complete
69505	2,286	90	modified radical
69511	2,600	90	radical
69530	3,126	90	Petrous apicectomy including radical mastoidectomy
69535	3,126	90	Resection temporal bone, external approach
69540	111	30	Excision aural polyp
69550	2,084	90	Excision aural glomus tumor; transcanal
69552	3,126	90	transmastoid
69554	4,167	90	extended (extratemporal)

REPAIR

CPT	MAR$	FUD	
69601	1,568	90	Revision mastoidectomy; resulting in complete mastoidectomy
69602	1,851	90	resulting in modified radical mastoidectomy
69603	2,377	90	resulting in radical mastoidectomy
69604	2,195	90	resulting in tympanoplasty
69605	2,377	90	with apicectomy
69610	152	30	Tympanic membrane repair, with or without site preparation or perforation for closure, with or without patch
69620	1,770	90	Myringoplasty (surgery confined to drumhead and donor area)
69631	2,377	90	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	2,579	90	with ossicular chain reconstruction (eg, postfenestration)
69633	2,579	90	with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP))
69635	2,478	90	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	2,579	90	with ossicular chain reconstruction
69637	2,579	90	with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP))
69641	2,832	90	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	3,136	90	with ossicular chain reconstruction
69643	3,035	90	with intact or reconstructed wall, without ossicular chain reconstruction
69644	3,035	90	with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	2,832	90	radical or complete, without ossicular chain reconstruction
69646	3,136	90	radical or complete, with ossicular chain reconstruction
69650	1,366	60	Stapes mobilization
69660	2,377	90	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	2,023	90	with footplate drill out
69662	2,630	90	Revision of stapedectomy or stapedotomy
69666	2,023	90	Repair oval window fistula
69667	1,972	90	Repair round window fistula

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CPT	MAR$	FUD	
69670	2,023	90	Mastoid obliteration (separate procedure)
69676	1,821	90	Tympanic neurectomy

OTHER PROCEDURES

CPT	MAR$	FUD	
69700	708	45	Closure postauricular fistula, mastoid (separate procedure)
69710	1,012	60	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	759	45	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69720	2,630	90	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	4,046	90	including medial to geniculate ganglion
69740	3,035	90	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	3,743	90	including medial to geniculate ganglion
69799	DOP	-	Unlisted procedure, middle ear

INNER EAR

INCISION AND/OR DESTRUCTION

CPT	MAR$	FUD	
69801	2,124	90	Labyrinthotomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure; transcanal
69802	2,832	90	with mastoidectomy
69805	2,529	90	Endolymphatic sac operation; without shunt
69806	2,933	90	with shunt
69820	2,529	90	Fenestration semicircular canal
69840	1,720	90	Revision fenestration operation

EXCISION

CPT	MAR$	FUD	
69905	2,377	90	Labyrinthectomy; transcanal
69910	2,832	90	with mastoidectomy
69915	3,965	90	Vestibular nerve section, translabyrinthine approach

INTRODUCTION

CPT	MAR$	FUD	
69930	3,389	90	Cochlear device implantation, with or without mastoidectomy

OTHER PROCEDURES

CPT	MAR$	FUD	
69949	DOP	-	Unlisted procedure, inner ear

TEMPORAL BONE, MIDDLE FOSSA APPROACH

CPT	MAR$	FUD	
69950	3,844	90	Vestibular nerve section, transcranial approach
69955	3,945	90	Total facial nerve decompression and/or repair (may include graft)
69960	3,641	90	Decompression internal auditory canal
69970	4,552	90	Removal of tumor, temporal bone

OTHER PROCEDURES

CPT	MAR$	FUD	
69979	DOP	-	Unlisted procedure, temporal bone, middle fossa approach

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ANESTHESIA

ANESTHESIA GROUND RULES

In addition to the information presented in the General Instructions, several other instructions pertaining specifically to the Anesthesia Section are contained in the Anesthesia Ground Rules below. This information shall be considered to report and bill the procedure codes correctly.

I. General Information and Instructions

A. Anesthesia care may include but is not limited to general, regional, or monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) during any procedure.

B. The total anesthesia value (TAV) for each procedure is defined by adding a basic value, which is related to the complexity of the service, plus modifying units (if any), plus time units.

1. **Basic value**: This is the relative value of all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The basic value includes the pre-operative and post-operative visits, the anesthesia care during the duration of the procedure, the administration of fluids and/or blood, including use of cell-saver, and the usual monitoring services (e.g., ECG, temperature, blood pressure, oximetry, capnography, and mass spectrography). Unusual forms of monitoring are not included in the basic units (e.g., intra-arterial, central venous, and Swan-Ganz) and may be coded and billed separately. Documentation of the medical necessity for these types of unusual monitoring is required and shall not be reimbursed separately.

2. **Time units**: The time for each procedure begins when the anesthesiologist or CRNA begins to prepare the patient for anesthesia care in the operating room or in an equivalent area and ends when the anesthesiologist or CRNA is no longer in personal attendance (i.e., when the patient has been safely placed under post-operative supervision). The anesthesia time units shall be calculated in fifteen minute intervals, or portion thereof, with each interval equal to one time unit.

3. **Modifiers**: Anesthesia modifiers include physical status modifiers and qualifying circumstance modifiers which are listed, with associated unit values, under Section (I)(C)(2) and (3).

4. **Conversion factor**: The monetary value is the multiplier (dollar amount) to be applied to each unit of the base, time, and modifier units. The monetary value for anesthesiologists is $40.00 and for CRNAs is $35.00.

C. Modifying Units

1. All anesthesia services are reported by use of the five-digit anesthesia procedure code 00100-01999 plus the addition of a physical status modifier, when necessary. The use of other TWCC modifiers (e.g., modifier "-23", Unusual Anesthesia) may be appropriate and require DOP. A complete list of TWCC modifiers and definitions is included in the General Instructions section of this Guideline.

2. **Physical Status Modifiers**

a. Physical status modifiers are represented by the initial letter **P** followed by a single digit from 1 to 6 as defined below:

		Units
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A declared brain-dead patient whose organs are being removed for donor purposes	0

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b. The above six levels are consistent with the American Society of Anesthesiologists (ASA) ranking of patient physical status. Physical status is included in CPT to distinguish between various levels of complexity of the anesthesia service provided. (Example: 00100-P1)

3. **Qualifying Circumstances (More than one may apply.)**

a. Many anesthesia services are provided under particularly difficult circumstances depending on factors such as extraordinary condition of patient, notable operative conditions, or unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthesia service provided. These procedures shall not be reported alone but would be reported as additional procedure codes qualifying as an anesthesia procedure or service.

Code	Description	Units
99100	Anesthesia for patient of extreme age, under one year or over 70	1
99116	Anesthesia complicated by utilization of total body hypothermia	5
99135	Anesthesia complicated by utilization of controlled hypotension	5
99140	Anesthesia complicated by emergency* conditions	2

* For clarification, an emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

II. Modes of Anesthesia Practice and Reimbursement

A. Anesthesiologist: When an anesthesiologist is conducting a total and individual anesthesia service, the provider shall be reimbursed at 100% of the anesthesia value according to the anesthesiologist conversion factor.

B. Concurrent Supervision (Modifiers "-41" to "-44"): When an anesthesiologist is directing the services of a CRNA, including pre- and post-operative evaluation and care, but is not personally administering the anesthesia, the TAV of the anesthesia care for the patient shall not exceed the anesthesia TAV for that service, and one of the modifiers "-41" through "-44" shall be added to the procedure code. The anesthesiologist providing the medical direction shall remain on-site in OR and shall extend medical direction to no more than four concurrent anesthetic procedures. Medical direction excludes simultaneous administration of anesthesia or performance of surgical services by the directing anesthesiologist. Reimbursement shall be as follows:

1. when there is no other concurrently directed anesthetic, reimbursement for the anesthesiologist is 100% of the TAV. Use modifier "-41.";

2. when there are two concurrently directed anesthetic procedures, reimbursement for the anesthesiologist is 90% of TAV. Use modifier "-42.";

3. when there are three concurrently directed anesthetic procedures, reimbursement for the anesthesiologist is 85% of TAV. Use modifier "-43."; and

4. when there are four concurrently directed anesthetic procedures, reimbursement for the anesthesiologist is 80% of TAV. Use modifier "-44.".

C. Independent CRNA (Modifier "-46"): When a Certified Registered Nurse Anesthetist (CRNA), working independently of an anesthesiologist's supervision, is conducting the anesthesia service, the CRNA shall be reimbursed at 100% of the basic units and the CRNA's time units and/or modifying units. The modifier "-46" shall be added to the procedure code. Independent CRNAs shall be covered when providing anesthesia care within the CRNA scope of practice as defined by state law.

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III. Separate or Multiple Procedures

A. No additional base value shall be reimbursed for anesthesia rendered during additional surgical procedures (other than the primary procedure) performed on the same day during the same operative setting.

B. Anesthesia reimbursement for multiple procedures is based on the procedure with the highest base value, plus modifying units (if appropriate), plus total time units for all combined surgical procedures.

IV. Other Anesthesia Services, Modifier "-22"

A. Modifier "-22", Unusual Services, is required for anesthesia services that may necessitate skills and time of the anesthesiologist or CRNA beyond what is usually required (e.g., unusual forms of monitoring, severe multiple injuries, or other factors requiring extended pre- and/or post-operative care). DOP is required.

B. Any procedure around the head, neck or shoulder girdle that requires field avoidance; or any procedure compromising the anesthesia administration (e.g., requiring a position other than supine or lithotomy) has a minimum basic value of 5.0 units regardless of any lesser basic value assigned to such procedure in this Guideline. Modifier "-22" and DOP are required.

V. Miscellaneous

A. Local infiltration, digital block, or topical anesthesia administered by the surgeon is included in the MAR for the surgical procedure. (See modifier "-47" in the General Instructions Section)

B. Major regional anesthesia, such as spinal epidural and major peripheral nerve blocks, administered by the surgeon shall be reimbursed the basic anesthesia value only without added value for time. Modifier "-47" shall be included.

C. If the major regional anesthesia is provided by the anesthesiologist or CRNA, these providers shall be reimbursed the base value, any modifiers, and the time.

D. For diagnostic or therapeutic nerve blocks performed by the surgeon, anesthesiologist, or CRNA, only one reimbursement per procedure shall be allowed, regardless of the time required. (See codes 62274-62279, 64400-64530)

VI. Billing

A. Required Billing Information

1. Total units shall appear in the units column of the bill (base value + time + modifying units).
2. Total anesthesia time (in minutes) shall be listed on the bill.
3. Total number of concurrently supervised anesthetists shall be listed on the submitted bill as part of the description of services rendered.

B. Additional Coding Information

1. When billing for daily hospital management of intravenous patient-controlled analgesia by an anesthesiologist, use code 01997(*). Reimbursement is calculated using an TAV of 2 basic units.
2. When billing for anesthesia for manipulation under anesthesia, use code 01999. Reimbursement is calculated using a TAV of 5 basic units.

(*code provided by ASA, not a CPT code)

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MODIFIERS

See general instructions for additional modifiers.

-22 **Unusual Services:** This modifier is used for anesthesia services that may necessitate skills and time of anesthesiologist or CRNA beyond what is usually required. DOP is required.

AND

-22 **Unusual Services:** This modifier is used for any procedure around the head, neck of shoulder girdle that requires field avoidance of any procedure comprising the anesthesia administration has a minimum basic value of 5.0 units regardless of any lesser basic value assigned to such procedures in this guideline. DOP is required.

-23 **Unusual Anesthesia**: Occasionally, a procedure that usually requires either no anesthesia or local anesthesia shall be done under general anesthesia. In this circumstance, add the modifier "-23" to the procedure code. DOP is required.

-41 **Medical Direction of Nonphysician Anesthetist (CRNA) by an Anesthesiologist:** Indicate by using this modifier when the services are performed by the nonphysician anesthetist (CRNA) who is supervised by an anesthesiologist. Refer to concurrent supervision guidelines in the general information section of the anesthesia section.

-42 **Concurrent Supervision of Two Certified Registered Nurse Anesthetists (CRNA) by an Anesthesiologist:** Indicated by using this modifier when the Anesthesiologist is directing two concurrent anesthetic procedures. The reimbursement shall be at 90% of the total anesthesia value.

-43 **Concurrent Supervision of Three Certified Registered Nurse Anesthetists (CRNA) by an Anesthesiologist:** Indicated by using this modifier when the Anesthesiologist is directing three concurrent anesthetic procedures. The reimbursement shall be at 85% of the total anesthesia value.

-44 **Concurrent Supervision of Four Certified Registered Nurse Anesthetists (CRNA) by an Anesthesiologist:** Indicated by using this modifier when the Anesthesiologist is directing four concurrent anesthetic procedures. The reimbursement shall be at 80% of the total anesthesia value.

-46 **Anesthesia by CRNA**: When the CRNA works independently of the anesthesiologist's supervision to provide the total anesthesia care, add the modifier "-46."

-P1 **Physical Status:** This modifier shall be used for a normal, health patient. Zero (0) extra units shall be added.

-P2 **Physical Status:** This modifier shall be used for a patient with a mild systemic disease. Zero (0) extra units shall be added.

-P3 **Physical Status:** This modifier shall be used for a patient with a severe, systemic disease. One (1) extra unit shall be added.

-P4 **Physical Status:** This modifier shall be used for a patient with a severe, systemic disease that is a constant threat to life. Two (2) extra units shall be added.

-P5 **Physical Status:** This modifier shall be used for a patient who is not expected to survive without the operation. Three (3) extra units shall be added.

-P6 **Physical Status:** This modifier shall be used for a declared brain-dead patient whose organs are being removed for donor purposes. Zero (0) extra units shall be added.

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CPT	RVU	

HEAD

CPT	RVU	Description
00100	5	Anesthesia for procedures on integumentary system of head and/or salivary glands, including biopsy; not otherwise specified
00102	6	plastic repair of cleft lip
00103	5	blepharoplasty
00104	4	Anesthesia for electroconvulsive therapy
00120	5	Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified
00124	4	otoscopy
00126	4	tympanotomy
00140	5	Anesthesia for procedures on eye; not otherwise specified
00142	6	lens surgery
00144	6	corneal transplant
00145	6	vitrectomy
00147	6	iridectomy
00148	4	ophthalmoscopy
00160	5	Anesthesia for procedures on nose and accessory sinuses; not otherwise specified
00162	7	radical surgery
00164	4	biopsy, soft tissue
00170	5	Anesthesia for intraoral procedures, including biopsy; not otherwise specified
00172	6	repair of cleft palate
00174	6	excision of retropharyngeal tumor
00176	7	radical surgery
00190	5	Anesthesia for procedures on facial bones; not otherwise specified
00192	7	radical surgery (including prognathism)
00210	11	Anesthesia for intracranial procedures; not otherwise specified
00212	5	subdural taps
00214	9	burr holes
00215	9	elevation of depressed skull fracture, extradural (simple or compound)
00216	15	vascular procedures
00218	13	procedures in sitting position
00220	10	spinal fluid shunting procedures
00222	6	electrocoagulation of intracranial nerve

NECK

CPT	RVU	Description
00300	5	Anesthesia for all procedures on integumentary system of neck, including subcutaneous tissue
00320	6	Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified
00322	3	needle biopsy of thyroid
00350	10	Anesthesia for procedures on major vessels of neck; not otherwise specified
00352	5	simple ligation

THORAX (CHEST WALL AND SHOULDER GIRDLE)

CPT	RVU	Description
00400	3	Anesthesia for procedures on anterior integumentary system of chest, including subcutaneous tissue; not otherwise specified
00402	5	reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)
00404	5	radical or modified radical procedures on breast
00406	13	radical or modified radical procedures on breast with internal mammary node dissection
00410	4	electrical conversion of arrhythmias
00420	5	Anesthesia for procedures on posterior integumentary system of chest, including subcutaneous tissue
00450	5	Anesthesia for procedures on clavicle and scapula; not otherwise specified
00452	6	radical surgery
00454	3	biopsy of clavicle
00470	6	Anesthesia for partial rib resection; not otherwise specified
00472	10	thoracoplasty (any type)
00474	13	radical procedures (eg, pectus excavatum)

INTRATHORACIC

CPT	RVU	Description
00500	15	Anesthesia for all procedures on esophagus
00520	6	Anesthesia for closed chest procedures (including esophagoscopy, bronchoscopy, thoracoscopy); not otherwise specified
00522	4	needle biopsy of pleura
00524	4	pneumocentesis

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CPT	RVU	
00528	8	mediastinoscopy
00530	4	Anesthesia for transvenous pacemaker insertion
00532	4	Anesthesia for access to central venous circulation
00534	7	Anesthesia for transvenous insertion or replacement of cardioverter/defibrillator
00540	13	Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum; not otherwise specified
00542	15	decortication
00544	15	pleurectomy
00546	15	pulmonary resection with thoracoplasty
00548	15	intrathoracic repair of trauma to trachea and bronchi
00560	15	Anesthesia for procedures on heart, pericardium, and great vessels of chest; without pump oxygenator
00562	20	with pump oxygenator
00580	20	Anesthesia for heart transplant or heart/lung transplant

SPINE AND SPINAL CORD

CPT	RVU	
00600	10	Anesthesia for procedures on cervical spine and cord; not otherwise specified
00604	13	posterior cervical laminectomy in sitting position
00620	10	Anesthesia for procedures on thoracic spine and cord; not otherwise specified
00622	13	thoracolumbar sympathectomy
00630	8	Anesthesia for procedures in lumbar region; not otherwise specified
00632	7	lumbar sympathectomy
00634	10	chemonucleolysis
00670	13	Anesthesia for extensive spine and spinal cord procedures (eg, Harrington rod technique)

UPPER ABDOMEN

CPT	RVU	
00700	3	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified
00702	4	percutaneous liver biopsy
00730	5	Anesthesia for procedures on upper posterior abdominal wall
00740	5	Anesthesia for upper gastrointestinal endoscopic procedures
00750	4	Anesthesia for hernia repairs in upper abdomen; not otherwise specified
00752	6	lumbar and ventral (incisional) hernias and/or wound dehiscence
00754	7	omphalocele
00756	7	transabdominal repair of diaphragmatic hernia
00770	15	Anesthesia for all procedures on major abdominal blood vessels
00790	7	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified
00792	13	partial hepatectomy (excluding liver biopsy)
00794	8	pancreatectomy, partial or total (eg, Whipple procedure)
00796	30	liver transplant (recipient)

LOWER ABDOMEN

CPT	RVU	
00800	3	Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified
00802	5	panniculectomy
00810	6	Anesthesia for intestinal endoscopic procedures
00820	5	Anesthesia for procedures on lower posterior abdominal wall
00830	4	Anesthesia for hernia repairs in lower abdomen; not otherwise specified
00832	6	ventral and incisional hernias
00840	6	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842	4	amniocentesis
00844	7	abdominoperineal resection
00846	8	radical hysterectomy
00848	8	pelvic exenteration
00850	7	cesarean section
00855	8	cesarean hysterectomy
00857	7	Continuous epidural analgesia, for labor and cesarean section
00860	6	Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862	7	renal procedures, including upper 1/3 of ureter, or donor nephrectomy

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CPT	RVU	
00864	8	total cystectomy
00866	10	adrenalectomy
00868	10	renal transplant (recipient)
00870	5	cystolithotomy
00872	7	Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873	5	without water bath
00880	15	Anesthesia for procedures on major lower abdominal vessels; not otherwise specified
00882	10	inferior vena cava ligation
00884	5	transvenous umbrella insertion

PERINEUM

CPT	RVU	
00900	3	Anesthesia for procedures on perineal integumentary system (including biopsy of male genital system); not otherwise specified
00902	4	anorectal procedure (including endoscopy and/or biopsy)
00904	7	radical perineal procedure
00906	4	vulvectomy
00908	6	perineal prostatectomy
00910	3	Anesthesia for transurethral procedures (including urethrocystoscopy); not otherwise specified
00912	5	transurethral resection of bladder tumor(s)
00914	5	transurethral resection of prostate
00916	5	post-transurethral resection bleeding
00918	5	with fragmentation and/or removal of ureteral calculus
00920	3	Anesthesia for procedures on male external genitalia; not otherwise specified
00922	6	seminal vesicles
00924	4	undescended testis, unilateral or bilateral
00926	4	radical orchiectomy, inguinal
00928	6	radical orchiectomy, abdominal
00930	4	orchiopexy, unilateral or bilateral
00932	4	complete amputation of penis
00934	6	radical amputation of penis with bilateral inguinal lymphadenectomy
00936	8	radical amputation of penis with bilateral inguinal and iliac lymphadenectomy
00938	4	insertion of penile prosthesis (perineal approach)
00940	3	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00942	4	colpotomy, colpectomy, colporrhaphy
00944	6	vaginal hysterectomy
00946	5	vaginal delivery
00948	4	cervical cerclage
00950	5	culdoscopy
00952	4	hysteroscopy
00955	5	Continuous epidural analgesia, for labor and vaginal delivery

PELVIS (EXCEPT HIP)

CPT	RVU	
01000	3	Anesthesia for procedures on anterior integumentary system of pelvis (anterior to iliac crest), except external genitalia
01110	5	Anesthesia for procedures on posterior integumentary system of pelvis (posterior to iliac crest), except perineum
01120	6	Anesthesia for procedures on bony pelvis
01130	3	Anesthesia for body cast application or revision
01140	15	Anesthesia for interpelviabdominal (hindquarter) amputation
01150	8	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation
01160	4	Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint
01170	8	Anesthesia for open procedures involving symphysis pubis or sacroiliac joint
01180	3	Anesthesia for obturator neurectomy; extrapelvic
01190	4	intrapelvic

UPPER LEG (EXCEPT KNEE)

CPT	RVU	
01200	4	Anesthesia for all closed procedures involving hip joint
01202	4	Anesthesia for arthroscopic procedures of hip joint
01210	6	Anesthesia for open procedures involving hip joint; not otherwise specified
01212	10	hip disarticulation
01214	8	total hip replacement or revision

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CPT	RVU	
01220	4	Anesthesia for all closed procedures involving upper 2/3 of femur
01230	6	Anesthesia for open procedures involving upper 2/3 of femur; not otherwise specified
01232	5	amputation
01234	8	radical resection
01240	3	Anesthesia for all procedures on integumentary system of upper leg
01250	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursa of upper leg
01260	3	Anesthesia for all procedures involving veins of upper leg, including exploration
01270	8	Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified
01272	4	femoral artery ligation
01274	6	femoral artery embolectomy

KNEE AND POPLITEAL AREA

CPT	RVU	
01300	3	Anesthesia for all procedures on integumentary system of knee and/or popliteal area
01320	4	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursa of knee and/or popliteal area
01340	4	Anesthesia for all closed procedures on lower 1/3 of femur
01360	5	Anesthesia for all open procedures on lower 1/3 of femur
01380	3	Anesthesia for all closed procedures on knee joint
01382	3	Anesthesia for arthroscopic procedures of knee joint
01390	3	Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella
01392	4	Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella
01400	4	Anesthesia for open procedures on knee joint; not otherwise specified
01402	7	total knee replacement
01404	5	disarticulation at knee
01420	3	Anesthesia for all cast applications, removal, or repair involving knee joint
01430	3	Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified
01432	6	arteriovenous fistula
01440	5	Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified
01442	8	popliteal thromboendarterectomy, with or without patch graft
01444	8	popliteal excision and graft or repair for occlusion or aneurysm

LOWER LEG (BELOW KNEE)

CPT	RVU	
01460	3	Anesthesia for all procedures on integumentary system of lower leg, ankle, and foot
01462	3	Anesthesia for all closed procedures on lower leg, ankle, and foot
01464	3	Anesthesia for arthroscopic procedures of ankle joint
01470	3	Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified
•01472	5	repair of ruptured Achilles tendon, with or without graft
01474	5	gastrocnemius recession (eg, Strayer procedure)
01480	3	Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified
01482	4	radical resection
01484	4	osteotomy or osteoplasty of tibia and/or fibula
01486	7	total ankle replacement
01490	3	Anesthesia for lower leg cast application, removal, or repair
01500	8	Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified
01502	6	embolectomy, direct or catheter
01520	3	Anesthesia for procedures on veins of lower leg; not otherwise specified
01522	5	venous thrombectomy, direct or catheter

SHOULDER AND AXILLA

CPT	RVU	
01600	3	Anesthesia for all procedures on integumentary system of shoulder and axilla
01610	5	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursa of shoulder and axilla

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CPT	RVU	
01620	4	Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint
01622	4	Anesthesia for arthroscopic procedures of shoulder joint
01630	5	Anesthesia for open procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified
01632	6	radical resection
01634	9	shoulder disarticulation
01636	15	interthoracoscapular (forequarter) amputation
01638	10	total shoulder replacement
01650	6	Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified
01652	10	axillary-brachial aneurysm
01654	8	bypass graft
01656	10	axillary-femoral bypass graft
01670	4	Anesthesia for all procedures on veins of shoulder and axilla
01680	3	Anesthesia for shoulder cast application, removal or repair; not otherwise specified
01682	4	shoulder spica

UPPER ARM AND ELBOW

CPT	RVU	
01700	3	Anesthesia for all procedures on integumentary system of upper arm and elbow
01710	3	Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursa of upper arm and elbow; not otherwise specified
01712	5	tenotomy, elbow to shoulder, open
01714	5	tenoplasty, elbow to shoulder
01716	5	tenodesis, rupture of long tendon of biceps
01730	3	Anesthesia for all closed procedures on humerus and elbow
01732	3	Anesthesia for arthroscopic procedures of elbow joint
01740	4	Anesthesia for open procedures on humerus and elbow; not otherwise specified
01742	5	osteotomy of humerus
01744	5	repair of nonunion or malunion of humerus
01756	6	radical procedures
01758	5	excision of cyst or tumor of humerus
01760	7	total elbow replacement
01770	6	Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified
01772	6	embolectomy
01780	3	Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified
01782	4	phleborrhaphy
01784	6	Anesthesia for repair of arterio-venous (A-V) fistula, congenital or acquired

FOREARM, WRIST AND HAND

CPT	RVU	
01800	3	Anesthesia for all procedures on integumentary system of forearm, wrist, and hand
01810	3	Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursa of forearm, wrist, and hand
01820	3	Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones
01830	3	Anesthesia for open procedures on radius, ulna, wrist, or hand bones; not otherwise specified
01832	6	total wrist replacement
01840	6	Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified
01842	6	embolectomy
01844	6	Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)
01850	3	Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified
01852	4	phleborrhaphy
01860	3	Anesthesia for forearm, wrist, or hand cast application, removal, or repair

RADIOLOGICAL PROCEDURES

CPT	RVU	
01900	3	Anesthesia for injection procedure for hysterosalpingography
01902	9	Anesthesia for burr hole(s) for ventriculography
01904	7	Anesthesia for injection procedure for pneumoencephalography
01906	5	Anesthesia for injection procedure for myelography; lumbar
01908	5	cervical

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CPT	RVU	
01910	9	posterior fossa
01912	5	Anesthesia for injection procedure for diskography; lumbar
01914	6	cervical
01916	5	Anesthesia for arteriograms, needle; carotid, or vertebral
01918	5	retrograde, brachial or femoral
01920	7	Anesthesia for cardiac catheterization including coronary arteriography and ventriculography (not to include Swan-Ganz catheter)
01921	7	Anesthesia for angioplasty
01922	7	Anesthesia for non-invasive imaging or radiation therapy

OTHER PROCEDURES

CPT	RVU	
01990	7	Physiological support for harvesting of organ(s) from brain-dead patient
01995	5	Regional IV administration of local anesthetic agent (upper or lower extremity)
01996	3	Daily management of epidural or subarachnoid drug administration
01999	DOP	Unlisted anesthesia procedure(s)

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RADIOLOGY/ NUCLEAR MEDICINE

RADIOLOGY/NUCLEAR MEDICINE GROUND RULES

In addition to the General Instructions, several other instructions pertaining specifically to the Radiology Section are contained in the Radiology Ground Rules and Notes below. This information shall be utilized for correct reporting and billing of the procedure codes.

I. General Information and Instructions

A. General

1. Listed values for radiology procedures apply only when these services are performed by or under the supervision of a doctor. **Imaging centers and radiologic centers (not covered by a hospital's license) shall bill on the HCFA-1500 and be reimbursed according to the Medical Fee Guideline.**

2. The **whole (WP) MAR** includes the professional component (PC) plus the technical component (TC). This value is applicable in any situation in which a single charge is made to include both professional services and the technical cost of providing such service. Identification of a procedure by the procedure code with modifier "-WP" indicates that the charge includes both the "professional" and "technical" components. The listed values apply to doctors and radiology centers.

3. The **professional component maximum allowable reimbursement (PC MAR)** represents the value of the professional radiological services of the doctor. This includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation, and written report of the examination and consultation with the referring doctor. A written report, signed by the interpreting physician, is considered an integral part of a radiologic procedure or interpretation and shall not be reimbursed separately. To identify a charge for professional component only, use the procedure code followed by the modifier "-26".

4. The **technical component maximum allowable reimbursement (TC MAR)** includes the charge for personnel; materials, including ionic contrast media and drugs; film or xerograph; space; equipment; and other facility resources. The TC MAR excludes the cost of radioisotopes. To identify a charge for the technical component only, use the procedure code followed by the modifier "- 27".

B. Injection Procedures

1. Values for injection procedures include all usual pre- and post-injection care specifically related to the injection procedure, necessary local anesthesia, placement of needle or catheter, and injection of contrast media with or without auto power injection. Contrast material in computerized axial tomogram (CAT) of spine is either by intrathecal or intravenous injection. For intrathecal injection, include the code 61055 or 62284. IV injection of contrast material is included in the CAT procedure and shall not be reimbursed separately.

2. When introducing additional materials through the same puncture site, reimbursement shall be allowed for the materials only, using the appropriate HCPCS code, when possible, or the code 99070, with DOP.

3. Supervision and Interpretation only (S&I):

    a. When a procedure is performed by two physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation."

    b. When a physician performs the procedure and provides imaging supervision and interpretation, a combination of procedure codes outside of the 70000 series plus codes for the imaging supervision and interpretation contained in the 70000 series shall be billed.

    c. The Radiological Supervision and Interpretation codes are not applicable to the Radiation Oncology subsection (Section IV).

4. Injection codes are listed in the appropriate sections and shall be billed accordingly.

C. Complete Examination (Radiological)

A complete examination includes all of the necessary views for optimal examination of the body part for the suspected condition. If the reimbursement of multiple single views exceeds the cost of a complete examination, reimbursement shall be based on the complete examination value.

D. Videofluoroscopy

Videofluoroscopy is considered to be part of a myelogram and discogram. Therefore, when billing for either a myelogram, discogram, or injections, videofluoroscopy shall not be billed separately.

II. Billing Procedures

A. Contrast Materials:

1. Ionic contrast material for radiological procedure(s) is considered part of the procedure and shall not be reimbursed as a separate item.

2. Non-ionic contrast material for radiological procedure(s) shall be billed using the following codes:

    a. A4644: Supply of low osmolar contrast material (100-199 mgs of iodine)
    b. A4645: Supply of low osmolar contrast material (200-299 mgs of iodine)
    c. A4646: Supply of low osmolar contrast material (300-399 mgs of iodine)

3. Contrast for MRI procedures shall be billed using HCPCS code A4647 when use of contrast is medically necessary.

B. Three-dimensional reconstruction (76375): This code is used for the additional views obtained to gain a more complete picture of the area in question (i.e., coronal, sagittal, multiplanar, or oblique views)

C. Magnetic Resonance Imaging: This procedure shall be billed according to the following three categories:

1. **Limited (L)** which is less than 12 slices (modifier "-52" is required)
2. **Standard (S)** which is 13 to 24 slices
3. **Extended (E)** which is 25 or more slices (modifier "-22" is required)

NOTE: The letters "L", "S", and "E" are listed next to the MAR for each of the categories for MRIs.

III. Diagnostic Ultrasound

A. A-mode: Indicates a one-dimensional ultrasonic measurement procedure.

B. M-mode: Indicates a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.

C. B-scan: Indicates a two-dimensional ultrasonic scanning procedure with a two-dimensional display.

D. Real-time scan: Indicates a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

IV. Radiation Oncology

A. The procedure codes for radiation oncology provide for teletherapy and brachytherapy to include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. The procedure codes include normal follow-up care during course of treatment and for three months following its completion.

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B. Adjunctive Radiotherapy Physics Services. The adjunctive radiotherapy physics services listed are those necessary to conduct radiation therapy for optimal patient care, performed in consultation with a qualified radiological physicist (e.g., patient dosimeter; design and construction of beam shaping devices). The value for these services applies when these services are performed by a doctor or by a qualified radiological physicist under the supervision of a doctor.

C. Consultation. Preliminary consultation, evaluation of patient prior to decision to treat, or full medical care (in addition to treatment management), when provided by the therapeutic radiologist, may be identified by the appropriate procedure codes from "Evaluation & Management", "Medicine", or "Surgery" sections.

D. Clinical Treatment Planning (External And Internal Sources)

1. The clinical treatment planning process is a complex service including interpretation of special testing, tumor localization, treatment volume determination, treatment time/dosage determination, choice of treatment modality, determination of number and size of treatment ports, selection of appropriate treatment devices, and other procedures.

2. **Definitions -- Therapeutic Radiology Planning**

a. Simple: Planning requiring single treatment area of interest encompassed in a single port or simple parallel opposed ports with simple or no blocking.

b. Intermediate: . Planning requiring three or more converging ports, two separate treatment areas, multiple blocking, or special time dose constraints.

c. Complex: Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations, or combination of therapeutic modalities.

3. **Definitions -- Therapeutic Radiology Simulation**

a. Simple: Simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.

b. Intermediate: Simulation of three or more converging ports, two separate treatment areas, and/or multiple blocks.

c. Complex: Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, and/or any use of contrast materials.

NOTE: Simulation may be carried out on a dedicated simulator, a radiation therapy treatment unit, or diagnostic x-ray machine.

E. Clinical Treatment Management

1. Weekly clinical management is based on five fractions (radiological doses) delivered comprising one week regardless of the time interval separating the delivery of treatments.

2. **Definitions**

a. Simple: Single treatment area, single port or parallel opposed ports, simple blocks.

b. Intermediate: Two separate treatment areas, three or more ports on a single treatment area, use of special blocks.

c. Complex: Three or more separate treatment areas, highly complex blocking (mantle, inverted Y), tangential ports, wedges, rotational compensators or other special beam considerations.

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d. Conformal: multiple custom megavoltage treatment beams focused on a large three-dimensional reconstructed target.

F. Hyperthermia

1. Hyperthermia treatments, as listed in this section, include external (superficial and deep), interstitial, and intracavitary. Radiation therapy, when given concurrently, is listed separately.

2. Hyperthermia is used only as an adjunct to radiation therapy or chemotherapy. Hyperthermia may be induced by a variety of sources (e.g., microwave, ultrasound, low energy radio-frequency conduction, or probes).

3. The listed treatments include management during the course of therapy and follow-up care for three months after completion. Preliminary consultation is not included. (See Evaluation & Management codes 99241-99263.) Physics planning and interstitial insertion of temperature sensors, and use of external or interstitial heat generating sources are included.

G. Clinical Brachytherapy

1. Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation is performed solely by the therapeutic radiologist.

2. **Definitions**

a. Simple: Application with one to four sources/ribbons.
b. Intermediate: Application with five to ten sources/ribbons.
c. Complex: Application with greater than ten sources/ribbons.

NOTE: Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement.

H. Nuclear Medicine

1. Listed procedures may be performed independently or in the course of overall medical care. If the doctor providing these services is also responsible for diagnostic work-up and/or follow-up care of patient, see also the sections that apply to those services.

2. Radioimmunoassay tests are found in the Clinical Pathology Section, codes 82000-84999. These codes can be appropriately used by any specialist performing such tests in a laboratory licensed and/or certified for radioimmunoassays. The reporting of these tests is not confined to clinical pathology laboratories alone.

3. The services listed do not include the provision of radium or other radioelements. Those materials supplied by the doctor shall be listed separately and identified by the code 78990 for diagnostic radionuclide(s) and code 79900 for therapeutic radionuclide(s).

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MODIFIERS

See general instructions for additional modifiers.

-22	**Magnetic Resonance Imaging:** Modifier used with an extended MRI which is 25 or more slices.
-52	**Magnetic Resonance Imaging:** Modifier used with a limited MRI which is less than 12 slices.
-WP	**Whole Procedure**: The listed value of certain procedures (laboratory, x-ray, specific diagnostic services, etc.) is a combination of a professional component and a technical component. When both the professional and technical components are performed by a single provider, add the modifier "-WP" to the procedure code.

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

HEAD AND NECK

CPT		PC$	TC$	
70010		86	143	Myelography, posterior fossa, radiological supervision and interpretation
70015		86	143	Cisternography, positive contrast, radiological supervision and interpretation
70030		18	34	Radiologic examination, eye, for detection of foreign body
70100		17	34	Radiologic examination, mandible; partial, less than four views
70110		24	40	complete, minimum of four views
70120		17	30	Radiologic examination, mastoids; less than three views per side
70130		34	42	complete, minimum of three views per side
70134		30	37	Radiologic examination, internal auditory meati, complete
70140		17	30	Radiologic examination, facial bones; less than three views
70150		24	44	complete, minimum of three views
70160		17	34	Radiologic examination, nasal bones, complete, minimum of three views
70170		27	45	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190		17	34	Radiologic examination; optic foramina
70200		24	44	orbits, complete, minimum of four views
70210		17	34	Radiologic examination, sinuses, paranasal, less than three views
70220		24	39	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240		17	24	Radiologic examination, sella turcica
70250		22	30	Radiologic examination, skull; less than four views, with or without stereo
70260		34	50	complete, minimum of four views, with or without stereo
70300		10	13	Radiologic examination, teeth; single view
70310		15	24	partial examination, less than full mouth
70320		22	39	complete, full mouth
70328		17	27	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330		24	44	bilateral
70332		54	104	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	L	118	554	Magnetic resonance (eg, proton) imaging, temporomandibular joint
70336	S	143	680	Magnetic resonance (eg, proton) imaging, temporomandibular joint
70336	E	168	756	Magnetic resonance (eg, proton) imaging, temporomandibular joint
70350		17	24	Cephalogram, orthodontic
70355		20	39	Orthopantogram
70360		17	24	Radiologic examination; neck, soft tissue
70370		30	67	pharynx or larynx, including fluoroscopy and/or magnification technique
70371		82	101	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373		50	86	Laryngography, contrast, radiological supervision and interpretation
70380		17	34	Radiologic examination, salivary gland for calculus
70390		39	86	Sialography, radiological supervision and interpretation
70450		117	368	Computerized axial tomography, head or brain; without contrast material
70460		109	317	with contrast material(s)
70470		124	406	without contrast material, followed by contrast material(s) and further sections

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CPT		PC$	TC$	
70480		126	274	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481		134	317	with contrast material(s)
70482		143	406	without contrast material, followed by contrast material(s) and further sections
70486		109	274	Computerized axial tomography, maxillofacial area; without contrast material
70487		126	317	with contrast material(s)
70488		134	406	without contrast material, followed by contrast material(s) and further sections
70490		126	274	Computerized axial tomography, soft tissue neck; without contrast material
70491		134	317	with contrast material(s)
70492		143	406	without contrast material followed by contrast material(s) and further sections
70540	L	118	554	Magnetic resonance (eg, proton) imaging, orbit, face, and neck
70540	S	143	680	Magnetic resonance (eg, proton) imaging, orbit, face, and neck
70540	E	168	756	Magnetic resonance (eg, proton) imaging, orbit, face, and neck
70541	L	134	596	Magnetic resonance angiography, head and/or neck, with or without contrast material(s)
70541	S	160	722	Magnetic resonance angiography, head and/or neck, with or without contrast material(s)
70541	E	185	798	Magnetic resonance angiography, head and/or neck, with or without contrast material(s)
70551	L	118	554	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70551	S	143	680	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70551	E	168	756	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	L	151	638	with contrast material(s)
70552	S	176	764	with contrast material(s)
70552	E	201	840	with contrast material(s)
70553	L	185	722	without contrast material, followed by contrast material(s) and further sequences
70553	S	227	848	without contrast material, followed by contrast material(s) and further sequences
70553	E	252	923	without contrast material, followed by contrast material(s) and further sequences

CHEST

CPT	PC$	TC$	
71010	17	24	Radiologic examination, chest; single view, frontal
71015	20	30	stereo, frontal
71020	28	42	Radiologic examination, chest, two views, frontal and lateral;
71021	25	42	with apical lordotic procedure
71022	30	42	with oblique projections
71023	34	42	with fluoroscopy
71030	30	42	Radiologic examination, chest, complete, minimum of four views;
71034	47	72	with fluoroscopy
71035	25	34	Radiologic examination, chest, special views (eg, lateral decubitus, Bbucky studies)
71036	54	76	Needle biopsy of intrathoracic lesion, including follow-up films, fluoroscopic localization only, radiological supervision and interpretation
71038	52	84	Fluoroscopic localization for transbronchial biopsy or brushing

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CPT		PC$	TC$	
71040		59	76	Bronchography, unilateral, radiological supervision and interpretation
71060		76	109	Bronchography, bilateral, radiological supervision and interpretation
71090		55	84	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100		25	34	Radiologic examination, ribs, unilateral; two views
71101		29	39	including posteroanterior chest, minimum of three views
71110		29	44	Radiologic examination, ribs, bilateral; three views
71111		32	49	including posteroanterior chest, minimum of four views
71120		17	34	Radiologic examination; sternum, minimum of two views
71130		20	34	sternoclavicular joint or joints, minimum of three views
71250		118	326	Computerized axial tomography, thorax; without contrast material
71260		129	381	with contrast material(s)
71270		146	475	without contrast material, followed by contrast material(s) and further sections
71550	L	118	554	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy)
71550	S	143	680	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy)
71550	E	168	756	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy)
71555	L	134	596	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
71555	S	160	722	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
71555	E	185	798	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

SPINE AND PELVIS

CPT		PC$	TC$	
72010		44	67	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020		17	20	Radiologic examination, spine, single view, specify level
72040		17	34	Radiologic examination, spine, cervical; anteroposterior and lateral
72050		29	52	minimum of four views
72052		47	85	complete, including oblique and flexion and/or extension studies
72069		20	39	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070		22	34	Radiologic examination, spine; thoracic, anteroposterior and lateral
72072		24	42	thoracic, anteroposterior and lateral, including swimmer's view of the cervicothoracic junction
72074		20	50	thoracic, complete, including obliques, minimum of four views
72080		25	34	thoracolumbar, anteroposterior and lateral
72090		27	34	scoliosis study, including supine and erect studies
72100		22	34	Radiologic examination, spine, lumbosacral; anteroposterior and lateral
72110		40	60	complete, with oblique views
72114		44	76	complete, including bending views
72120		29	56	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125		150	430	Computerized axial tomography, cervical spine; without contrast material

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CPT		PC$	TC$	
72126		268	402	with contrast material
72127		121	484	without contrast material, followed by contrast material(s) and further sections
72128		114	322	Computerized axial tomography, thoracic spine; without contrast material
72129		118	386	with contrast material
72130		121	484	without contrast material, followed by contrast material(s) and further sections
72131		150	430	Computerized axial tomography, lumbar spine; without contrast material
72132		268	402	with contrast material
72133		121	484	without contrast material, followed by contrast material(s) and further sections
72141	L	118	554	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72141	S	143	680	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72141	E	168	756	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	L	151	638	with contrast material(s)
72142	S	176	764	with contrast material(s)
72142	E	201	840	with contrast material(s)
72146	L	118	554	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72146	S	143	680	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72146	E	168	756	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	L	151	638	with contrast material(s)
72147	S	176	764	with contrast material(s)
72147	E	201	840	with contrast material(s)
72148	L	118	554	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72148	S	143	680	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72148	E	168	756	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	L	151	638	with contrast material(s)
72149	S	176	764	with contrast material(s)
72149	E	201	840	with contrast material(s)
72156	L	185	722	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72156	S	227	848	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72156	E	252	923	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	L	185	722	thoracic
72157	S	227	848	thoracic
72157	E	252	923	thoracic
72158	L	185	722	lumbar
72158	S	227	848	lumbar
72158	E	252	923	lumbar
72159	L	134	596	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72159	S	160	722	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72159	E	185	798	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)

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CPT		PC$	TC$	
72170		17	34	Radiologic examination, pelvis; anteroposterior only
72190		22	39	complete, minimum of three views
72192		101	327	Computerized axial tomography, pelvis; without contrast material
72193		109	369	with contrast material(s)
72194		118	462	without contrast material, followed by contrast material(s) and further sections
72196	L	118	554	Magnetic resonance (eg, proton) imaging, pelvis
72196	S	143	680	Magnetic resonance (eg, proton) imaging, pelvis
72196	E	168	756	Magnetic resonance (eg, proton) imaging, pelvis
72198	L	134	596	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72198	S	160	722	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72198	E	185	798	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200		22	29	Radiologic examination, sacroiliac joints; less than three views
72202		24	30	three or more views
72220		22	29	Radiologic examination, sacrum and coccyx, minimum of two views
72240		76	106	Myelography, cervical, radiological supervision and interpretation
72255		71	102	Myelography, thoracic, radiological supervision and interpretation
72265		60	87	Myelography, lumbosacral, radiological supervision and interpretation
72270		101	168	Myelography, entire spinal canal, radiological supervision and interpretation
72285		76	411	Diskography, cervical, radiological supervision and interpretation
72295		76	386	Diskography, lumbar, radiological supervision and interpretation

UPPER EXTREMITIES

CPT	PC$	TC$	
73000	15	25	Radiologic examination; clavicle, complete
73010	17	29	scapula, complete
73020	13	24	Radiologic examination, shoulder; one view
73030	24	36	complete, minimum of two views
73040	59	101	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	17	34	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	17	30	humerus, minimum of two views
73070	13	30	Radiologic examination, elbow; anteroposterior and lateral views
73080	17	29	complete, minimum of three views
73085	59	101	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	17	25	Radiologic examination; forearm, anteroposterior and lateral views
73092	17	25	upper extremity, infant, minimum of two views
73100	17	25	Radiologic examination, wrist; anteroposterior and lateral views
73110	24	36	complete, minimum of three views
73115	54	79	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	13	24	Radiologic examination, hand; two views
73130	17	30	minimum of three views
73140	17	30	Radiologic examination, finger(s), minimum of two views

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CPT		PC$	TC$	
73200		101	285	Computerized axial tomography, upper extremity; without contrast material
73201		109	327	with contrast material(s)
73202		118	411	without contrast material, followed by contrast material(s) and further sections
73220	L	118	554	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint
73220	S	143	680	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint
73220	E	168	756	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint
73221	L	118	554	Magnetic resonance (eg, proton) imaging, any joint of upper extremity
73221	S	143	680	Magnetic resonance (eg, proton) imaging, any joint of upper extremity
73221	E	168	756	Magnetic resonance (eg, proton) imaging, any joint of upper extremity
73225	L	134	596	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73225	S	160	722	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73225	E	185	798	Magnetic resonance angiography, upper extremity, with or without contrast material(s)

LOWER EXTREMITIES

CPT		PC$	TC$	
73500		17	25	Radiologic examination, hip unilateral; one view
73510		17	34	complete, minimum of two views
73520		24	35	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525		59	101	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530		30	34	Radiologic examination, hip, during operative procedure
73540		17	32	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73550		17	30	Radiologic examination, femur, anteroposterior and lateral views
73560		15	27	Radiologic examination, knee; anteroposterior and lateral views
73562		22	41	anteroposterior and lateral, with oblique(s), minimum of three views
73564		27	39	complete, including oblique(s), and tunnel, and/or patellar and/or standing views
73565		30	45	both knees, standing, anteroposterior
73580		55	129	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590		13	29	Radiologic examination; tibia and fibula, anteroposterior and lateral views
73592		13	25	lower extremity, infant, minimum of two views
73600		13	25	Radiologic examination, ankle; anteroposterior and lateral views
73610		22	41	complete, minimum of three views
73615		59	101	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620		15	24	Radiologic examination, foot; anteroposterior and lateral views
73630		24	36	complete, minimum of three views
73650		13	25	Radiologic examination; calcaneus, minimum of two views
73660		12	22	toe(s), minimum of two views
73700		101	285	Computerized axial tomography, lower extremity; without contrast material
73701		109	327	with contrast material(s)

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CPT		PC$	TC$	
73702		118	411	without contrast material, followed by contrast material(s) and further sections
73720	L	118	554	Magnetic resonance (eg, proton) imaging, lower extremity, other than joint
73720	S	143	680	Magnetic resonance (eg, proton) imaging, lower extremity, other than joint
73720	E	168	756	Magnetic resonance (eg, proton) imaging, lower extremity, other than joint
73721	L	118	554	Magnetic resonance (eg, proton) imaging, any joint of lower extremity
73721	S	143	680	Magnetic resonance (eg, proton) imaging, any joint of lower extremity
73721	E	168	756	Magnetic resonance (eg, proton) imaging, any joint of lower extremity
73725	L	134	596	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
73725	S	160	722	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
73725	E	185	798	Magnetic resonance angiography, lower extremity, with or without contrast material(s)

ABDOMEN

CPT		PC$	TC$	
74000		17	27	Radiologic examination, abdomen; single anteroposterior view
74010		20	29	anteroposterior and additional oblique and cone views
74020		27	42	complete, including decubitus and/or erect views
74022		32	44	complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest
74150		118	302	Computerized axial tomography, abdomen; without contrast material
74160		124	376	with contrast material(s)
74170		134	470	without contrast material, followed by contrast material(s) and further sections
74181	L	118	554	Magnetic resonance (eg, proton) imaging, abdomen
74181	S	143	680	Magnetic resonance (eg, proton) imaging, abdomen
74181	E	168	756	Magnetic resonance (eg, proton) imaging, abdomen
74185	L	134	596	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74185	S	160	722	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74185	E	185	798	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190		97	146	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation

GASTROINTESTINAL TRACT

CPT		PC$	TC$	
74210		34	57	Radiologic examination; pharynx and/or cervical esophagus
74220		44	57	esophagus
74230		52	65	Swallowing function, pharynx and/or esophagus, with cineradiography and/or video
74235		111	131	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240		67	71	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241		69	72	with or without delayed films, with KUB
74245		84	118	with small bowel, includes multiple serial films
74246		67	81	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247		69	82	with or without delayed films, with KUB

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CPT	PC$	TC$	
74249	87	126	with small bowel follow-through
74250	47	64	Radiologic examination, small bowel, includes multiple serial films;
74251	71	114	via enteroclysis tube
74260	50	71	Duodenography, hypotonic
74270	67	84	Radiologic examination, colon; barium enema, with or without KUB
74280	92	109	air contrast with specific high density barium, with or without glucagon
74283	114	67	Barium enema, therapeutic, for reduction of intussusception
74290	30	37	Cholecystography, oral contrast;
74291	20	22	additional or repeat examination or multiple day examination
74300	40	50	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301	18	24	additional set intraoperative, radiological supervision and interpretation
74305	42	40	postoperative, radiological supervision and interpretation
74320	54	156	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	252	101	Postoperative biliary duct stone removal, percutaneous via T-tube tract, basket or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	67	156	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	67	156	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	67	156	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation

CPT	PC$	TC$	
74340	55	129	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74350	72	128	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
74355	72	128	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	52	154	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	285	186	Percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

URINARY TRACT

CPT	PC$	TC$	
74400	47	84	Urography (pyelography), intravenous, with or without KUB, with or without tomography;
74405	47	101	with special hypertensive contrast concentration and/or clearance studies
74410	50	91	Urography, infusion, drip technique and/or bolus technique;
74415	50	101	with nephrotomography
74420	34	126	Urography, retrograde, with or without KUB
74425	34	67	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	34	50	Cystography, minimum of three views, radiological supervision and interpretation
74440	34	59	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	109	59	Corpora cavernosography, radiological supervision and interpretation
74450	34	71	Urethrocystography, retrograde, radiological supervision and interpretation

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CPT		PC$	TC$	
74455		37	77	Urethrocystography, voiding, radiological supervision and interpretation
74470		54	59	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475		76	252	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480		143	252	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485		54	153	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation

GYNECOLOGICAL AND OBSTETRICAL

CPT		PC$	TC$	
74710		34	54	Pelvimetry, with or without placental localization
74740		34	67	Hysterosalpingography, radiological supervision and interpretation
74742		60	158	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775		59	72	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)

HEART

CPT		PC$	TC$	
75552	L	118	554	Cardiac magnetic resonance imaging for morphology; without contrast material
75552	S	143	680	Cardiac magnetic resonance imaging for morphology; without contrast material
75552	E	168	756	Cardiac magnetic resonance imaging for morphology; without contrast material
75553	L	151	638	with contrast material
75553	S	176	764	with contrast material
75553	E	201	840	with contrast material
75554		168	756	Cardiac magnetic resonance imaging for function, with or without morphology; complete study (eg, multiple chambers)
75555		118	554	limited study (eg, single chamber)
75556	L	118	554	Cardiac magnetic resonance imaging for velocity flow mapping
75556	S	143	680	Cardiac magnetic resonance imaging for velocity flow mapping
75556	E	168	756	Cardiac magnetic resonance imaging for velocity flow mapping

AORTA AND ARTERIES

CPT		PC$	TC$	
75600		42	106	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605		64	178	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625		84	252	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630		201	218	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75650		84	252	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658		84	252	Angiography, brachial, retrograde, radiological supervision and interpretation
75660		84	252	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662		168	369	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665		84	252	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671		168	252	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676		84	252	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation

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CPT	PC$	TC$	
75680	168	420	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	84	252	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	101	411	Angiography, spinal, selective, radiological supervision and interpretation
75710	50	151	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	67	201	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	84	252	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	126	294	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	126	243	Angiography, visceral, selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation
75731	84	252	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	126	327	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	84	252	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741	107	201	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	121	252	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	84	84	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	84	160	Angiography, internal mammary, radiological supervision and interpretation
75774	39	151	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation
75790	173	259	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation

VEINS AND LYMPHATICS

CPT	PC$	TC$	
75801	84	198	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	84	252	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	84	210	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	91	245	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	34	84	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt), radiological supervision and interpretation
75810	54	148	Splenoportography, radiological supervision and interpretation
75820	39	96	Venography, extremity, unilateral, radiological supervision and interpretation
75822	57	144	Venography, extremity, bilateral, radiological supervision and interpretation
75825	67	185	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	67	185	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	67	185	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	101	185	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	67	185	Venography, adrenal, unilateral, selective, radiological supervision and interpretation

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CPT	PC$	TC$	
75842	101	185	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	67	185	Venography, sinus or jugular, catheter, radiological supervision and interpretation
75870	67	185	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	67	185	Venography, epidural, radiological supervision and interpretation
75880	50	185	Venography, orbital, radiological supervision and interpretation
75885	101	185	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	101	185	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	67	185	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	67	185	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	235	185	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation

TRANSCATHETER THERAPY AND BIOPSY

CPT	PC$	TC$	
75894	84	252	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	84	252	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	160	50	Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900	134	252	Exchange of a previously placed arterial catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75940	42	126	Percutaneous placement of ivc filter, radiological supervision and interpretation
75960	121	252	Transcatheter introduction of intravascular stent(s), (non-coronary vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	453	168	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
75962	168	252	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
75964	67	252	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation
75966	168	252	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	84	252	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation
75970	67	218	Transcatheter biopsy, radiological supervision and interpretation
75978	118	201	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	134	201	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	185	168	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation

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CPT	PC$	TC$	
75984	67	97	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation
75989	252	101	Radiological guidance for percutaneous drainage of abscess, or specimen collection (ie, fluoroscopy, ultrasound, or computed tomography), with or without placement of indwelling catheter, radiological supervision and interpretation

TRANSLUMINAL ATHERECTOMY

CPT	PC$	TC$	
75992	42	714	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
75993	25	386	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation
75994	92	722	Transluminal atherectomy, renal, radiological supervision and interpretation
75995	92	722	Transluminal atherectomy, visceral, radiological supervision and interpretation
75996	25	386	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation

OTHER PROCEDURES

CPT	PC$	TC$	
76000	22	88	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	64	128	Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76003	52	64	Fluoroscopic localization for needle biopsy or fine needle aspiration
76010	17	25	Radiologic examination from nose to rectum for foreign body, single film, child
76020	17	37	Bone age studies
76040	25	39	Bone length studies (orthoroentgenogram, scanogram)
76061	47	54	Radiologic examination, osseous survey; limited (eg, for metastases)
76062	59	76	complete (axial and appendicular skeleton)
76065	25	40	Radiologic examination, osseous survey, infant
76066	29	54	Joint survey, single view, one or more joints (specify)
76070	24	160	Computerized tomography, bone density study
76075	22	141	Dual energy x-ray absorptiometry (DEXA), bone density study
76080	54	54	Radiologic examination, fistula or sinus tract study, radiological supervision and interpretation
76086	34	131	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
76088	42	181	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
76090	24	52	Mammography; unilateral
76091	40	67	bilateral
76092	24	52	Screening mammography, bilateral (two view film study of each breast)
76093	185	798	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
76094	294	1,133	bilateral
76095	158	302	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation
76096	55	114	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation
76098	13	20	Radiological examination, surgical specimen

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CPT		PC$	TC$	
76100		57	60	Radiologic examination, single plane body section (eg, tomography), other than with urography
76101		57	67	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102		59	84	bilateral
76120		37	50	Cineradiography, except where specifically included
76125		25	42	Cineradiography to complement routine examination
76140		42	0	Consultation on x-ray examination made elsewhere, written report
76150		0	34	Xeroradiography
76350		30	0	Subtraction in conjunction with contrast studies
76355		118	453	Computerized tomography guidance for stereotactic localization
76360		118	453	Computerized tomography guidance for needle biopsy, radiological supervision and interpretation
76365		118	453	Computerized tomography guidance for cyst aspiration, radiological supervision and interpretation
76370		81	161	Computerized tomography guidance for placement of radiation therapy fields
76375		17	188	Computerized tomography, coronal, sagittal, multiplanar, oblique and/or 3-dimensional reconstruction
76380		81	193	Computerized tomography, limited or localized follow-up study
76400	L	118	554	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76400	S	143	680	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76400	E	168	756	Magnetic resonance (eg, proton) imaging, bone marrow blood supply

CPT	PC$	TC$	
76499	DOP	DOP	Unlisted diagnostic radiologic procedure

DIAGNOSTIC ULTRASOUND

HEAD AND NECK

CPT	PC$	TC$	
76506	64	67	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
76511	59	64	Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification
76512	64	76	contact B-scan (with or without simultaneous A-scan)
76513	64	76	immersion (water bath) B-scan
76516	54	60	Ophthalmic biometry by ultrasound echography, A-scan;
76519	54	60	with intraocular lens power calculation
76529	59	67	Ophthalmic ultrasonic foreign body localization
76536	57	67	Echography, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation

CHEST

CPT	PC$	TC$	
76604	50	67	Echography, chest, B-scan (includes mediastinum) and/or real time with image documentation
76645	59	59	Echography, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation

ABDOMEN AND RETROPERITONEUM

CPT	PC$	TC$	
76700	81	92	Echography, abdominal, B-scan and/or real time with image documentation; complete
76705	59	71	limited (eg, single organ, quadrant, follow-up)

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CPT	PC$	TC$	
76770	74	94	Echography, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76775	59	71	limited
76778	84	92	Echography of transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler studies

SPINAL CANAL

CPT	PC$	TC$	
76800	87	101	Echography, spinal canal and contents

PELVIS

CPT	PC$	TC$	
76805	92	101	Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)
76810	161	230	complete (complete fetal and maternal evaluation), multiple gestation, after the first trimester
76815	59	72	limited (gestational age, heart beat, placental location, fetal position, or emergency in the delivery room)
76816	55	54	follow-up or repeat
76818	72	79	Fetal biophysical profile
76825	72	96	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D) with or without M-mode recording;
76826	69	77	follow-up or repeat study
76827	71	89	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete
76828	59	67	follow-up or repeat study
76830	72	96	Echography, transvaginal
76856	67	84	Echography, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76857	35	50	limited or follow-up (eg, for follicles)

GENITALIA

CPT	PC$	TC$	
76870	59	76	Echography, scrotum and contents
76872	114	118	Echography, transrectal

EXTREMITIES

CPT	PC$	TC$	
76880	59	76	Echography, extremity, non-vascular, B-scan and/or real time with image documentation

ULTRASONIC GUIDANCE PROCEDURES

CPT	PC$	TC$	
76930	64	76	Ultrasonic guidance for pericardiocentesis, radiological supervision and interpretation
76932	71	76	Ultrasonic guidance for endomyocardial biopsy, radiological supervision and interpretation
76934	67	76	Ultrasonic guidance for thoracentesis or abdominal paracentesis, radiological supervision and interpretation
76936	118	84	Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76938	67	76	Ultrasonic guidance for cyst (any location), or renal pelvis aspiration, radiological supervision and interpretation
76941	71	76	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, radiological supervision and interpretation
76942	67	76	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation
76945	62	76	Ultrasonic guidance for chorionic villus sampling, radiological supervision and interpretation
76946	42	76	Ultrasonic guidance for amniocentesis, radiological supervision and interpretation
76948	35	76	Ultrasonic guidance for aspiration of ova, radiological supervision and interpretation
76950	55	64	Echography for placement of radiation therapy fields, B-scan

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CPT	PC$	TC$	
76960	55	64	Ultrasonic guidance for placement of radiation therapy fields, except for B-scan echography

OTHER PROCEDURES

CPT	PC$	TC$	
76970	39	50	Ultrasound study follow-up (specify)
76975	97	118	Gastrointestinal endoscopic ultrasound, radiological supervision and interpretation
76986	114	136	Echography, intraoperative
76999	DOP	DOP	Unlisted ultrasound procedure

RADIATION ONCOLOGY

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

CPT	PC$	TC$	
77261	171	0	Therapeutic radiology treatment planning; simple
77262	218	0	intermediate
77263	302	0	complex
77280	65	151	Therapeutic radiology simulation-aided field setting; simple
77285	101	235	intermediate
77290	148	277	complex
77295	336	1,259	by three-dimensional reconstruction of tumor volume
77299	DOP	DOP	Unlisted procedure, therapeutic radiology clinical treatment planning

MEDICAL RADIATION PHYSICS, DOSMIMETRY, TREATMENT DEVICES, AND SPECIAL SERVICES

CPT	PC$	TC$	
77300	59	59	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, as required during course of treatment, only when prescribed by the treating physician
77305	67	81	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77310	101	101	intermediate (three or more treatment ports directed to a single area of interest)
77315	149	118	complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	89	171	Special teletherapy port plan, particles, hemi-body, total body
77326	84	101	Brachytherapy isodose calculation; simple (calculation made from single plane, one to four sources/ribbon application, remote after loading brachytherapy, 1 to 8 sources)
77327	134	134	intermediate (multiplane dosage calculations, application involving five to ten sources/ribbons, remote after loading brachytherapy, 9 to 12 sources)
77328	193	210	complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction, remote after loading brachytherapy, over 12 sources)
77331	82	22	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	52	57	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	79	81	intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	119	141	complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	0	143	Continuing medical radiation physics consultation in support of therapeutic radiologist including continuing quality assurance reported per week of therapy
77370	0	160	Special medical radiation physics consultation
77399	DOP	DOP	Unlisted procedure, medical radiation physics, dosimetry and treatment devices

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RADIATION TREATMENT DELIVERY

CPT	PC$	TC$	Description
77401	0	109	Radiation treatment delivery, superficial and/or ortho voltage
77402	0	109	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403	0	118	6-10 MeV
77404	0	134	11-19 MeV
77406	0	151	20 MeV or greater
77407	0	143	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	0	151	6-10 MeV
77409	0	168	11-19 MeV
77411	0	185	20 MeV or greater
77412	0	176	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); up to 5 MeV
77413	0	185	6-10 MeV
77414	0	201	11-19 MeV
77416	0	218	20 MeV or greater
77417	0	17	Therapeutic radiology port film(s)

CLINICAL TREATMENT MANAGEMENT

CPT	PC$	TC$	Description
77419	DOP	DOP	Weekly radiation therapy management; conformal
77420	487	0	simple
77425	571	0	intermediate
77430	672	0	complex
77431	DOP	DOP	Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	DOP	DOP	Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)
77470	613	0	Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral, vaginal cone irradiation)
77499	DOP	DOP	Unlisted procedure, therapeutic radiology clinical treatment management

HYPERTHERMIA

CPT	PC$	TC$	Description
77600	148	148	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	196	196	deep (ie, heating to depths greater than 4 cm)
77610	148	148	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	196	196	more than 5 interstitial applicators

CLINICAL INTRACAVITARY HYPERTHERMIA

CPT	PC$	TC$	Description
77620	148	148	Hyperthermia generated by intracavitary probe(s)

CLINICAL BRACHYTHERAPY

CPT	PC$	TC$	Description
77750	432	67	Infusion or instillation of radioelement solution
77761	353	101	Intracavitary radioelement application; simple
77762	504	151	intermediate
77763	756	185	complex
77776	438	102	Interstitial radioelement application; simple
77777	656	207	intermediate
77778	974	235	complex
77781	DOP	DOP	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	DOP	DOP	5-8 source positions or catheters
77783	DOP	DOP	9-12 source positions or catheters
77784	DOP	DOP	over 12 source positions or catheters

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CPT	PC$	TC$	
77789	97	22	Surface application of radioelement
77790	97	22	Supervision, handling, loading of radioelement
77799	DOP	DOP	Unlisted procedure, clinical brachytherapy

NUCLEAR MEDICINE

DIAGNOSTIC

ENDOCRINE SYSTEM

CPT	PC$	TC$	
78000	17	50	Thyroid uptake; single determination
78001	25	64	multiple determinations
78003	30	47	stimulation, suppression or discharge (not including initial uptake studies)
78006	50	118	Thyroid imaging, with uptake; single determination
78007	50	131	multiple determinations
78010	37	92	Thyroid imaging; only
78011	44	118	with vascular flow
78015	64	126	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	81	171	with additional studies (eg, urinary recovery)
78017	82	183	multiple areas
78018	97	264	whole body
78070	67	72	Parathyroid imaging
78075	76	265	Adrenal imaging, cortex and/or medulla
78099	DOP	DOP	Unlisted endocrine procedure, diagnostic nuclear medicine

HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM

CPT	PC$	TC$	
78102	55	99	Bone marrow imaging; limited area
78103	72	154	multiple areas
78104	81	193	whole body
78110	17	49	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	22	126	multiple samplings
78120	22	84	Red cell volume determination (separate procedure); single sampling
78121	29	148	multiple samplings
78122	42	223	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	59	143	Red cell survival study;
78135	64	238	differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)
78140	64	188	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)
78160	34	198	Plasma radioiron disappearance (turnover) rate
78162	42	154	Radioiron oral absorption
78170	42	227	Radioiron red cell utilization
78172	50	77	Chelatable iron for estimation of total body iron
78185	42	109	Spleen imaging only, with or without vascular flow
78190	84	356	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	59	356	Platelet survival study
78195	67	198	Lymphatics and lymph glands imaging
78199	DOP	DOP	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

GASTROINTESTINAL SYSTEM

CPT	PC$	TC$	
78201	42	114	Liver imaging; static only
78202	50	139	with vascular flow
78205	67	287	Liver imaging (SPECT)
78215	49	143	Liver and spleen imaging; static only
78216	57	170	with vascular flow
78220	50	183	Liver function study with hepatobiliary agents, with serial images

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CPT	PC$	TC$	
78223	81	175	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	42	109	Salivary gland imaging;
78231	50	156	with serial images
78232	47	176	Salivary gland function study
78258	71	139	Esophageal motility
78261	67	201	Gastric mucosa imaging
78262	67	205	Gastroesophageal reflux study
78264	76	200	Gastric emptying study
78270	22	79	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	24	81	with intrinsic factor
78272	34	111	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	92	240	Acute gastrointestinal blood loss imaging
78282	50	76	Gastrointestinal protein loss
78290	67	148	Bowel imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	82	149	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	DOP	DOP	Unlisted gastrointestinal procedure, diagnostic nuclear medicine

MUSCULOSKELETAL SYSTEM

CPT	PC$	TC$	
78300	59	134	Bone and/or joint imaging; limited area
78305	76	185	multiple areas
78306	76	210	whole body
78315	84	232	three phase study
78320	97	287	tomographic (SPECT)
78350	20	37	Bone density (bone mineral content) study; single photon absorptiometry
78351	24	86	dual photon absorptiometry
78399	DOP	DOP	Unlisted musculoskeletal procedure, diagnostic nuclear medicine

CARDIOVASCULAR SYSTEM

CPT	PC$	TC$	
78414	84	336	Determination of central c-v hemodynamics (non-imaging)(eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	76	109	Cardiac shunt detection
78445	50	92	Vascular flow imaging (ie, angiography, venography)
78455	74	186	Venous thrombosis study (eg, radioactive fibrinogen)
78457	76	126	Venous thrombosis imaging (eg, venogram); unilateral
78458	84	200	bilateral
78460	81	116	Myocardial perfusion imaging; single study, at rest or stress (exercise and/or pharmacologic), qualitative or quantitative
78461	116	230	multiple studies, at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, qualitative or quantitative
78464	102	344	tomographic (SPECT), single study at rest or stress (exercise and/or pharmacologic), with or without quantitation
78465	138	573	tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative
78466	65	128	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	76	178	with ejection fraction by first pass technique
78469	86	255	tomographic SPECT with or without quantitation

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CPT	PC$	TC$	
78472	92	267	Cardiac blood pool imaging, gated equilibrium; single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	121	453	multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78478	50	86	Myocardial perfusion study with wall motion, qualitative or quantitative study (list separately in addition to code for primary procedure)(Use only for codes 78460, 78461, 78464, 78465)
78480	50	86	Myocardial perfusion study with ejection fraction (list separately in addition to code for primary procedure) (Use only for codes 78460, 78461, 78464, 78465)
78481	92	254	Cardiac blood pool imaging, first pass technique; single study, at rest or during stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantitative processing
78483	121	433	multiple studies, at rest and during stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78499	DOP	DOP	Unlisted cardiovascular procedure, diagnostic nuclear medicine

RESPIRATORY SYSTEM

CPT	PC$	TC$	
78580	74	168	Pulmonary perfusion imaging, particulate
78584	92	160	Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585	101	269	rebreathing and washout, with or without single breath
78586	42	126	Pulmonary ventilation imaging, aerosol; single projection
78587	47	138	multiple projections (eg, anterior, posterior, lateral views)
78591	39	138	Pulmonary ventilation imaging, gaseous, single breath, single projection
78593	45	173	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	50	243	multiple projections (eg, anterior, posterior, lateral views)
78596	126	193	Pulmonary quantitative differential function (ventilation/perfusion) study
78599	DOP	DOP	Unlisted respiratory procedure, diagnostic nuclear medicine

NERVOUS SYSTEM

CPT	PC$	TC$	
78600	42	143	Brain imaging, limited procedure; static
78601	50	165	with vascular flow
78605	50	165	Brain imaging, complete study; static
78606	59	193	with vascular flow
78607	116	319	tomographic (SPECT)
78608	178	7	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	178	7	perfusion evaluation
78610	29	81	Brain imaging, vascular flow only
78615	40	186	Cerebral blood flow
78630	67	248	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	59	126	ventriculography
78645	59	165	shunt evaluation
78647	96	302	tomographic (SPECT)
78650	59	223	CSF leakage detection and localization
78655	54	245	Radiopharmaceutical identification of eye tumor
78660	50	102	Radiopharmaceutical dacryocystography
78699	DOP	DOP	Unlisted nervous system procedure, diagnostic nuclear medicine

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GENITOURINARY SYSTEM

CPT	PC$	TC$	
78700	42	149	Kidney imaging; static only
78701	47	180	with vascular flow
78704	71	190	with function study (ie, imaging renogram)
78707	89	222	with vascular flow and function study
78710	62	287	tomographic (SPECT)
78715	34	76	Kidney vascular flow only
78725	34	92	Kidney function study without pharmacologic intervention
78726	82	144	Kidney function study including pharmacologic intervention
78727	92	193	Kidney transplant evaluation
78730	39	67	Urinary bladder residual study
78740	59	109	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78760	67	126	Testicular imaging;
78761	71	154	with vascular flow
78799	DOP	DOP	Unlisted genitourinary procedure, diagnostic nuclear medicine

OTHER PROCEDURES

CPT	PC$	TC$	
78800	64	170	Radiopharmaceutical localization of tumor; limited area
78801	76	210	multiple areas
78802	84	269	whole body
78803	102	319	tomographic (SPECT)
78805	67	168	Radiopharmaceutical localization of abscess; limited area
78806	79	272	whole body
78807	116	319	tomographic (SPECT)
78890	5	62	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes
78891	13	121	complex manipulations and interpretation, exceeding 30 minutes
78990	0	67	Provision of diagnostic radiopharmaceutical(s)
78999	DOP	DOP	Unlisted miscellaneous procedure, diagnostic nuclear medicine

THERAPEUTIC

CPT	PC$	TC$	
79000	185	126	Radiopharmaceutical therapy, hyperthyroidism; initial, including evaluation of patient
79001	101	67	subsequent, each therapy
79020	176	126	Radiopharmaceutical therapy, thyroid suppression (euthyroid cardiac disease), including evaluation of patient
79030	198	126	Radiopharmaceutical ablation of gland for thyroid carcinoma
79035	240	126	Radiopharmaceutical therapy for metastases of thyroid carcinoma
79100	126	126	Radiopharmaceutical therapy, polycythemia vera, chronic leukemia, each treatment
79200	193	126	Intracavitary radioactive colloid therapy
79300	420	126	Interstitial radioactive colloid therapy
79400	185	126	Radiopharmaceutical therapy, nonthyroid, nonhematologic
79420	193	126	Intravascular radiopharmaceutical therapy, particulate
79440	193	126	Intra-articular radiopharmaceutical therapy
79900	DOP	DOP	Provision of therapeutic radiopharmaceutical(s)
79999	DOP	DOP	Unlisted radiopharmaceutical therapeutic procedure

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PATHOLOGY

PATHOLOGY GROUND RULES

In addition to the General Instructions, several other instructions pertaining specifically to the Pathology Section are contained in the Pathology Ground Rules and Notes below. This information shall be utilized for correct reporting and billing of the procedure codes.

The values listed in this section reflect the maximum allowable reimbursements (MAR) for procedures within this section. The values listed in this section include recording the specimen, performance of the test, and reporting the result.

I. General Information and Instructions

A. Collection and Handling Process

1. If the billing for the laboratory testing is done by the collecting office (e.g., the doctor's office), then the modifier "-90" shall be used with the procedure codes and billing for those procedure codes shall only be what is charged to the collecting office by the reference laboratory. In addition, the collecting office shall bill 99000 or 99001 as a handling charge.

2. If the billing for the laboratory testing is done by the reference laboratory, not the collecting office, then the modifier "-90" is not used. The reference laboratory bills the appropriate procedure code. The collecting office (e.g., the doctor's office) shall only bill 99000 or 99001 as a handling charge.

B. Automated Multichannel Tests. These tests, frequently ordered in groups and done on equipment that performs multiple tests simultaneously, are listed by the number of tests performed. When billing for these test groups, use the code number corresponding to the number of tests in the group. These tests shall not be reimbursed individually. DOP is required.

C. Panel Tests. When billing for panel tests (80050-80092), use the code number corresponding to the appropriate panel test. These tests shall not be reimbursed separately. Any tests in addition to a particular panel or a second panel of tests shall be billed separately.

D. Consultations (Clinical Pathology)

1. A clinical pathology study is a service that includes a written report rendered by the pathologist in response to a request from an attending physician in relation to a test result(s) requiring additional medical interpretive judgment.

2. Reporting on a test result(s) without medical interpretation is not considered a clinical pathology consultation and shall not be reimbursed as such.

II. Maximum Allowable Reimbursement Modifiers

Listed values for most procedures may be modified as listed in the fee guideline. When applicable, the modifying circumstances shall be identified by the appropriate modifier, including the hyphen, after the usual procedure number. Refer to the General Instructions for modifiers to be used in this section.

MODIFIERS

See general instructions for additional modifiers.

-90 **Collecting and Handling:** This modifier is used if billing for the laboratory testing is done by the collecting office and billing for those procedure codes shall only be what is charged to the collecting office by the reference laboratory.

-WP **Whole Procedure**: The listed value of certain procedures (laboratory, x-ray, specific diagnostic services, etc.) is a combination of a professional component and a technical component. When both the professional and technical components are performed by a single provider, add the modifier "-WP" to the procedure code.

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AUTOMATED, MULTICHANNEL TESTS

CPT	PC$	TC$	Description
80002	4	6	Automated multichannel test; 1 or 2 clinical chemistry test(s)
80003	5	9	3 clinical chemistry tests
80004	5	9	4 clinical chemistry tests
80005	5	10	5 clinical chemistry tests
80006	5	10	6 clinical chemistry tests
80007	5	10	7 clinical chemistry tests
80008	6	10	8 clinical chemistry tests
80009	6	10	9 clinical chemistry tests
80010	6	10	10 clinical chemistry tests
80011	6	10	11 clinical chemistry tests
80012	6	11	12 clinical chemistry tests
80016	8	13	13-16 clinical chemistry tests
80018	8	13	17-18 clinical chemistry tests
80019	9	13	19 or more clinical chemistry tests

ORGAN OR DISEASE ORIENTED PANELS

CPT	PC$	TC$	Description
80050	28	40	General health panel This panel must include the following: Automated chemistries, 12 or more (80012-80019) Hemogram, automated, and manual differential WBC count (CBC) (85022) OR Hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025) Thyroid stimulating hormone (TSH) (84443)
80055	26	16	Obstetric panel This panel must include the following: Hemogram, automated, and manual differential WBC count (CBC) (85022) OR Hemogram and platelet count, automated, and automated complete differential WBC count (CBC) (85025) Hepatitis B surface antigen(HBsAg) (86287) Antibody, rubella (86762) Syphilis test, qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901)
80058	9	13	Hepatic function panel This panel must include the following: Albumin, serum (82040) Bilirubin, total or direct (82250) Phosphatase, alkaline (84075) Transferase, aspartate amino (AST) (SGOT) (84450) Transferase, alanine amino (ALT) (SGPT) (84460)
80059	50	73	Hepatitis panel This panel must include the following: Hepatitis B surface antigen (HBsAg) (86287) Hepatitis B surface antibody (HBsAb) (86291) Hepatitis B core antibody (HBcAb), IgG and IgM (86289) Hepatitis A antibody (HAAb), IgG and IgM (86296) Hepatitis C antibody (86302)
80061	13	23	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
80072	18	31	Arthritis panel This panel must include the following: Uric acid, blood, chemical (84550) Sedimentation rate, erythrocyte, non-automated (85651) Fluorescent antibody, screen, each antibody (86255) Rheumatoid factor, qualitative (86430)
80090	45	63	TORCH antibody panel This panel must include the following tests: Antibody, cytomegalovirus (CMV) (86644)Antibody, herpes simplex, non-specific type test (86694) Antibody, rubella (86762) Antibody, toxoplasma (86777)
80091	11	18	Thyroid panel This panel must include the following tests:

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CPT	PC$	TC$	
			Thyroxine, total (84436) Triiodothyronine (T-3), resin uptake (84479);
80092	20	45	with thyroid stimulating hormone (TSH) (84443)

DRUG TESTING

CPT	PC$	TC$	
80100	13	31	Drug, screen; multiple drug classes, each procedure
80101	11	29	single drug class, each drug class
80102	10	25	Drug, confirmation, each procedure
80103	5	9	Tissue preparation for drug analysis

THERAPEUTIC DRUG ASSAYS

CPT	PC$	TC$	
80150	15	31	Amikacin
80152	16	34	Amitriptyline
80154	18	39	Benzodiazepines
80156	13	28	Carbamazepine
80158	14	26	Cyclosporine
80160	14	26	Desipramine
80162	11	26	Digoxin
80164	16	34	Dipropylacetic acid (valproic acid)
80166	11	29	Doxepin
80168	20	30	Ethosuximide
80170	18	34	Gentamicin
80172	15	36	Gold
80174	14	34	Imipramine
80176	13	28	Lidocaine
80178	8	13	Lithium
80182	16	34	Nortriptyline
80184	11	28	Phenobarbital
80185	11	30	Phenytoin; total
80186	13	31	free
80188	13	28	Primidone
80190	15	33	Procainamide;
80192	20	31	with metabolites (eg, n-acetyl procainamide)
80194	11	26	Quinidine
80196	6	15	Salicylate
80198	8	24	Theophylline
80200	16	33	Tobramycin
80202	16	33	Vancomycin
80299	DOP	DOP	Quantitation of drug, not elsewhere specified

EVOCATIVE/SUPPRESSION TESTING

CPT	PC$	TC$	
80400	21	41	ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2)
80402	49	108	for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 Hydroxyprogesterone (83498 x 2)
80406	49	108	for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)
80408	88	154	Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2)
80410	63	125	Calcium-pentagastrin stimulation panel This panel must include the following: Calcitonin (82308 x 4)
80412	200	401	Corticotropic releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6)
80414	31	69	Chorionic gonadotropin stimulation panel; testosterone

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CPT	PC$	TC$	
			response This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples)
80415	33	73	estradiol response This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples)
80418	300	751	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4)
80420	38	84	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2) (For single dose dexamethasone, use 82533)
80422	21	50	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)
80424	31	75	for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)
80426	63	200	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)
80428	23	83	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)
80430	29	84	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)
80432	65	210	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)
80434	56	125	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)
80435	56	131	for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)
80436	40	96	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)
80438	29	65	Thyrotropin releasing hormone (TRH) stimulation panel; one hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)
80439	38	163	two hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)

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CPT	PC$	TC$	
80440	41	172	for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)

CONSULTATIONS (CLINICAL PATHOLOGY)

CPT	PC$	TC$	
80500	39	0	Clinical pathology consultation; limited, without review of patient's history and medical records
80502	81	0	comprehensive, for a complex diagnostic problem, with review of patient's history and medical records

URINALYSIS

CPT	PC$	TC$	
81000	4	5	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; with microscopy
81002	3	3	without microscopy, non-automated
81003	1	3	without microscopy, automated
81005	1	3	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	1	3	bacteriuria screen, by non-culture technique, commercial kit (specify type)
81015	3	4	microscopic only
81020	4	6	two or three glass test
81025	3	3	Urine pregnancy test, by visual color comparison methods
81050	13	25	Volume measurement for timed collection, each
81099	DOP	DOP	Unlisted urinalysis procedure

CHEMISTRY

CPT	PC$	TC$	
82000	9	20	Acetaldehyde, blood
82003	11	30	Acetaminophen
82009	4	8	Acetone or other ketone bodies, serum; qualitative
82010	9	18	quantitative
82013	9	20	Acetylcholinesterase
82024	26	61	Adrenocorticotropic hormone (ACTH)
82030	20	30	Adenosine, 5'-monophosphate, cyclic (cyclic AMP)
82040	4	9	Albumin; serum
82042	4	10	urine, quantitative
82043	5	11	urine, microalbumin, quantitative
82044	3	6	urine, microalbumin, semiquantitative (eg, reagent strip assay)
82055	11	26	Alcohol (ethanol); any specimen except breath
82075	11	25	breath
82085	9	20	Aldolase
82088	33	71	Aldosterone
82101	21	48	Alkaloids, urine, quantitative
82103	9	16	Alpha-1-antitrypsin; total
82104	9	18	phenotype
82105	10	21	Alpha-fetoprotein; serum
82106	10	21	amniotic fluid
82108	16	36	Aluminum
82128	6	18	Amino acids, qualitative
82130	45	104	Amino acids, urine or plasma, chromatographic fractionation
82131	15	51	Amino acids, quantitation, each
82135	15	33	Aminolevulinic acid, delta (ALA)
82140	14	33	Ammonia
82143	10	23	Amniotic fluid scan (spectrophotometric)
82145	11	29	Amphetamine or methamphetamine
82150	6	13	Amylase
82154	DOP	DOP	Androstanediol glucuronide
82157	20	46	Androstenedione
82160	25	50	Androsterone
82163	14	35	Angiotensin II
82164	11	25	Angiotensin I - converting enzyme (ACE)

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CPT	PC$	TC$	
82172	13	28	Apolipoprotein, each
82175	18	38	Arsenic
82180	10	20	Ascorbic acid (Vitamin C), blood
82190	10	19	Atomic absorption spectroscopy, each analyte
82205	11	28	Barbiturates, not elsewhere specified
82232	16	34	Beta-2 microglobulin
82239	10	18	Bile acids; total
82240	18	39	cholylglycine
82250	5	10	Bilirubin; total OR direct
82251	5	11	total AND direct
82252	4	9	feces, qualitative
82270	3	4	Blood, occult; feces screening, 1-3 simultaneous determinations
82273	3	8	other sources, qualitative
82286	4	10	Bradykinin
82300	18	38	Cadmium
82306	30	60	Calcifediol (25-OH Vitamin D-3)
82307	23	44	Calciferol (Vitamin D)
82308	21	50	Calcitonin
82310	4	9	Calcium; total
82330	13	30	ionized
82331	5	11	after calcium infusion test
82340	5	10	urine quantitative, timed specimen
82355	11	24	Calculus (stone); qualitative analysis
82360	11	24	quantitative analysis, chemical
82365	10	25	infrared spectroscopy
82370	9	18	x-ray diffraction
82374	4	8	Carbon dioxide (bicarbonate)
82375	11	28	Carbon monoxide, (carboxyhemoglobin); quantitative
82376	4	9	qualitative
82378	10	25	Carcinoembryonic antigen (CEA)
82380	8	18	Carotene

CPT	PC$	TC$	
82382	14	30	Catecholamines; total urine
82383	21	50	blood
82384	21	50	fractionated
82387	11	28	Cathepsin-D
82390	9	20	Ceruloplasmin
82397	9	18	Chemiluminescent assay
82415	10	23	Chloramphenicol
82435	3	8	Chloride; blood
82436	5	11	urine
82438	5	10	other source
82441	6	13	Chlorinated hydrocarbons, screen
82465	3	8	Cholesterol, serum, total
82480	8	20	Cholinesterase; serum
82482	10	23	RBC
82485	10	33	Chondroitin B sulfate, quantitative
82486	16	33	Chromatography, qualitative; column (eg, gas liquid or high performance liquid chromatography), analyte not elsewhere specified
82487	16	34	paper, 1-dimensional, analyte not elsewhere specified
82488	23	44	paper, 2-dimensional, analyte not elsewhere specified
82489	18	36	thin layer, analyte not elsewhere specified
82491	20	48	Chromatography, quantitative, column (eg, gas liquid or high performance liquid chromatography), analyte not elsewhere specified
82495	19	36	Chromium
82507	19	45	Citrate
82520	10	21	Cocaine or metabolite
82525	11	28	Copper
82528	15	31	Corticosterone
82530	14	30	Cortisol; free
82533	11	29	total
82540	4	8	Creatine

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CPT	PC$	TC$	
82550	5	14	Creatine kinase (CK), (CPK); total
82552	11	26	isoenzymes
82553	8	15	MB fraction only
82554	8	15	isoforms
82565	3	13	Creatinine; blood
82570	4	11	other source
82575	10	20	clearance
82585	4	14	Cryofibrinogen
82595	6	14	Cryoglobulin
82600	14	33	Cyanide
82607	14	34	Cyanocobalamin (Vitamin B-12);
82608	15	31	unsaturated binding capacity
82615	6	14	Cystine and homocystine, urine, qualitative
82626	23	46	Dehydroepiandrosterone(DHEA)
82627	14	29	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	28	65	Desoxycorticosterone, 11-
82634	28	65	Deoxycortisol, 11-
82638	9	19	Dibucaine number
82646	13	30	Dihydrocodeinone
82649	20	30	Dihydromorphinone
82651	20	30	Dihydrotestosterone (DHT)
82652	30	71	Dihydroxyvitamin D, 1,25-
82654	13	30	Dimethadione
82664	15	31	Electrophoretic technique, not elsewhere specified
82666	20	48	Epiandrosterone
82668	16	36	Erythropoietin
82670	21	49	Estradiol
82671	20	50	Estrogens; fractionated
82672	19	48	total
82677	20	40	Estriol
82679	24	55	Estrone
82690	25	36	Ethchlorvynol
82693	9	19	Ethylene glycol
82696	23	44	Etiocholanolone
82705	6	10	Fat or lipids, feces; qualitative
82710	15	34	quantitative
82715	13	25	Fat differential, feces, quantitative
82725	10	23	Fatty acids, nonesterified
82728	9	20	Ferritin
82735	14	28	Fluoride
82742	15	34	Flurazepam
82746	15	30	Folic acid; serum
82747	11	23	RBC
82757	13	29	Fructose, semen
82759	14	30	Galactokinase, RBC
82760	10	21	Galactose
82775	16	38	Galactose-1-phosphate uridyl transferase; quantitative
82776	4	13	screen
82784	5	13	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	13	25	IgE
82787	20	43	immunoglobulin subclasses, (IgG1, 2, 3, and 4)
82800	8	19	Gases, blood, pH only
82803	19	43	Gases, blood, any combination of pH, pCO_2, pO_2, CO_2, HCO_2 (including calculated O_2 saturation);
82805	10	23	with O_2 saturation, by direct measurement, except pulse oximetry
82810	10	23	Gases, blood, O_2 saturation only, by direct measurement, except pulse oximetry
82820	6	13	Hemoglobin-oxygen affinity (pO_2 for 50% hemoglobin saturation with oxygen)
82926	6	18	Gastric acid, free and total, each specimen
82928	5	9	Gastric acid, free or total; each specimen
82938	19	36	Gastrin after secretin stimulation
82941	18	36	Gastrin

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CPT	PC$	TC$	
82943	14	30	Glucagon
82946	9	25	Glucagon tolerance test
82947	4	9	Glucose; quantitative
82948	3	4	blood, reagent strip
82950	5	9	post glucose dose (includes glucose)
82951	9	18	tolerance test (GTT), three specimens (includes glucose)
82952	4	9	tolerance test, each additional beyond three specimens
82953	16	31	tolbutamide tolerance test
82955	9	21	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	5	11	screen
82962	1	5	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
82963	20	43	Glucosidase, beta
82965	8	15	Glutamate dehydrogenase
82975	10	23	Glutamine (glutamic acid amide)
82977	5	14	Glutamyltransferase, gamma (GGT)
82978	9	21	Glutathione
82979	6	15	Glutathione reductase, RBC
82980	11	38	Glutethimide
82985	14	34	Glycated protein
83001	14	33	Gonadotropin; follicle stimulating hormone (FSH)
83002	15	34	luteinizing hormone (LH)
83003	11	30	Growth hormone, human (HGH) (somatotropin)
83008	11	28	Guanosine monophosphate (GMP), cyclic
83010	10	21	Haptoglobin; quantitative
83012	16	25	phenotypes
83015	18	41	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	19	46	quantitative, each

CPT	PC$	TC$	
83020	8	21	Hemoglobin, electrophoresis (eg, A2, S, C)
83026	6	4	Hemoglobin; by copper sulfate method, non-automated
83030	8	14	F(fetal), chemical
83033	5	13	F(fetal), qualitative (APT) test, fecal
83036	6	11	glycated
83045	5	10	methemoglobin, qualitative
83050	8	15	methemoglobin, quantitative
83051	8	15	plasma
83055	5	10	sulfhemoglobin, qualitative
83060	8	19	sulfhemoglobin, quantitative
83065	8	14	thermolabile
83068	6	18	unstable, screen
83069	4	9	urine
83070	5	10	Hemosiderin; qualitative
83071	6	15	quantitative
83088	21	48	Histamine
83150	19	38	Homovanillic acid (HVA)
83491	13	30	Hydroxycorticosteroids, 17- (17-OHCS)
83497	13	28	Hydroxyindolacetic acid, 5-(HIAA)
83498	24	48	Hydroxyprogesterone, 17-d
83499	18	41	Hydroxyprogesterone, 20-
83500	25	53	Hydroxyproline; free
83505	25	63	total
83516	10	21	Immunoassay for analyte other than antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	9	16	single step method (eg, reagent strip)
83519	9	16	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (eg, RIA)
83520	8	16	not otherwise specified
83525	10	25	Insulin; total

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CPT	PC$	TC$	
83527	13	28	free
83528	16	34	Intrinsic factor
83540	5	15	Iron
83550	6	18	Iron binding capacity
83570	9	19	Isocitric dehydrogenase (IDH)
83582	10	29	Ketogenic steroids, fractionation
83586	15	29	Ketosteroids, 17- (17-KS); total
83593	21	48	fractionation
83605	8	15	Lactate (lactic acid)
83615	6	13	Lactate dehydrogenase (LD), (LDH);
83625	8	20	isoenzymes, separation and quantitation
83632	16	33	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	5	13	Lactose, urine; qualitative
83634	11	25	quantitative
83655	10	25	Lead
83661	6	14	Lecithin-sphingomyelin ratio (L/S ratio); quantitative
83662	11	21	foam stability test
83670	6	15	Leucine aminopeptidase (LAP)
83690	8	14	Lipase
83715	6	19	Lipoprotein, blood; electrophoretic separation and quantitation
83717	18	41	ultracentrifugation and quantitation
83718	6	16	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	16	33	VLDL cholesterol
83721	6	13	LDL cholesterol
83727	16	34	Luteinizing releasing factor (LRH)
83735	6	11	Magnesium
83775	6	14	Malate dehydrogenase
83785	20	48	Manganese
83805	18	34	Meprobamate

CPT	PC$	TC$	
83825	13	26	Mercury, quantitative
83835	14	34	Metanephrines
83840	16	33	Methadone
83857	10	21	Methemalbumin
83858	14	29	Methsuximide
83864	10	26	Mucopolysaccharides, acid; quantitative
83866	9	23	screen
83872	5	10	Mucin, synovial fluid (Ropes test)
83873	21	41	Myelin basic protein, CSF
83874	10	20	Myoglobin
83883	4	9	Nephelometry, each analyte not elsewhere specified
83885	16	36	Nickel
83887	20	48	Nicotine

MOLECULAR DIAGNOSTICS

CPT	PC$	TC$	
83890	3	6	Nuclear molecular diagnostics; molecular isolation or extraction
83892	3	6	enzymatic digestion
83894	3	6	separation (eg, dot blot, electrophoresis)
83896	3	6	nucleic acid probe, each
83898	16	34	nucleic acid probe with amplification, eg, polymerase chain reaction (PCR), each
83912	13	33	interpretation and report
83915	11	24	Nucleotidase 5'-
83916	21	41	Oligoclonal immunoglobulin (oligoclonal bands)
83918	14	34	Organic acids, quantitative
83925	4	9	Opiates, (eg, morphine, meperidine)
83930	6	14	Osmolality; blood
83935	6	14	urine
83937	10	18	Osteocalcin (bone gla protein)
83945	13	24	Oxalate
83970	35	71	Parathormone (parathyroid hormone)
83986	4	6	pH, body fluid, except blood

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CPT	PC$	TC$	
83992	14	33	Phencyclidine (PCP)
84022	15	33	Phenothiazine
84030	4	9	Phenylalanine (PKU), blood
84035	4	10	Phenylketones, qualitative
84060	14	28	Phosphatase, acid; total
84061	5	11	forensic examination
84066	8	14	prostatic
84075	4	10	Phosphatase, alkaline;
84078	6	16	heat stable (total not included)
84080	13	29	isoenzymes
84081	18	35	Phosphatidylglycerol
84085	6	11	Phosphogluconate, 6-, dehydrogenase, RBC
84087	9	21	Phosphohexose isomerase
84100	4	9	Phosphorus inorganic (phosphate);
84105	4	9	urine
84106	3	9	Porphobilinogen, urine; qualitative
84110	8	18	quantitative
84119	8	18	Porphyrins, urine; qualitative
84120	13	31	quantitation and fractionation
84126	24	56	Porphyrins, feces; quantitative
84127	8	14	qualitative
84132	4	9	Potassium; serum
84133	4	9	urine
84134	9	20	Prealbumin
84135	23	44	Pregnanediol
84138	21	44	Pregnanetriol
84140	10	38	Pregnenolone
84143	24	48	17-hydroxypregnenolone
84144	9	35	Progesterone
84146	20	41	Prolactin
84150	24	54	Prostaglandin, each
84153	13	25	Prostate specific antigen (PSA)
84155	5	9	Protein; total, except refractometry

CPT	PC$	TC$	
84160	5	9	refractometric
84165	10	19	electrophoretic fractionation and quantitation
84181	11	23	Western Blot, with interpretation and report, blood or other body fluid
84182	13	25	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	15	30	Protoporphyrin, RBC; quantitative
84203	6	13	screen
84206	11	25	Proinsulin
84207	19	44	Pyridoxal phosphate (Vitamin B-6)
84210	11	18	Pyruvate
84220	10	20	Pyruvate kinase
84228	11	25	Quinine
84233	40	93	Receptor assay; estrogen
84234	40	93	progesterone
84235	39	91	endocrine, other than estrogen or progesterone (specify hormone)
84238	36	74	non-endocrine (eg, acetylcholine) (specify receptor)
84244	20	39	Renin
84252	16	38	Riboflavin (Vitamin B-2)
84255	20	48	Selenium
84260	19	44	Serotonin
84270	13	29	Sex hormone binding globulin (SHBG)
84275	13	30	Sialic acid
84285	20	49	Silica
84295	4	8	Sodium; serum
84300	4	8	urine
84305	13	26	Somatomedin
84307	10	21	Somatostatin
84311	4	9	Spectrophotometry, analyte not elsewhere specified

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CPT	PC$	TC$	
84315	3	4	Specific gravity (except urine)
84375	13	30	Sugars, chromatographic, TLC or paper chromatography
84392	3	8	Sulfate, urine
84402	25	56	Testosterone; free
84403	23	53	total
84425	20	43	Thiamine (Vitamin B-1)
84430	11	24	Thiocyanate
84432	10	23	Thyroglobulin
84436	4	13	Thyroxine; total
84437	5	10	requiring elution (eg, neonatal)
84439	5	14	free
84442	8	23	Thyroxine binding globulin (TBG)
84443	9	28	Thyroid stimulating hormone (TSH)
84445	34	78	Thyroid stimulating immunoglobulins (TSI)
84446	13	28	Tocopherol alpha (Vitamin E)
84449	15	29	Transcortin (cortisol binding globulin)
84450	4	9	Transferase; aspartate amino (AST) (SGOT)
84460	5	10	alanine amino (ALT) (SGPT)
84466	9	18	Transferrin
84478	4	10	Triglycerides
84479	6	11	Triiodothyronine (T-3); resin uptake
84480	10	19	total (TT-3)
84481	18	36	free
84482	18	35	reverse
84485	5	13	Trypsin; duodenal fluid
84488	5	13	feces, qualitative
84490	5	13	feces, quantitative, 24-hour collection
84510	10	21	Tyrosine
84520	4	10	Urea nitrogen; quantitative
84525	3	6	semiquantitative (eg, reagent strip test)
84540	5	10	Urea nitrogen, urine
84545	6	15	Urea nitrogen, clearance
84550	5	9	Uric acid; blood
84560	4	10	other source
84577	13	26	Urobilinogen, feces, quantitative
84578	3	6	Urobilinogen, urine; qualitative
84580	6	14	quantitative, timed specimen
84583	4	9	semiquantitative
84585	13	29	Vanillylmandelic acid (VMA), urine
84586	13	26	Vasoactive intestinal peptide (VIP)
84588	23	44	Vasopressin (antidiuretic hormone, ADH)
84590	13	25	Vitamin A
84597	13	30	Vitamin K
84600	15	35	Volatiles (eg, acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	10	24	Xylose absorption test, blood and/or urine
84630	10	21	Zinc
84681	20	40	C-peptide
84702	15	31	Gonadotropin, chorionic (hCG); quantitative
84703	14	30	qualitative
84830	6	14	Ovulation tests, by visual color comparison methods for human luteinizing hormone
84999	DOP	DOP	Unlisted chemistry procedure

HEMATOLOGY AND COAGULATION

CPT	PC$	TC$	
85002	4	8	Bleeding time
85007	3	5	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
85008	3	4	manual blood smear examination without differential parameters

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CPT	PC$	TC$	
85009	4	6	differential WBC count, buffy coat
85013	1	4	spun microhematocrit
85014	1	4	other than spun hematocrit
85018	3	4	hemoglobin
85021	4	9	hemogram, automated (RBC, WBC, Hgb, Hct and indices only)
85022	5	13	hemogram, automated, and manual differential WBC count (CBC)
85023	9	18	hemogram and platelet count, automated, and manual differential WBC count (CBC)
85024	6	14	hemogram and platelet count, automated, and automated partial differential WBC count (CBC)
85025	6	14	hemogram and platelet count, automated, and automated complete differential WBC count (CBC)
85027	8	15	hemogram and platelet count, automated
85029	5	9	Additional automated hemogram indices (eg, red cell distribution width (RDW), mean platelet volume (MPV), red blood cell histogram, platelet histogram, white blood cell histogram); one to three indices
85030	5	9	four or more indices
85031	4	10	Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)
85041	4	5	red blood cell (RBC) only
85044	4	8	reticulocyte count, manual
85045	3	5	reticulocyte count, flow cytometry
85048	4	5	white blood cell (WBC)
85060	9	21	Blood smear, peripheral, interpretation by physician with written report
85095	29	65	Bone marrow; aspiration only
85097	69	0	smear interpretation only, with or without differential cell count
85102	36	86	Bone marrow biopsy, needle or trocar
85130	8	15	Chromogenic substrate assay
85170	4	8	Clot retraction
85175	4	8	Clot lysis time, whole blood dilution
85210	10	25	Clotting; factor II, prothrombin, specific
85220	18	36	factor V (AcG or proaccelerin), labile factor
85230	16	38	factor VII (proconvertin, stable factor)
85240	18	38	factor VIII (AHG), one stage
85244	18	39	factor VIII related antigen
85245	21	41	factor VIII, VW factor, ristocetin cofactor
85246	21	41	factor VIII, VW factor antigen
85247	21	41	factor VIII, Von Willebrand's factor, multimetric analysis
85250	16	40	factor IX (PTC or Christmas)
85260	16	40	factor X (Stuart-Prower)
85270	16	40	factor XI (PTA)
85280	16	40	factor XII (Hageman)
85290	15	36	factor XIII (fibrin stabilizing)
85291	8	16	factor XIII (fibrin stabilizing), screen solubility
85292	20	39	prekallikrein assay (Fletcher factor assay)
85293	20	39	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	11	23	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	11	23	antithrombin III, antigen assay
85302	13	25	protein C, antigen
85303	10	21	protein C, activity
85305	9	16	protein S, total
85306	11	23	protein S, free
85335	9	16	Factor inhibitor test
85337	8	15	Thrombomodulin

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CPT	PC$	TC$	
85345	4	10	Coagulation time; Lee and White
85347	3	8	activated
85348	4	8	other methods
85360	5	14	Euglobulin lysis
85362	9	13	Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative
85366	4	11	paracoagulation
85370	6	18	quantitative
85378	5	10	Fibrin degradation products, D-dimer; semiquantitative
85379	8	14	quantitative
85384	6	13	Fibrinogen; activity
85385	6	13	antigen
85390	3	9	Fibrinolysins or coagulopathy screen, interpretation and report
85400	4	10	Fibrinolytic factors and inhibitors; plasmin
85410	4	10	alpha-2 antiplasmin
85415	11	21	plasminogen activator
85420	5	15	plasminogen, except antigenic assay
85421	14	31	plasminogen, antigenic assay
85441	3	6	Heinz bodies; direct
85445	6	13	induced, acetyl phenylhydrazine
85460	5	13	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	4	10	rosette
85475	5	13	Hemolysin, acid
85520	8	19	Heparin assay
85525	8	16	Heparin neutralization
85530	14	31	Heparin-protamine tolerance test
85535	6	11	Iron stain (RBC or bone marrow smears)
85540	8	19	Leukocyte alkaline phosphatase with count
85547	8	20	Mechanical fragility, RBC
85549	18	35	Muramidase
85555	6	14	Osmotic fragility, RBC; unincubated
85557	11	28	incubated
85576	6	19	Platelet; aggregation (in vitro), each agent
85585	3	8	estimation on smear, only
85590	4	9	manual count
85595	4	6	automated count
85597	11	25	Platelet neutralization
85610	5	5	Prothrombin time;
85611	3	5	substitution, plasma fractions, each
85612	8	19	Russell viper venom time (includes venom); undiluted
85613	5	13	diluted
85635	10	21	Reptilase test
85651	3	8	Sedimentation rate, erythrocyte, non-automated
85660	4	8	Sickling of RBC, reduction
85670	4	11	Thrombin time; plasma
85675	5	10	titer
85705	5	10	Thromboplastin inhibition; tissue
85730	4	9	Thromboplastin time, partial (PTT); plasma or whole blood
85732	6	14	substitution, plasma fractions, each
85810	5	18	Viscosity
85999	DOP	DOP	Unlisted hematology and coagulation procedure

IMMUNOLOGY

CPT	PC$	TC$	
86000	8	14	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86003	DOP	DOP	Allergen specific IgE; quantitative, each panel of up to 12 allergens
86005	DOP	DOP	qualitative, multiallergen screen (dipstick or disk)
86021	14	34	Antibody identification; leukocyte antibodies

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CPT	PC$	TC$	
86022	21	45	platelet antibodies
86023	11	21	platelet associated immunoglobulin assay
86038	9	18	Antinuclear antibodies (ANA);
86039	8	15	titer
86060	4	11	Antistreptolysin 0; titer
86063	8	18	screen
86077	31	73	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report
86078	• 31	73	investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report
86079	30	60	authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report
86140	5	11	C-reactive protein
86147	16	33	Cardiolipin (phospholipid) antibody
86155	10	21	Chemotaxis assay, specify method
86156	4	9	Cold agglutinin; screen
86157	5	10	titer
86160	6	19	Complement; antigen, each component
86161	6	19	functional activity, each component
86162	21	41	total hemolytic (CH50)
86171	9	21	Complement fixation tests, each antigen
86185	8	15	Counterimmu noelectrophoresis, each antigen
86215	14	28	Deoxyribonuclease, antibody
86225	13	29	Deoxyribonucleic acid (DNA) antibody; native or double stranded
86226	10	19	single stranded
86235	11	26	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	18	40	Fc receptor
86255	10	20	Fluorescent antibody; screen, each antibody
86256	10	20	titer, each antibody
86277	16	31	Growth hormone, human (HGH), antibody
86280	4	14	Hemagglutination inhibition test (HAI)
86287	9	24	Hepatitis B surface antigen (HBsAg)
86289	13	25	Hepatitis B core antibody (HBcAb); IgG and IgM
86290	13	28	IgM antibody
86291	10	19	Hepatitis B surface antibody (HBsAb)
86293	10	21	Hepatitis Be antigen (HBeAg)
86295	10	21	Hepatitis Be antibody (HBeAb)
86296	11	25	Hepatitis A antibody (HAAb); IgG and IgM
86299	11	23	IgM antibody
86302	10	19	Hepatitis C antibody;
86303	10	21	confirmatory test (eg, immunoblot)
86306	10	23	Hepatitis, delta agent
86308	4	6	Heterophile antibodies; screening
86309	4	10	titer
86310	8	15	titers after absorption with beef cells and guinea pig kidney
86311	11	24	HIV, antigen
86313	13	25	Immunoassay for infectious agent antigen, qualitative or semiquantitative; multiple step method
86315	10	20	single step method (eg, reagent strip)
86316	13	30	Immunoassay for tumor antigen (eg, cancer antigen 125), each
86317	11	24	Immunoassay for infectious agent antibody, quantitative, not elsewhere specified

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CPT	PC$	TC$	
86318	11	16	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)
86320	23	34	Immunoelectrophoresis; serum
86325	19	38	other fluids (eg, urine, CSF) with concentration
86327	23	49	crossed (2-dimensional assay)
86329	14	29	Immunodiffusion; not elsewhere specified
86331	11	26	gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	21	41	Immune complex assay
86334	21	53	Immunofixation electrophoresis
86337	21	41	Insulin antibodies
86340	15	30	Intrinsic factor antibodies
86341	DOP	DOP	Islet cell antibody
86343	13	25	Leukocyte histamine release test (LHR)
86344	9	16	Leukocyte phagocytosis
86353	35	81	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
86359	4	13	T cells; total count
86360	6	20	T4 and T8, including ratio
86376	13	28	Microsomal antibodies (eg, thyroid or liver-kidney), each
86378	18	35	Migration inhibitory factor test (MIF)
86382	16	36	Neutralization test, viral
86384	10	19	Nitroblue tetrazolium dye test (NTD)
86403	5	19	Particle agglutination; screen, each antibody
86406	DOP	DOP	titer, each antibody
86430	5	10	Rheumatoid factor; qualitative
86431	8	13	quantitative
86485	5	10	Skin test; candida
86490	6	14	coccidioidomycosis
86510	5	10	histoplasmosis
86580	5	10	tuberculosis, intradermal
86585	5	10	tuberculosis, tine test
86586	DOP	DOP	unlisted antigen, each
86588	6	13	Streptococcus, screen, direct
86590	8	14	Streptokinase, antibody
86592	3	8	Syphilis test; qualitative (eg, VDRL, RPR, ART)
86593	4	9	quantitative
86602	6	14	Antibody; actinomyces
86603	8	16	adenovirus
86606	10	19	Aspergillus
86609	8	16	bacterium, not elsewhere specified
86612	8	18	Blastomyces
86615	8	18	Bordetella
86617	11	23	Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western blot or immunoblot)
86618	10	21	Borrelia burgdorferi (Lyme disease)
86619	8	18	Borrelia (relapsing fever)
86622	6	13	Brucella
86625	8	18	Campylobacter
86628	8	16	Candida
86631	8	16	Chlamydia
86632	8	16	Chlamydia, IgM
86635	6	15	Coccidioides
86638	8	16	Coxiella Brunetii (Q fever)
86641	9	16	Cryptococcus
86644	9	18	cytomegalovirus (CMV)
86645	11	21	cytomegalovirus (CMV), IgM
86648	10	19	Diphtheria
86651	9	16	encephalitis, California (La Crosse)
86652	9	16	encephalitis, Eastern equine
86653	9	16	encephalitis, St. Louis
86654	9	16	encephalitis, Western equine
86658	9	16	enterovirus (eg, coxsackie, echo, polio)

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CPT	PC$	TC$	
86663	9	16	Epstein-Barr (EB) virus, early antigen (EA)
86664	10	20	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	11	23	Epstein-Barr (EB) virus, viral capsid (VCA)
86668	6	14	Francisella Tularensis
86671	8	16	fungus, not elsewhere specified
86674	9	19	Giardia Lamblia
86677	10	19	Helicobacter Pylori
86682	9	16	helminth, not elsewhere specified
86684	10	19	Hemophilus influenza
86687	4	9	HTLV I
86688	8	16	HTLV-II
86689	10	20	HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86692	9	18	hepatitis, delta agent
86694	9	18	herpes simplex, non-specific type test
86695	9	16	herpes simplex, type I
86698	8	16	histoplasma
86701	5	11	HIV-1
86702	9	16	HIV-2
86703	9	18	HIV-1 and HIV-2, single assay
86710	9	18	influenza virus
86713	9	19	Legionella
86717	8	16	Leishmania
86720	9	16	Leptospira
86723	9	16	Listeria monocytogenes
86727	8	16	lymphocytic choriomeningitis
86729	8	15	Lymphogranuloma Venereum
86732	9	16	mucormycosis
86735	9	16	mumps
86738	9	16	Mycoplasma
86741	9	16	Neisseria meningitidis

CPT	PC$	TC$	
86744	9	16	Nocardia
86747	9	19	parvovirus
86750	9	16	Plasmodium (malaria)
86753	8	16	protozoa, not elsewhere specified
86756	8	16	respiratory syncytial virus
86759	9	16	rotavirus
86762	9	18	rubella
86765	8	16	rubeola
86768	9	16	Salmonella
86771	9	16	Shigella
86774	9	19	tetanus
86777	9	18	Toxoplasma
86778	9	19	Toxoplasma, IgM
86781	9	18	Treponema Pallidum, confirmatory test (eg, FTA-abs)
86784	9	16	trichinella
86787	8	16	varicella-zoster
86790	9	16	virus, not elsewhere specified
86793	9	16	Yersinia
86800	10	21	Thyroglobulin antibody

TISSUE TYPING

CPT	PC$	TC$	
86805	38	73	Lymphocytotoxicity assay, visual crossmatch; with titration
86806	33	66	without titration
86807	25	59	Serum screening for cytotoxic percent reactive antibody (PRA); standard method
86808	18	43	quick method
86812	45	105	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
86813	35	80	A, B, or C, multiple antigens
86816	21	51	DR/DQ, single antigen
86817	45	106	DR/DQ, multiple antigens
86821	41	98	lymphocyte culture, mixed (MLC)
86822	36	73	lymphocyte culture, primed (PLC)

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CPT	PC$	TC$	
86849	DOP	DOP	Unlisted immunology procedure

TRANSFUSION MEDICINE

CPT	PC$	TC$	
86850	5	9	Antibody screen, RBC, each serum technique
86860	18	34	Antibody elution (RBC), each elution
86870	DOP	DOP	Antibody identification, RBC antibodies, each panel for each serum technique
86880	5	10	Antihuman globulin test (Coombs test); direct, each antiserum
86885	5	13	indirect, qualitative, each antiserum
86886	5	11	indirect, titer, each antiserum
86890	DOP	DOP	Autologous blood or component, collection processing and storage; predeposited
86891	31	73	intra- or postoperative salvage
86900	4	9	Blood typing; ABO
86901	5	9	Rh (D)
86903	6	11	antigen screening for compatible blood unit using reagent serum, per unit screened
86904	8	15	antigen screening for compatible unit using patient serum, per unit screened
86905	3	8	RBC antigens, other than ABO or Rh (D), each
86906	4	9	Rh phenotyping, complete
86910	29	66	Blood typing, for paternity testing, per individual, ABO, Rh and MN;
86911	8	15	each additional antigen system
86915	DOP	DOP	Bone marrow, modification or treatment to eliminate cell (eg, T-cells, metastatic carcinoma)
86920	5	19	Compatibility test each unit; immediate spin technique
86921	9	19	incubation technique
86922	9	19	antiglobulin technique
86927	6	19	Fresh frozen plasma, thawing, each unit
86930	53	123	Frozen blood, preparation for freezing, each unit;
86931	53	123	with thawing
86932	55	126	with freezing and thawing
86940	6	15	Hemolysins and agglutinins, auto, screen, each;
86941	10	25	incubated
86945	13	28	Irradiation of blood product, each unit
86950	34	79	Leukocyte transfusion
86965	9	21	Pooling of platelets or other blood products
86970	14	34	Pretreatment of RBC's for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
86971	6	18	incubation with enzymes, each
86972	8	16	by density gradient separation
86975	19	43	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
86976	19	43	by dilution
86977	19	43	incubation with inhibitors, each
86978	23	51	by differential red cell absorption using patient RBC's or RBC's of known phenotype, each absorption
86985	13	25	Splitting of blood or blood products, each unit
86999	DOP	DOP	Unlisted transfusion medicine procedure

MICROBIOLOGY

CPT	PC$	TC$	
87001	13	28	Animal inoculation, small animal; with observation
87003	15	31	with observation and dissection
87015	6	13	Concentration (any type), for parasites, ova, or tubercle bacillus (TB, AFB)
87040	8	14	Culture, bacterial, definitive; blood (includes anaerobic screen)
87045	9	18	stool
87060	4	11	throat or nose
87070	5	11	any other source

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CPT	PC$	TC$	
87072	4	11	Culture or direct bacterial identification method, each organism, by commercial kit, any source except urine
87075	8	14	Culture, bacterial, any source; anaerobic (isolation)
87076	10	19	definitive identification, each anaerobic organism, including gas chromatography
87081	4	10	Culture, bacterial, screening only, for single organisms
87082	4	10	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms
87083	8	14	multiple organisms
87084	9	19	with colony estimation from density chart
87085	9	19	with colony count
87086	4	13	Culture, bacterial, urine; quantitative, colony count
87087	6	14	commercial kit
87088	8	14	identification, in addition to quantitative or commercial kit
87101	8	16	Culture, fungi, isolation (with or without presumptive identification); skin
87102	8	16	other source (except blood)
87103	13	24	blood
87106	9	21	Culture, fungi, definitive identification of each fungus (use in addition to codes 87101, 87102, or 87103 when appropriate)
87109	10	21	Culture, mycoplasma, any source
87110	11	26	Culture, chlamydia
87116	9	21	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria); any source, isolation only
87117	10	20	concentration plus isolation
87118	9	21	Culture, mycobacteria, definitive identification of each organism
87140	9	20	Culture, typing; fluorescent method, each antiserum
87143	13	26	gas liquid chromatography (GLC) method

CPT	PC$	TC$	
87145	6	15	phage method
87147	10	21	serologic method, agglutination grouping, per antiserum
87151	6	11	serologic method, speciation
87155	3	9	precipitin method, grouping, per antiserum
87158	3	9	other methods
87163	11	24	Culture, any source, additional identification methods required (use in addition to primary culture code)
87164	10	19	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection
87166	9	20	without collection
87174	9	19	Endotoxin, bacterial (pyrogens); chemical
87175	10	21	biological assay (eg, Limulus lysate)
87176	6	13	homogenization, tissue, for culture
87177	8	14	Ova and parasites, direct smears, concentration and identification
87178	15	28	Microbial identification, nucleic acid probes, each probe used;
87179	10	21	with amplification, eg, polymerase chain reaction (PCR)
87181	5	10	Sensitivity studies, antibiotic; agar diffusion method, per antibiotic
87184	4	11	disk method, per plate (12 or less disks)
87186	5	14	microtiter, minimum inhibitory concentration (MIC), any number of antibiotics
87187	4	20	minimum bactericidal concentration (MBC) (use in addition to 87186 or 87188)
87188	6	15	macrotube dilution method, each antibiotic
87190	3	6	tubercle bacillus (TB, AFB), each drug
87192	6	15	fungi, each drug

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CPT	PC$	TC$	
87197	11	23	Serum bactericidal titer (Schlicter test)
87205	4	9	Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types
87206	4	14	fluorescent and/or acid fast stain for bacteria, fungi, or cell types
87207	4	8	special stain for inclusion bodies or intracellular parasites (eg, malaria, kala azar, herpes)
87208	6	11	direct or concentrated, dry, for ova and parasites
87210	3	8	wet mount with simple stain, for bacteria, fungi, ova, and/or parasites
87211	4	8	wet and dry mount, for ova and parasites
87220	5	9	Tissue examination for fungi (eg, KOH slide)
87230	13	28	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)
87250	15	23	Virus identification; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	16	35	tissue culture inoculation and observation
87253	11	26	tissue culture, additional studies (eg, hemabsorption, neutralization) each isolate
87999	DOP	DOP	Unlisted microbiology procedure

ANATOMIC PATHOLOGY

POSTMORTEM EXAMINATION

CPT	PC$	TC$	
88000	501	0	Necropsy (autopsy), gross examination only; without CNS
88005	563	0	with brain
88007	626	0	with brain and spinal cord
88012	526	0	infant with brain
88014	526	0	stillborn or newborn with brain
88016	501	0	macerated stillborn
88020	626	0	Necropsy (autopsy), gross and microscopic; without CNS
88025	689	0	with brain
88027	751	0	with brain and spinal cord
88028	651	0	infant with brain
88029	651	0	stillborn or newborn with brain
88036	538	0	Necropsy (autopsy), limited, gross and/or microscopic; regional
88037	438	0	single organ
88040	1,628	0	Necropsy (autopsy); forensic examination
88045	DOP	DOP	coroner's call
88099	DOP	DOP	Unlisted necropsy (autopsy) procedure

CYTOPATHOLOGY

CPT	PC$	TC$	
88104	35	10	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	19	44	filter method only with interpretation
88107	66	18	smears and filter preparation with interpretation
88108	75	19	concentration technique, smears and interpretation (eg, Saccomanno technique)
88125	24	55	Cytopathology, forensic (eg, sperm)
88130	9	21	Sex chromatin identification; Barr bodies
88140	6	15	peripheral blood smear, polymorphonuclear "drumsticks"
88150	4	8	Cytopathology, smears, cervical or vaginal, up to three smears; screening by technician under physician supervision
88151	5	8	requiring interpretation by physician
88155	4	10	with definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index)
88156	3	6	Cytopathology, smears, cervical or vaginal, (the Bethesda System (TBS)), up to three smears; screening by technician under physician supervision

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CPT	PC$	TC$	
88157	10	6	requiring interpretation by physician
88160	14	31	Cytopathology, smears, any other source; screening and interpretation
88161	19	44	preparation, screening and interpretation
88162	26	61	extended study involving over 5 slides and/or multiple stains
88170	90	23	Fine needle aspiration with or without preparation of smears; superficial tissue (eg, thyroid, breast, prostate)
88171	105	26	deep tissue under radiologic guidance
88172	63	16	Evaluation of fine needle aspirate with or without preparation of smears; immediate cytohistologic study to determine adequacy of specimen(s)
88173	79	0	interpretation and report
88180	38	63	Flow cytometry; each cell surface marker
88182	38	63	cell cycle or DNA analysis
88199	DOP	DOP	Unlisted cytopathology procedure

CYTOGENETIC STUDIES

CPT	PC$	TC$	
88230	69	163	Tissue culture for chromosome analysis; lymphocyte
88233	83	193	skin or other solid tissue biopsy
88235	86	202	amniotic fluid or chorionic villus cells
88237	75	175	bone marrow (myeloid) cells
88239	86	202	other tissue
88245	88	207	Chromosome analysis for breakage syndromes; score 25 cells (SCE study), count 5 cells, 1 karyotype, with banding (eg, Bloom syndrome)
88248	86	202	score 100 cells, count 20 cells, 2 karyotypes, with banding (eg, ataxia telangiectasia, Fanconi anemia)
88250	94	219	Chromosome analysis for fragile X associated with fragile X-linked mental retardation, score 100 cells, count 20 cells, 2 karyotypes, with banding
88260	66	157	Chromosome analysis; count 5 cells, screening, with banding
88261	111	259	count 5 cells, 1 karyotype, with banding
88262	108	249	count 15-20 cells, 2 karyotypes, with banding
88263	90	210	count 45 cells for mosaicism, 2 karyotypes, with banding
88267	164	383	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
88269	100	200	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
88280	21	49	Chromosome analysis; additional karyotypes, each study
88283	41	96	additional specialized banding technique (eg, NOR, C-banding)
88285	11	26	additional cells counted, each study
88289	21	49	additional high resolution study
88299	DOP	DOP	Unlisted cytogenetic study

SURGICAL PATHOLOGY

CPT	PC$	TC$	
88300	23	6	Level I - Surgical pathology, gross examination only;
88302	49	13	Level II - Surgical pathology, gross and microscopic examination: appendix, incidental; fallopian tube, sterilization; fingers/toes, amputation, traumatic; foreskin, newborn; hernia sac, any location; hydrocele sac; nerve; skin, plastic repair; sympathetic ganglion; testis, castration; vaginal mucosa, incidental; vas deferens, sterilization;
88304	63	16	Level III - Surgical pathology, gross and microscopic examination; abortion, induced; abscess; aneurysm - arterial/ventricular; anus, tag; appendix, other than incidental; artery, atheromatous plaque; Bartholin's gland cyst; bone fragment(s), other than pathologic fracture; bursa/synovial cyst; carpal tunnel tissue; cartilage, shavings; cholesteatoma; colon, colostomy

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CPT	PC$	TC$	
			stoma; conjunctiva - biopsy/pterygium; cornea; diverticulum - esophagus/small bowel; Dupuytren's contracture tissue; femoral head, other than fracture; fissure/fistula; foreskin, other than newborn; gallbladder; ganglion cyst; hematoma; hemorrhoids; Hydatid of Morgagni; intervertebral disc; joint, loose body; meniscus; mucocele, salivary; neuroma - Morton's/traumatic; pilonidal cyst/sinus; polyps, inflammatory - nasal/sinusoidal; skin - cyst/tag/debridement; soft tissue, debridement; soft tissue, lipoma; spermatocele; tendon/tendon sheath; testicular appendage; thrombus or embolus; tonsil and/or adenoids; varicocele; vas deferens, other than sterilization; vein, varicosity;
88305	98	25	Level IV - Surgical pathology, gross and microscopic examination; abortion - spontaneous/ missed; artery, biopsy; bone marrow, biopsy; bone exostosis; brain/meninges, other than for tumor resection; breast, biopsy; breast, reduction mammoplasty; bronchus, biopsy; cell block, any source; cervix, biopsy; colon, biopsy; duodenum, biopsy; endocervix, curettings/biopsy; endometrium, curettings/biopsy; esophagus, biopsy; extremity, amputation, traumatic; fallopian tube, biopsy; fallopian tube, ectopic pregnancy; femoral head, fracture; fingers/toes, amputation, non-traumatic; gingiva/oral mucosa, biopsy; heart valve; joint, resection; kidney, biopsy; larynx, biopsy; leiomyoma(s), uterine myomectomy - without uterus; lip, biopsy/wedge resection; lung, transbronchial biopsy; lymph node, biopsy; muscle, biopsy; nasal mucosa, biopsy; nasopharynx/oropharynx, biopsy; nerve, biopsy; odontogenic/dental cyst; omentum, biopsy; ovary with or without tube, non-neoplastic; ovary, biopsy/wedge resection; parathyroid gland; peritoneum, biopsy; pituitary tumor; placenta, other than third trimester; pleura/pericardium - biopsy/tissue; polyp, cervical/endometrial; polyp, colorectal; polyp, stomach/small bowel; prostate, needle biopsy; prostate, TUR; salivary gland, biopsy; sinus, paranasal biopsy; skin, other than cyst/tag/debridement/ plastic repair; small intestine, biopsy; soft tissue, other than tumor/mass/lipoma/debridement; spleen; stomach, biopsy; synovium; testis, other than tumor/biopsy/castration; thyroglossal duct/brachial cleft cyst; tongue, biopsy; tonsil, biopsy; trachea, biopsy; ureter, biopsy; urethra, biopsy; urinary bladder, biopsy; uterus, with or without tubes & ovaries, for prolapse; vagina, biopsy; vulva/labia, biopsy;
88307	200	50	Level V - Surgical pathology, gross and microscopic examination; adrenal, resection; bone - biopsy/curettings; bone fragment(s), pathologic fracture; brain, biopsy; brain/meninges, tumor resection; breast, mastectomy - partial/simple; cervix, conization; colon, segmental resection, other than for tumor; extremity, amputation, non-traumatic; eye, enucleation; kidney, partial/total nephrectomy; larynx, partial/total resection; liver, biopsy - needle/wedge; liver, partial resection; lung, wedge biopsy; lymph nodes, regional resection; mediastinum, mass; myocardium, biopsy; odontogenic tumor; ovary with or without tube, neoplastic; pancreas, biopsy; placenta, third trimester; prostate, except radical resection; salivary gland; small intestine, resection, other than for tumor; soft tissue mass (except lipoma) - biopsy/simple excision; stomach - subtotal/total resection, other than for tumor; testis, biopsy; thymus, tumor; thyroid, total/lobe; ureter, resection; urinary bladder, TUR; uterus, with or without tubes & ovaries, other than neoplastic/prolapse;
88309	290	73	Level VI - Surgical pathology, gross and microscopic examination; bone resection; breast, mastectomy - with regional lymph nodes; colon, segmental resection for tumor; colon, total resection; esophagus, partial/total resection; extremity, disarticulation; fetus, with dissection; larynx, partial/total resection - with regional lymph nodes; lung - total/lobe/segment

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CPT	PC$	TC$	
			resection; pancreas, total/subtotal resection; prostate, radical resection; small intestine, resection for tumor; soft tissue tumor, extensive resection; stomach - subtotal/total resection for tumor; testis, tumor; tongue/tonsil - resection for tumor; urinary bladder, partial/total resection; uterus, with or without tubes & ovaries, neoplastic; vulva, total/subtotal resection;
88311	23	5	Decalcification procedure (List separately in addition to code for surgical pathology examination)
88312	9	19	Special stains (List separately in addition to code for surgical pathology examination); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each
88313	9	19	Group II, all other, (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
88314	8	18	histochemical staining with frozen section(s)
88318	16	21	Determinative histochemistry to identify chemical components (eg, copper, zinc)
88319	15	16	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88321	50	0	Consultation and report on referred slides prepared elsewhere
88323	88	0	Consultation and report on referred material requiring preparation of slides
88325	63	0	Consultation, comprehensive, with review of records and specimens, with report on referred material
88329	59	0	Pathology consultation during surgery;
88331	79	38	with frozen section(s), single specimen
88332	41	20	each additional tissue block with frozen section(s)
88342	41	20	Immunocytochemistry (including tissue immunoperoxidase), each antibody
88346	88	38	Immunofluorescent study, each antibody; direct method
88347	113	38	indirect method
88348	164	51	Electron microscopy; diagnostic
88349	164	51	scanning
88355	91	31	Morphometric analysis; skeletal muscle
88356	91	31	nerve
88358	91	31	tumor
88362	DOP	DOP	Nerve teasing preparations
88365	29	0	Tissue in situ hybridization, interpretation and report
88371	10	21	Protein analysis of tissue by Western Blot, with interpretation and report;
88372	11	24	immunological probe for band identification, each
88399	DOP	DOP	Unlisted surgical pathology procedure

OTHER PROCEDURES

CPT	PC$	TC$	
89050	4	8	Cell count, miscellaneous body fluids (eg, CSF, joint fluid), except blood;
89051	5	10	with differential count
89060	5	10	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89100	18	41	Duodenal intubation and aspiration; single specimen (eg, simple bile study or afferent loop culture) plus appropriate test procedure
89105	23	51	collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
89125	5	11	Fat stain, feces, urine, or sputum
89130	15	36	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology;
89132	8	16	after stimulation
89135	13	30	Gastric intubation, aspiration, and fractional collections (eg, gastric secretory study); one hour

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CPT	PC$	TC$	
89136	16	34	two hours
89140	19	39	two hours including gastric stimulation (eg, histalog, pentagastrin)
89141	23	43	three hours, including gastric stimulation
89160	3	5	Meat fibers, feces
89190	4	8	Nasal smear for eosinophils
89300	9	18	Semen analysis; presence and/or motility of sperm including Huhner test
89310	6	16	motility and count
89320	8	19	complete (volume, count, motility and differential)
89325	6	16	Sperm antibodies
89329	29	50	Sperm evaluation; hamster penetration test
89330	6	16	cervical mucus penetration test, with or without spinnbarkeit test
89350	8	14	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
89355	4	8	Starch granules, feces
89360	5	13	Sweat collection by iontophoresis
89365	9	20	Water load test
89399	DOP	DOP	Unlisted miscellaneous pathology test

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DURABLE MEDICAL EQUIPMENT

DURABLE MEDICAL EQUIPMENT (DME) GROUND RULES

This document is intended to establish ground rules regarding the provision of Durable Medical Equipment (DME) and supplies rendered for compensable work-related injuries and illnesses. The coding system used is the HCPCS system. The specific HCPCS codes used in this section may include the A codes (A4190-A4649), the E codes, the K codes and the L codes. No other coding methodology shall be accepted for this program.

DME refers to those items that can withstand repeated use, are primarily used to serve a medical purpose, are generally **not** useful to a person in the absence of illness, injury, or disease; and are appropriate for use in the injured worker's home.

I. Selection of DME Provider

The injured worker shall have the right to select the DME provider of choice. Both the insurance carrier and the health care provider may recommend providers, but the injured worker has the right of choice.

II. Covered Services

The carrier shall reimburse for the purchase or rental of DME and supplies provided that all such items are approved by the injured worker's doctor. The injured worker retains the right of choice of DME suppliers. In acute care hospitals, supplies/equipment are included in the per diem rate. In institutional settings not covered by a guideline, fair and reasonable rates apply.

NOTE: Preauthorization may be required for some DME items. Please refer to the preauthorization rule to confirm the need for preauthorization.

III. Quality

The reimbursement for DME in this fee guideline is based upon the presumption that the injured worker is being provided high quality supplies/equipment for the treatment of the compensable work-related injuries and illnesses.

IV. Nonlisted Items and Documentation of Procedure

This document does not contain a specific MAR for the DME items. The DME items should be billed at the usual and customary rate of the DME provider, and the insurance carrier shall reimburse the DME provider at an amount pre-negotiated between the provider and carrier or, if there is no pre-negotiated amount, the fair and reasonable rate for the item described. Use the miscellaneous HCPCS code, E1399, when no other HCPCS code is present for the DME or supplies provided to the injured worker. When using E1399, a description of the unlisted equipment/supply is required.

V. Freight and Handling

Storage, shipping, handling, etc. are included in the provider's usual and customary charge and shall not be reimbursed separately.

VI. Rental/Purchase

A. Rental fees are applicable for short-term utilization up to 60 days, unless the doctor provides medical justification for an extension beyond the initial 60 days.

B. All rental fees are based on a monthly rate unless otherwise specified.

C. In the event of death or other unforeseen factors eliminating the need for the equipment, rental fees shall terminate at the end of the month the death occurred, and no further payment shall be made regardless of the original rental period authorized. The item shall be returned by the surviving family member or retrieved by the DME provider.

D. The first month's rent applies to the purchase price if the rental was reimbursed.

E. The return of rented equipment is the dual responsibility of the claimant and the DME provider. The carrier is not responsible and shall not reimburse for additional rental periods solely because of a delay in equipment return.

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VII. Equipment Warranty and Repair Information

A. The repair or maintenance of **rented** DME is the responsibility of the DME provider at no additional charge.

B. The repair or maintenance of all DME **purchased** from the provider is the responsibility of the insurance carrier, subject to warranty provisions.

C. The provider shall provide a one year warranty agreement to the injured worker on all purchased DME. Any monetary fees required by the warranty shall be billable to the carrier. The provider shall inform the injured worker of any warranty provided by the DME manufacturer. This rule applies to those items purchased by the insurance carrier. The starting date of the warranty is deemed to be the date of purchase.

VIII. Supplies

Supplies shall be requested by, or on behalf of, the injured worker. DME supplies shall be itemized and billed under the appropriate HCPCS code. Use the miscellaneous HCPCS code, E1399, when no other HCPCS code is present for the supplies provided to the injured worker. Documentation for distribution of supplies shall be provided when requested by the Texas Workers' Compensation Commission (TWCC).

IX. Billing

A. A statement of medical necessity, along with the order or prescription appropriate for the equipment/supplies shall accompany initial claims for the rental or purchase of DME. Any verbal order given by the doctor to the DME provider shall be followed by a written prescription or order prior to billing for the DME equipment/supplies.

B. This statement shall include the medical necessity and specify the following:

1. claimant's diagnosis;
2. prognosis; and
3. the expected duration the equipment or supplies will be required.

C. The provider shall use the HCFA-1500 Form for billing. Invoices should be billed at the provider's usual and customary rate. Reimbursement shall be an amount pre-negotiated between the provider and carrier or if there is no pre-negotiated amount, the fair and reasonable rate. A fair and reasonable reimbursement shall be the same as the fees set for the "D" codes in the 1991 Medical Fee Guideline.

X. TENS Units

A. TENS units should be of a high quality and should meet the standards established by the American National Standard Association for the Advancement of Medical Instrumentation.

B. Purchase:

The purchase price shall include:
1. unit lead wires for a channel unit,
2. instruction booklet,
3. warranty information,
4. two (2) batteries (either replaceable or rechargeable), and
5. a battery charger (for rechargeable batteries).

C. All TENS supplies shall be billed with code E1399 and shall be itemized. Reimbursement shall not exceed the maximum allowable per month ($85.00) except in those unusual cases where additional supplies are medically necessary, adequate documentation describing the situation shall be provided. No additional supply codes shall be reimbursed in addition to E1399.

XI. Continuous Passive Motion (CPM) Equipment

CPM equipment is rented on a daily basis and shall be billed using code E0935 along with the appropriate modifier(s) denoting affected body area: -UE Upper Extremity; -LE Lower Extremity; -SP Spine. Only one set of soft goods shall be reimbursed per injured worker.

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XII. Orthotics/Prosthetics Ground Rules

The primary coding system to be used in the billing for Orthotics/Prosthetics services is the HCPCS system. The specific HCPCS codes used are the K codes and L codes. CPT codes shall be used only when the service rendered does not fit the descriptions/codes provided in the HCPCS system.

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PHARMACEUTICAL

PHARMACEUTICAL FEE GUIDELINE

To correctly bill and receive reimbursement for pharmaceutical services in relation to a compensable injury, the following ground rules apply.

I. Billing and Reimbursement

A. Reimbursement for services rendered shall be the lesser of:

1. the provider's usual and customary charge for same or similar service; or

2. the fees established by the formulas for brand-name and generic pharmaceuticals as described in Section (II)(A).

B. This rule applies to the dispensing of all pharmaceuticals, excluding the inpatient drugs, parenteral drugs, and over-the-counter medication.

C. Billing for pharmaceuticals shall be on the form prescribed by the Texas Workers' Compensation Commission (TWCC-66a). Failure to bill on the prescribed form may result in bills being returned by the insurance carrier.

II. Fee Computation

A. For computing fair and reasonable fees, the following formulas shall be utilized:

1. **Brand-name Pharmaceuticals:**

   Average Wholesale Price (AWP)/unit x number units x 1.09 + $4.00 = MAR

2. **Generic Pharmaceuticals:**

   Average Wholesale Price (AWP)/unit x number units x 1.38 + $7.50 = MAR

B. The AWP shall be determined utilizing the **monthly** publication of *Medispan* that is in effect on the date of service. The carrier shall use the AWP from the monthly publication regardless of a change during the month. The two *Medispan* publications to be used are:

1. *Prescription Pricing Guide*; or

2. *Generic Buying and Reimbursement Guide.*

C. When the reimbursement for a generic pharmaceutical is more than a branded pharmaceutical, according to the formulas described in Section (II)(A) of this rule, the Commission shall consider the fair and reasonable price to be the branded equivalent as calculated under Section (II)(A).

D. Texas law requires the insurance carrier to provide all medical care necessary to cure and relieve the effects naturally resulting from the compensable injury. Pursuant to Section 413.042 of the Act, the injured employee shall not be billed for prescriptions.

INFORMATION

The ***Medispan Prescription Pricing Guide*** and the ***Medispan Generic Buying and Reimbursement Guide*** and monthly updates may be ordered from the following address:

Medispan
8425 Woodfield Crossing Boulevard
P.O. Box 40930
Indianapolis, Indiana 46240-0930
(800) 428-4495

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HCPCS CODES

AMBULANCE SERVICES
(A0010-A0999)

A0021 Ambulance service, outside state per mile, transport

A0030 Ambulance service, conventional air service, transport, one way

A0040 Ambulance service, air, helicopter service, transport

A0050 Ambulance service, emergency, water, special transportation services

A0080 Nonemergency transportation: per mile -- volunteer, with no vested or personal interest

A0090 Nonemergency transportation: per mile -- volunteer, interested individual, neighbor

A0100 Nonemergency transportation: taxi -- intra-city

A0110 Nonemergency transportation and bus, intra or inter state carrier

A0120 Nonemergency transportation: minibus, mountain area transports, other non-profit transportation systems

A0130 Nonemergency transportation: wheelchair van

A0140 Nonemergency transportation and air travel (private or commercial) intra- or interstate

A0160 Nonemergency transportation: per mile -- case worker or social worker

A0170 Nonemergency transportation, ancillary: parking fees, tolls, other

A0180 Nonemergency transportation, ancillary: lodging-recipient

A0190 Nonemergency transportation, ancillary: meals-recipient

A0200 Nonemergency transportation, ancillary: lodging-escort

A0210 Nonemergency transportation, ancillary: meals-escort

A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way

A0300 Ambulance service, basic life support (BLS), nonemergency transport, all inclusive (mileage and supplies)

A0302 Ambulance service, BLS, emergency transport, all inclusive (mileage and supplies)

A0304 Ambulance service, advanced life support (ALS), nonemergency transport, no specialized ALS services rendered, all inclusive (mileage and supplies)

A0306 Ambulance services, ALS, nonemergency transport, specialized ALS services rendered, all inclusive (mileage and supplies)

A0308 Ambulance service, ALS, emergency transport, no specialized ALS services rendered, all inclusive (mileage and supplies)

A0310 Ambulance service, ALS, emergency transport, specialized ALS services rendered, all inclusive (mileage and supplies)

A0320 Ambulance service, BLS, nonemergency transport, supplies included, mileage separately billed

A0322 Ambulance service, BLS, emergency transport, supplies included, mileage separately billed

A0324 Ambulance service, ALS, nonemergency transport, no specialized ALS services rendered, supplies included, mileage separately billed

A0326 Ambulance service, ALS, nonemergency transport, specialized ALS services rendered, supplies included, mileage separately billed

A0328 Ambulance service, ALS, emergency transport, non specialized ALS services rendered, supplies included, mileage separately billed

A0330 Ambulance service, ALS, emergency transport, specialized ALS services rendered, supplies included, mileage separately billed

A0340 Ambulance service, BLS, nonemergency transport, mileage included, disposable supplies separately billed

A0342 Ambulance service, BLS, emergency transport, mileage included, disposable supplies separately billed

A0344 Ambulance service, ALS, nonemergency transport, no specialized ALS services rendered, mileage included, disposable supplies separately billed

A0346 Ambulance service, ALS, nonemergency transport, specialized ALS services rendered, mileage included, disposable supplies separately billed

A0348 Ambulance service, ALS, emergency transport, no specialized ALS services rendered, mileage included, disposable supplies separately billed

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A0350 Ambulance service, ALS, emergency transport, specialized ALS services rendered, mileage included, disposable supplies separately billed

A0360 Ambulance service, BLS, nonemergency transport, mileage and disposable supplies separately billed

A0362 Ambulance service, BLS, emergency transport, mileage and disposable supplies separately billed

A0364 Ambulance service, ALS, nonemergency transport, no specialized ALS services rendered, mileage and disposable supplies separately billed

A0366 Ambulance service, ALS, nonemergency transport, specialized ALS services rendered, mileage and disposable supplied separately billed

A0368 Ambulance service, ALS, emergency transport, no specialized ALS services rendered, mileage and disposable supplies separately billed

A0370 Ambulance service, ALS, emergency transport, specialized ALS services rendered mileage and disposable supplies separately billed

A0380 BLS mileage (per mile)

A0382 BLS routine disposable supplies

A0384 BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)

A0390 ALS mileage (per mile)

A0392 ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulance)

A0394 ALS specialized service disposable supplies; IV drug therapy

A0396 ALS specialized service disposable supplies; esophageal intubation

A0398 ALS routine disposable supplies

A0420 Ambulance waiting time (ALS or BLS), one half (1/2) hour increments

A0422 Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation

A0424 Extra ambulance attendant, ALS or BLS (requires medical review)

A0888 Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)

A0999 Unlisted ambulance service

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A4190 Transparent film, each

A4200 Gauze pads, medicated or nonmedicated, each

A4202 Gauze elastic, all types, per roll

A4203 Gauze nonelastic, per roll

A4204 Absorptive dressing (e.g., hydrocolloid), adhesive or nonadhesive

A4205 Nonabsorptive dressing (e.g., hydrogel), adhesive or nonadhesive

A4206 Syringe with needle, sterile 1cc

A4207 Syringe with needle, sterile 2cc

A4208 Syringe with needle, sterile 3cc

A4209 Syringe with needle, sterile 5cc or greater

A4210 Needle-free injection device

A4211 Supplies for self-administered injections

A4212 Non-coring needle or stylet with or without catheter

A4213 Syringe, sterile, 20cc or greater

A4214 Sterile saline or water, 30cc vial

A4215 Needles only, sterile, any size

A4220 Refill kit for implantable infusion pump

A4244 Alcohol or peroxide, per pint

A4245 Alcohol wipes, per box

A4246 Betadine or Phisohex solution, per pint

A4247 Betadine or iodine swabs/wipes, per box

A4250 Urine test or reagent strips or tablets (100 tablets or strips)

A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips

A4256 Normal, low and high calibrator solution/chips

A4259 Lancets, per box

A4260 Levonorgestrel (contraceptive) implants system, including implants and supplies

A4262 Temporary, absorbable lacrimal duct implant, each

A4263 Permanent, long-term, non-dissolvable lacrimal duct implant, each

A4265 Paraffin

A4270 Disposable endoscope sheath, each

Vascular Catheters

A4300 Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal)

A4305 Disposable drug delivery system, flow rate of 50 ml or greater per hour

A4306 Disposable drug delivery system, flow rate of 5 ml or less per hour

Incontinence Appliances and Care Supplies

A4310 Insertion tray without drainage bag and without catheter (accessories only)

A4311 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4312 Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone

A4313 Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

A4314 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

A4315 Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone

A4316 Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation

A4320 Irrigation tray with bulb or piston syringe, any purpose

A4322 Irrigation syringe, bulb or piston

A4323 Sterile saline irrigation solution, 1000 ml

A4326 Male external catheter specialty type; eg., inflatable, faceplate, etc., each

A4327 Female external urinary collection device; metal cup, each

A4328 Female external urinary collection device; pouch, each

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A4329 External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubings, clamps, etc.), 7 day supply

A4330 Perianal fecal collection pouch with adhesive

A4335 Incontinence supply; miscellaneous

A4338 Indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)

A4340 Indwelling catheter; specialty type (e.g., coude', mushroom, wing, etc.)

A4344 Indwelling catheter, Foley type, two-way, all silicone

A4346 Indwelling catheter; Foley type, three-way for continuous irrigation

A4347 Male external catheter with or without adhesive, with or without antireflux device; per dozen

A4351 Intermittent urinary catheter; straight tip

A4352 Intermittent urinary catheter; coude' (curved) tip

A4354 Insertion tray with drainage bag but without catheter

A4355 Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter

External Urinary Supplies

A4356 External urethral clamp or compression device (not to be used for catheter clamp)

A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube

A4358 Urinary leg bag; vinyl, with or without tube

A4359 Urinary suspensory without leg bag

Ostomy Supplies

A4361 Ostomy faceplate

A4362 Skin barrier; solid, 4x4 or equivalent; each

A4363 Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.

A4364 Adhesive for ostomy or catheter; liquid (spray, brush, etc.), cement, powder or paste; any composition (e.g., silicone, latex, etc.); per oz.

A4367 Ostomy belt

A4397 Irrigation supply; sleeve

A4398 Irrigation supply; bags

A4399 Irrigation supply; cone/catheter

A4400 Ostomy irrigation set

A4402 Lubricant, per ounce

A4404 Ostomy ring, each

A4421 Ostomy supply; miscellaneous

Supplies

A4454 Tape, all types, all sizes

A4455 Adhesive remover or solvent (for tape, cement or other adhesive), per ounce

A4460 Elastic bandage, per roll (e.g., compression bandage)

A4465 Non-elastic binder for extremity

A4470 Gravlee jet washer

A4480 Vabra aspirator

A4490 Surgical stockings above knee length, each

A4495 Surgical stockings thigh length, each

A4500 Surgical stockings below knee length, each

A4510 Surgical stockings full length, each

A4550 Surgical trays

A4554 Disposable underpads, all sizes (e.g., Chux)

A4556 Electrodes (e.g., apnea monitor)

A4557 Lead wires (e.g., apnea monitor)

A4558 Conductive paste or gel

A4560 Pessary

A4565 Slings

A4570 Splint

A4572 Rib belt

A4580 Cast supplies (e.g., plaster)

A4581 Supplies risser jacket

A4590 Special casting material (e.g., fiberglass)

Supplies for Oxygen and Related Respiratory Equipment

A4610 Medication supplies to be used in durable medical equipment, prescribed by a physician

A4611 Battery, heavy duty; replacement for patient-owned ventilator

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A4612 Battery cables; replacement for patient-owned ventilator

A4613 Battery charger; replacement for patient-owned ventilator

A4615 Cannula, nasal

A4616 Tubing (oxygen), per foot

A4617 Mouth piece

A4618 Breathing circuits

A4619 Face tent

A4620 Variable concentration mask

A4621 Tracheotomy mask or collar

A4622 Tracheostomy or laryngectomy tube

A4623 Tracheostomy, inner cannula (replacement only)

A4624 Tracheal suction catheter, any type, each

A4625 Tracheostomy care or cleaning starter kit

A4626 Tracheostomy cleaning brush, each

A4627 Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler

Supplies for Other Durable Medical Equipment

A4630 Replacement batteries. Medically necessary TENS owned by patient

A4631 Replacement batteries for medically necessary electronic wheelchair owned by patient

A4635 Underarm pad, crutch, replacement, each

A4636 Replacement, handgrip, cane, crutch, or walker, each

A4637 Replacement, tip, cane, crutch, walker, each

A4640 Replacement pad for use with medically necessary alternating pressure pad owned by patient

A4641 Supply of radiopharmaceutical diagnostic imaging agent, not otherwise classified

A4642 Supply of satumomab pendetide, radiopharmaceutical diagnostic imaging agent, per dose

A4643 Supply of additional high-dose contrast material(s) during magnetic resonance imaging (e.g., gadoteridol injection), consistent with contrast labeling criteria

A4644 Supply of low osmolar contrast material (100-199 mgs of iodine)

A4645 Supply of low osmolar contrast material (200-299 mgs of iodine)

A4646 Supply of low osmolar contrast material (300-399 mgs of iodine)

Supplies for Radiological Procedures

A4647 Supply of paramagnetic contrast material, e.g., gadolinium

A4649 Surgical supply; miscellaneous

Drugs Administered other than Oral Method (Exception: Oral Immunosuppressive Drugs) J0110-J7799

Subcutaneous, Intramuscular, or Intravenous Injections

J0110 Administration of injection, including the cost of drug

J0120 Injection, tetracycline, up to 250 mg

J0150 Injection, adenosine, 6 mg

J0170 Injection, adrenalin, epinephrine, up to 1 ml ampule

J0190 Injection, biperiden, 2 mg

J0205 Injection, alglucerase, per 10 units

J0210 Injection, methyldopate HCl, up to 250 mg

J0256 Injection, alpha 1-proteinase inhibitor-human, per 500 mg

J0280 Injection, aminophyllin, up to 250 mg

J0290 Injection, ampicillin, up to 500 mg

J0295 Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm

J0300 Injection, amobarbital, up to 125 mg

J0330 Injection, succinylcholine chloride, up to 20 mg

J0340 Injection, nandrolone phenpropionate, up to 50 mg

J0350 Injection, anistreplase, per 30 units

J0360 Injection, hydralazine HCl, up to 20 mg

J0380 Injection, metaraminol up to 10 mg

J0390 Injection, chloroquine HCl, up to 50 mg

J0400 Injection, trimethaphan, up to 50 mg

J0460 Injection, atropine sulfate, up to 0.3 mg

J0470 Injection, dimecaprol, up to 100 mg

J0475 Injection, baclofen, 10 mg

J0500 Injection, dicyclomine, up to 20 mg

J0510 Injection, benzquinamide HCl, up to 50 mg

J0515 Injection, benztropine

J0520 Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg

J0530 Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units

J0540 Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units

J0550 Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units

J0560 Injection, penicillin G benzathine, up to 600,000 units

J0570 Injection, penicillin G benzathine, up to 1,200,000 units

J0580 Injection, penicillin G benzathine, up to 2,400,000 units

J0585 Botulinum toxin type A, per 100 units

J0590 Injection, ethylnorepinephrine HCl, 1 ml

J0600 Injection, edetate calcium disodium, up to 200 mg

J0610 Injection, calcium gluconate, up to 10 ml

J0620 Injection, calcium glycerophosphate and calcium lactate, per 10 ml

J0630 Injection, calcitonin salmon, up to 400 units

J0635 Injection, Calcitriol, 1mcg amp

J0640 Injection, leucovorin calcium, per 50 mg

J0670 Injection, mepivacaine

J0680 Injection, deslanoside, up to 0.4 mg

J0690 Injection, cefazolin sodium, up to 500 mg

J0694 Injection, cefoxitin sodium, 1 gm

J0695 Injection, cefonicid sodium, 1 gm

J0696 Injection, ceftriaxone sodium, per 250 mg

J0697 Injection, sterile cefuroxime sodium, per 750 mg

J0698 Cefotaxime sodium, per gm

J0702 Injection, betamethasone acetate and betamethasone sodium phosphate, per 3 mg

J0704 Injection, betamethasone sodium phosphate, per 4 mg

J0710 Injection, cephapirin sodium, up to 1 gm

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J0715 Injection, ceftizoxime sodium, per 500 mg

J0720 Injection, chloramphenicol sodium succinate, up to 1 gm

J0725 Injection, chorionic gonadotropin, per 1,000 USP units

J0730 Injection, chlorpheniramine maleate, up to 200 mg

J0743 Injection, cilastatin sodium; imipenem, per 250 mg

J0745 Injection, codeine phosphate, per 30 mg

J0760 Injection, colchicine, up to 2 mg

J0770 Injection, colistimethate sodium, up to 150 mg

J0780 Injection, prochlorperazine, up to 10 mg

J0800 Injection, corticotropin, up to 40 units

J0810 Injection, cortisone, up to 50 mg

J0820 Injection, cortigel 40, up to 40 units

J0835 Injection, cosyntropin, per 0.25 mg

J0850 Injection, cytomegalovirus immune globuline intravenous (human), per vial

J0895 Injection, Deferoxamine Mesylate, 500 mg per 5 cc

J0900 Injection, testosterone enanthate and estradiol valerate, up to 1 cc

J0945 Injection, brompheniramine maleate

J0970 Injection, estradiol valerate, up to 40 mg

J1000 Injection, Depoestradiol cypionate, up to 5 mg

J1020 Injection, methylprednisolone acetate, 20 mg

J1030 Injection, methylprednisolone acetate, 40 mg

J1040 Injection, methylprednisolone acetate, 80 mg

J1050 Injection, medroxyprogesterone acetate, 100 mg

J1055 Injection, medroxyprogesterone acetate for contraceptive use, 150 mg

J1060 Injection, testosterone cypionate and estradiol cypionate, up to 1 ml

J1070 Injection, testerone cypionate, up to 100 mg

J1080 Injection, testerone cypionate, 1 cc, 200 mg

J1090 Injection, testerone cypionate, 1 cc, 50 mg

J1100 Injection, dexamethosone sodium phosphate, up to 4mg/ml

J1110 Injection, dehydroergotamine, up to 1 mg

J1120 Injection, acetazolamide sodium, up to 500 mg

J1155 Injection, digitoxin

J1160 Injection, digoxin, up to 0.5mg

J1165 Injection, phenytoin sodium

J1170 Injection, hydromorphone, up to 4 mg

J1180 Injection, dyphylline, up to 500 mg

J1200 Injection, diphenhydramine HCl, up to 50 mg

J1205 Injection, chlorothiazide sodium

J1212 Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml

J1230 Injection, methadone HCl, up to 10 mg

J1240 Injection, dimenhydrinate, up to 50 mg

J1245 Injection, dipyridamole, per 10 mg

J1320 Injection, amitriptyline HCl, up to 20 mg

J1330 Injection, ergonovine maleate, up to 0.2 mg

J1340 Injection, aqueous or saline placebo

J1362 Injection, erythromycin gluceptate, per 250 mg

J1364 Injection, eruthromycin lactobionate, per 500 mg

J1380 Injection, estradiol valerate, up to 10 mg

J1390 Injection, estradiol valerate, up to 20 mg

J1410 Injection, estrogen conjugated, per 25 mg

J1435 Injection, estrone, per 1 mg

J1436 Injection, etidronate disodium, per 300 mg

J1440 Injection, filgrastim (G-CSF), 300 mcg

J1441 Injection, filgrastim (G-CSF), 480 mcg

J1455 Injection, Foscarnet sodium, per 1,000 mg

J1460 Injection, gamma globulin, intramuscular, 1 cc

J1470 Injection, gamma globulin, intramuscular, 2 cc

J1480 Injection, gamma globulin, intramuscular, 3 cc

J1490 Injection, gamma globulin, intramuscular, 4 cc

J1500 Injection, gamma globulin, intramuscular, 5 cc

J1510 Injection, gamma globulin, intramuscular, 6 cc

J1520 Injection, gamma globulin, intramuscular, 7 cc

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J1530 Injection, gamma globulin, intramuscular, 8 cc

J1540 Injection, gamma globulin, intramuscular, 9 cc

J1550 Injection, gamma globulin, intramuscular, 10 cc

J1560 Injection, gamma globulin, intramuscular, over 10 cc

J1561 Injection, immune globulin, intravenous, per 500 mcg

J1562 Immune globulin intravenous (human), 10%, per 5 grams

J1570 Injection, ganciclovir sodium, 500 mg

J1580 Injection, Garamycin, gentamicin, up to 80 mg

J1600 Injection, gold sodium thiomaleate, up to 50 mg

J1610 Injection, glucagon hydrochloride, per 1 mg

J1620 Injection, gonadorelin hydrochloride, per 100 mcg

J1625 Injection, granisetron hydrochloride, per 1 mg

J1630 Injection, haloperidol, up to 5 mg

J1631 Injection, haloperidol decanoate, per 50 mg

J1642 Injection, heparin sodium, (heparin lock flush), per 10 units

J1644 Injection, heparin sodium, per 1000 units

J1660 Injection, histamine, up to 2.75 mg

J1670 Injection, tetanus immune globulin, human, up to 250 units

J1690 Injection, prednisolone tebutate, up to 20 mg

J1700 Injection, hydrocortisone acetate, up to 25 mg

J1710 Injection, hydrocortisone sodium phosphate, up to 50 mg

J1720 Injection, hydrocortisone sodium succinate, up to 100 mg

J1730 Injection, diazoxide, up to 300 mg

J1739 Injection, hydroxyprogesterone caproate 125 mg/ml

J1741 Injection, hydroxyprogesterone caproate, 250 mg/ml

J1760 Injection, iron dextran, 2 cc

J1770 Injection, iron dextran, 5 cc

J1780 Injection, iron dextran, 10 cc

J1785 Injection, imiglucerase, per unit

J1790 Injection, droperidol, up to 5 mg

J1800 Injection, propranolol HCl, up to 1 mg

J1810 Injection, droperidol and fentanyl citrate, up to 2 ml ampule

J1820 Injection, insulin, up to 100 units

J1830 Injectin, interferon beta-1B, per 0.25mg

J1840 Injection, kanamycin sulfate, up to 500 mg

J1850 Injection, kanamycin sulfate, up to 75 mg

J1885 Injection, Ketorolac tromethamine, per 15 mg

J1890 Injection, cephalothin sodium, up to 1 gm

J1910 Injection, kutapressin, up to 2 ml

J1930 Injection, propiomazine, up to 20 mg

J1940 Injection, furosemide, up to 20 mg

J1950 Injection, leuprolide acetate (for depot suspension), per 3.75 mg

J1960 Injection, levorphanol tartrate, up to 2 mg

J1970 Injection, methotrimeprazine, up to 20 mg

J1980 Injection, hyoscyamine sulfate, up to 0.25 mg

J1990 Injection, chlordiazepoxide HCl, up to 100 mg

J2000 Injection, lidocaine HCl, 50 cc

J2010 Injection, lincomycin HCl, up to 300 mg

J2050 Injection, liver, up to 20 mcg

J2060 Injection, lorazepam, 2 mg

J2100 Injection, luminal sodium, up to 120 mg

J2150 Injection, mannitol, 25% in 50 ml

J2175 Injection, meperidine hydrochloride, per 100 mg

J2180 Injection, meperidine and promethazine HCl, up to 50 mg

J2190 Injection, mersalyl with theophylline, up to 2 ml

J2210 Injection, methylergonovine maleate, up to 0.2 mg

J2240 Injection, metocurine iodide, up to 2 mg

J2260 Injection, milrinone lactate, per 5 ml

J2270 Injection, morphine sulfate, up to 10 mg

J2275 Injection, morphine sulfate (preservative-free sterile solution), per 10 mg

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J2320 Injection, nandrolone decanoate, up to 50 mg

J2321 Injection, nandrolone decanoate, up to 100 mg

J2322 Injection, nandrolone decanoate, up to 200 mg

J2330 Injection, thiothixene, up to 4 mg

J2350 Injection, niacinamide, niacin, up to 100 mg

J2360 Injection, orphenadrine, up to 60 mg

J2370 Injection, phenylephrine HCl, up to 1 ml

J2400 Injection, chloroprocaine HCl

J2405 Injection, ondansetron hydrochloride, per 1 mg

J2410 Injection, oxymorphone HCL, up to 1 mg

J2430 Injection, pamidronate disodium, per 30 mg

J2440 Injection, papaverine HCl, up to 60 mg

J2460 Injection, oxytetracycline HCl, up to 50 mg

J2480 Injection, hydrochlorides of opium alkaloids, up to 20 mg

J2495 Injection, tridihexethyl chloride per 10 mg

J2510 Injection, penicillin G procaine, aqueous, up to 600,000 units

J2512 Injection, pentagastrin, per 2 ml

J2515 Injection, pentobarbital sodium

J2540 Injection, penicillin G potassium, up to 600,000 units

J2545 Pentamidine isethionate, inhalation solution, per 300 mg, administered through a DME

J2550 Injection, promethazine HCl, up to 50 mg

J2560 Injection, phenobarbital sodium, up to 120 mg

J2590 Injection, oxytocin, up to 10 units

J2640 Injection, prednisolone sodium phosphate, up to 20 mg

J2650 Injection, prednisolone acetate, up to 1 ml

J2670 Injection, tolazoline HCl, up to 25 mg

J2675 Injection, progesterone, per 50 mg

J2680 Injection, fluphenazine decanoate, up to 25 mg

J2690 Injection, procainamide HCl, up to 1 gm

J2700 Injection, oxacillin sodium, up to 250 mg

J2710 Injection, neostigmine methylsulfate, up to 0.5 mg

J2720 Injection, protamine sulfate, per 10 mg

J2725 Injection, protirelin, per 250 mcg

J2730 Injection, pralidoxime chloride, up to 1 gm

J2760 Injection, phentolaine mesylate, up to 5 mg

J2765 Injection, metoclopramide HCl, up to 10 mg

J2790 Injection Rho (D) immune globulin (human), one dose package

J2800 Injection, methocarbamol, up to 10 ml

J2810 Injection, theophylline, per 40 mg

J2820 Injection, sargramostim (GM-CSF), 250 mcg

J2860 Injection, secobarbital sodium, up to 250 mg

J2910 Injection, aurothioglucose, up to 50 mg

J2912 Injection, sodium chloride

J2914 Injection, sodium salicylate

J2920 Injection, methylprednisolone sodium succinate, up to 40 mg

J2930 Injection, methylprednisolone sodium succinate, up to 125 mg

J2950 Injection, promazine HCl, up to 25 mg

J2970 Injection, methicillin sodium, up to 1 gm

J2995 Injection, streptokinase, per 250,000 IU

J2996 Injection, alteplase recombinant, per 10 mg

J3000 Injection, streptomycin, up to 1 gm

J3005 Injection, strontium-89 chloride, per 10 ml

J3010 Injection, fentanyl citrate, up to 2 ml

J3030 Injection, sumatriptan succinate, 6 mg

J3070 Injection, pentazocine HCl, up to 30 mg

J3080 Injection, chlorprothixene, up to 50 mg

J3105 Injection, terbutaline sulfate, up to 1 mg

J3120 Injection, testosterone enanthate, up to 100 mg

J3130 Injection, testosterone enanthate, up to 200 mg

J3140 Injection, testosterone suspension, up to 50 mg

J3150 Injection, testosterone propionate, up to 100 mg

J3230 Injection, chlorpromazine HCl, up to 50 mg

J3240 Injection, thyrotropin, up to 10 IUs

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J3250 Injection, trimethobenzamide HCl, up to 200 mg

J3260 Injection, tobramycin sulfate, up to 80 mg

J3270 Injection, imipramine HCl, up to 25 mg

J3280 Injection, thiethylperazine maleate, up to 10 mg

J3301 Injection, triamcinolone acetonide, per 10 mg

J3302 Injection, triamcinolone diacetate, per 5 mg

J3303 Injection, triamcinolone hexacetonide, per 5 mg

J3310 Injection, perphenazine, up to 5 mg

J3320 Injection, spectinomycin dihydrochloride, up to 2 gm

J3340 Injection, cryptenamine acetate, up to 2 ml

J3350 Injection, urea, up to 40 gm

J3360 Injection, diazepam, up to 5 mg

J3364 Injection, urokinase, 5,000 IU vial

J3365 Injection, IV, Urokinase, 250,000 IU vial

J3370 Injection, vancomycin HCL, up to 500 mg

J3380 Injection, isoxsuprine HCl, up to 10 mg

J3390 Injection, methoxamine, up to 20 mg

J3400 Injection, triflupromazine HCl, up to 20 mg

J3410 Injection, hydroxyzine HCl, up to 25 mg

J3420 Injection, vitamin B-12 Cyanocobalamin, up to 1000 mcg

J3430 Injection, vitamin K, phytonadione, menadione, menadiol sodium diphosphate

J3450 Injection, mephentermine sulfate, up to 30 mg

J3470 Injection, hyaluronidase, up to 150 units

J3490 Unclassified drugs

J3500 Vitamin therapy

J3520 Endrate ethylenediamine-tetra-acetic acid (EDTA)

J3530 Nasal vaccine inhalation

J3535 Drug administered through a metered dose inhaler

J3540 Autogenous blood extract, intravenous or intramuscular injections

J3550 Intraarterial oxygen injection

J3560 Adrenal cortex extract

J3570 Laetril, amygdalin, vitamin B-17

Immunization Injections

J6015 Typhus

Miscellaneous Drugs and Solutions

J7030 Infusion, normal saline solution, 1000 cc

J7040 Infusion, normal saline solution, sterile (500 ml = 1 unit)

J7042 5% dextrose/normal saline (500 ml = 1 unit)

J7050 Infusion, normal saline solution, 250 cc

J7051 Sterile saline or water, up to 5 cc

J7060 5% dextrose/water (500 ml = 1 unit)

J7070 Infusion, D5W, 1000 cc

J7080 Infusion, albumisol 5%, 500 ml vial

J7090 Infusion, albumisol 25%, 50 ml vial

J7100 Infusion, dextran 40, 500 ml

J7110 Infusion, dextran 75, 500 ml

J7120 Ringer's lactate infusion, up to 1000 cc

J7130 Hypertonic saline solution, 50 or 100 mEq, 20 cc vial

J7140 Prescription drug, oral, dispensed in physician's office

J7150 Prescription drug, oral chemotherapy for malignant disease

J7190 Factor VIII (antihemophilic factor (human)), per IU

J7192 Factor VIII (antihemophilic factor (recombinant)), per IU

J7194 Factor IX, complex, per IU

J7196 Other hemophilia clotting factors (e.g., antiinhibitors) per IU

J7197 Antithrombin III (human), per IU

J7300 Intrauterine copper contraceptive

Immunosuppressive Drugs (Includes Noninjectibles)

J7500 Azathioprine -- oral, tab, 50 mg, 100s ea

J7501 Azathioprine -- parenteral, vial, 100 mg, 20 ml ea

J7502 Cyclosporine -- oral, sol; 100 mg/ml, 50 ml, ea

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J7503 Cyclosporine -- parenteral, amp, IV, 250 mg, 5 ml, 10s ea UD

J7504 Lymphocyte immune globulin, antitymocyte globulin -- parenteral, amp, 50 mg/ml, 5 ml ea

J7505 Monoclonal antibodies -- parenteral, amp, 5 mg/5ml, 5 ml ea

J7506 Prednisone, any dosage, 100 tablets

J7507 Tacrolimus, oral, per 1 mg

J7508 Tacrolimus, oral, per 5 mg

J7610 Acetylcysteine, 10%, per ml, inhalation solution administered through DME

J7615 Acetylcysteine, 20%, per ml, inhalation solution administered through DME

J7620 Albuterol sulfate, 0.083%, per ml, inhalation solution administered through DME

J7625 Albuterol sulfate, 0.5%, per ml, inhalation solution administered through DME

J7627 Bitolterol mesylate, 0.2%, per 10 ml, inhalation solution administered through DME

J7630 Cromolyn sodium, per 20 mg, inhalation solution administered through DME

J7640 Epinephrine, 2.25%, per ml, inhalation solution administered through DME

J7645 Ipratropium bromide 0.02%, per ml, inhalation solution, administered through a DME

J7650 Isoetharine hydrochloride, 0.1%, per ml, inhalation solution administered through DME

J7651 Isoetharine hydrochloride, 0.125%, per ml, inhalation solution administered through DME

J7652 Isoetharine hydrochloride, 0.167%, per ml, inhalation solution administered through DME

J7653 Isoetharine hydrochloride, 0.2%, per ml, inhalation solution administered through DME

J7654 Isoetharine hydrochloride, 0.25%, per ml, inhalation solution administered through DME

J7655 Isoetharine hydrochloride, 1.0%, per ml, inhalation solution administered through DME

J7660 Isoproterenol hydrochloride, 0.5%, per ml, inhalation solution administered through DME

J7665 Isoproterenol hydrochloride, 1.0%, per ml, inhalation solution administered through DME

J7670 Metaproterenol sulfate, 0.4%, per 2.5 ml, inhalation solution administered through DME

J7672 Metaproterenol sulfate, 0.6%, per 2.5 ml, inhalation solution administered through DME

J7675 Metaproterenol sulfate, 5.0%, per ml, inhalation solution administered through DME

J7699 NOC drugs, inhalation solution administered through DME

J7799 NOC drugs, other than inhalation drugs administered through DME

J8499 Prescription drug, oral, nonchemotherapeutic, NOS

Chemotherapy Drugs -- Oral

J8530 Cyclophosphamide; oral, 25 mg

J8560 Etoposide; oral, 50 mg

J8600 Melphalan; oral, 2 mg

J8610 Methotrexate; oral, 2.5 mg

J8999 Prescription drug, oral, chemotherapeutic, NOS

Chemotherapy Drugs J9000-J9999

J9000 Doxorubicin HCl, 10 mg

J9010 Doxorubicin HCl, 50 mg

J9020 Asparaginase, 10,000 units

J9031 BCG (intravesical) per installation

J9040 Bleomycin sulfate, 15 units

J9045 Carboplatin, 50 mg

J9050 Carmustine, 100 mg

J9060 Cisplatin, powder or solution, per 10 mg

J9062 Cisplatin, 50 mg

J9065 Injection, cladribine, per 1 mg

J9070 Cyclophosphamide, 100 mg

J9080 Cyclophosphamide, 200 mg

J9090 Cyclophosphamide, 500 mg

J9091 Cyclophosphamide, 1.0 gm

J9092 Cyclophosphamide, 2.0 gm

J9093 Cyclophosphamide, lyophilized, 100 mg

J9094 Cyclophosphamide, lyophilized, 200 mg

J9095 Cyclophosphamide, lyophilized, 500 mg

J9096 Cyclophosphamide, lyophilized, 1.0 gm

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J9097 Cyclophosphamide, lyophilized, 2.0 gm

J9100 Cytarabine, 100 mg

J9110 Cytarabine, 500 mg

J9120 Dactinomycin, 0.5 mg

J9130 Dacarbazine, 100 mg

J9140 Dacarbazine, 200 mg

J9150 Daunorubicin, hydrochloride, 10 mg

J9165 Diethylstilbestrol diphosphate, 250 mg

J9181 Etoposide, 10 mg

J9182 Etoposide, 100 mg

J9185 Fludarabine phosphate, 50 mg

J9190 Fluorouracil, 500 mg

J9200 Floxuridine, 500 mg

J9202 Goserelin acetate implant, per 3.6 mg

J9208 Ifosfomide, 1 gm

J9209 Mesna, 200 mg

J9211 Idarubicin hydrochloride, 5 mg

J9213 Interferon, alfa-2a, recombinant, 3 million units

J9214 Interferon, alfa-2b, recombinant, 1 million units

J9215 Interferon, alfa-n3 (human leukocyte derived), 250,000 IU

J9216 Interferon, gamma, 1-b, 3 million units

J9217 Leuprolide acetate (for depot suspension), 7.5 mg

J9218 Leuprolide acetate, per 1 mg

J9230 Mechlorethamine hydrochloride, (nitrogen mustard), 10 mg

J9245 Injection, melphalan hydrochloride, 50 mg

J9250 Methotrexate sodium, 5 mg

J9260 Methotrexate sodium, 50 mg

J9265 Paclitaxel, 30 mg

J9268 Pentostatin, per 10 mg

J9270 Plicamycin, 2.5 mg

J9280 Mitomycin, 5 mg

J9290 Mitomycin, 20 mg

J9291 Mitomycin, 40 mg

J9293 Injection, mitoxantrone hydrochloride, per 5 mg

J9295 Polyestradiol phosphate 40 mg

J9320 Streptozocin, 1 gm

J9340 Thiotepa, 15 mg

J9360 Vinblastine sulfate, 1 mg

J9370 Vincristine sulfate, 1 mg

J9375 Vincristine sulfate, 2 mg

J9380 Vincristine sulfate, 5 mg

J9999 Not other classified, antineoplastic drugs

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Ambulation Devices E0100-E0158

Canes

E0100 Cane, includes canes of all materials, adjustable or fixed, with tip

E0105 Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips

Crutches

E0110 Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips

E0111 Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips

E0112 Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips

E0113 Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip

E0114 Crutches underarm, aluminum, adjustable or fixed, pair, with pads, tips and handgrips

E0116 Crutch underarm, aluminum, adjustable or fixed, each, with pad, tip and handgrip

Walkers

E0130 Walker, rigid (pickup), adjustable or fixed height

E0135 Walker, folding (pickup), adjustable or fixed height

E0141 Walker, wheeled, without seat

E0142 Rigid walker, wheeled, with seat

E0143 Folding walker, wheeled, without seat

E0145 Walker, wheeled, with seat and crutch attachments

E0146 Walker, wheeled, with seat

E0147 Heavy duty, multiple breaking system, variable wheel resistance walker

E0153 Platform attachment, forearm crutch, each

E0154 Platform attachment, walker, each

E0155 Wheel attachment, rigid pickup walker

Attachments

E0156 Seat attachment, walker

E0157 Crutch attachment, walker, each

E0158 Leg extensions for a walker

Commodes and Accessories E0160-E0239

E0160 Sitz type bath or equipment, portable, used with or without commode

E0161 Sitz type bath or equipment, portable, used with or without commode, with faucet attachments

E0162 Sitz bath chair

E0163 Commode chair, stationary, with fixed arms

E0164 Commode chair, mobile, with fixed arms

E0165 Commode chair, stationary, with detachable arms

E0166 Commode chair, mobile, with detachable arms

E0167 Pail or pan for use with commode chair

E0175 Foot rest, for use with commode chair, each

E0176 Air pressure pad or cushion, nonpositioning

E0177 Water pressure pad or cushion, nonpositioning

E0178 Gel pressure pad or cushion, nonpositioning

E0179 Dry pressure pad or cushion, nonpositioning

Decubitus Care Equipment E0180-E0199

E0180 Pressure pad, alternating with pump

E0181 Pressure pad, alternating with pump, heavy duty

E0182 Pump for alternating pressure pad

E0184 Dry pressure mattress

E0185 Gel or gel-like pressure pad for mattress

E0186 Air pressure mattress

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E0187 Water pressure mattress

E0188 Synthetic sheepskin pad

E0189 Lambswool sheepskin pad, any size

E0191 Heel or elbow protector, each

E0192 Low pressure and positioning equalization pad

E0193 Powered air flotation bed (low air loss therapy)

E0194 Air-fluidized bed

E0196 Gel pressure mattress

E0197 Air pressure pad for mattress

E0198 Water pressure pad for mattress

E0199 Dry pressure pad for mattress

Heat/Cold Application E0200-E0239

E0200 Heat lamp, without stand (table model), includes bulb, or infrared element

E0202 Phototherapy (bilirubin) light with photometer

E0205 Heat lamp, with stand, includes bulb, or infrared element

E0210 Electric heat pad, standard

E0215 Electric heat pad, moist

E0220 Hot water bottle

E0225 Hydrocollator unit, includes pads

E0230 Ice cap or collar

E0235 Paraffin bath unit, portable

E0236 Pump for water circulating pad

E0237 Water circulating heat/cold pad with pump

E0238 Nonelectric heat pad, moist

E0239 Hydrocollator unit, portable

Bath and Toilet Aids E0241-E0249

E0241 Bath tub wall rail, each

E0242 Bath tub rail, floor base

E0243 Toilet rail, each

E0244 Raised toilet seat

E0245 Tub stool or bench

E0246 Transfer tub rail attachment

E0249 Pad for water circulating heat unit

Hospital Beds and Accessories E0250-E0326

E0250 Hospital bed, fixed height, with any type side rails, with mattress

E0251 Hospital bed, fixed height, with any type side rails, without mattress

E0255 Hospital bed, variable height, hi-lo, with any type side rails, with mattress

E0256 Hospital bed, variable height, hi-lo, with any type side rails, without mattress

E0260 Hospital bed, semielectric (head and foot adjustment), with any type side rails, with mattress

E0261 Hospital bed, semielectric (head and foot adjustment), with any type side rails, without mattress

E0265 Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress

E0266 Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress

E0270 Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress

E0271 Mattress, innerspring

E0272 Mattress, foam rubber

E0273 Bed board

E0274 Over-bed table

E0275 Bed pan, standard, metal or plastic

E0276 Bed pan, fracture, metal or plastic

E0277 Alternating pressure mattress

E0280 Bed cradle, any type

E0290 Hospital bed, fixed height, without side rails, with mattress

E0291 Hospital bed, fixed height, without side rails, without mattress

E0292 Hospital bed, variable height, hi-lo, without side rails, with mattress

E0293 Hospital bed, variable height, hi-lo, without side rails, without mattress

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E0294 Hospital bed, semielectric (head and foot adjustment), without side rails, with mattress

E0295 Hospital bed, semielectric (head and foot adjustment), without side rails, without mattress

E0296 Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress

E0297 Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress

Hospital Bed Accessories

E0305 Bed side rails, half length

E0310 Bed side rails, full length

E0315 Bed accessories: boards or tables, any type

E0325 Urinal; male, jug-type, any material

E0326 Urinal; female, jug-type, any material

E0350 Control unit for electronic bowel irrigation/evacuation system

E0352 Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system

Oxygen and Related Respiratory Equipment E0424-E0606

E0424 Stationary compressed gaseous oxygen system, rental; includes contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; 1 unit = 50 cubic feet

E0425 Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing. See also code E0424.

E0430 Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask and tubing

E0431 Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, and tubing

E0434 Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask and tubing

E0435 Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor

E0439 Stationary liquid oxygen system, rental; includes use of reservoir, contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; 1 unit = 10 lbs

E0440 Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing

E0441 Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic feet)

E0442 Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs)

E0443 Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems when no stationary gas or liquid system is used; 1 unit = 5 cubic feet)

E0444 Portable oxygen contents, liquid, per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 unit = 1 lb)

E0450 Volume ventilator; stationary or portable

E0452 Intermittent assist device with continuous positive airway pressure device (CPAP)

E0453 Therapeutic ventilator; suitable for use 12 hours or less per day

E0455 Oxygen tent, excluding croup or pediatric tents

E0457 Chest shell (cuirass)

E0459 Chest wrap

E0460 Negative pressure ventilator; portable or stationary

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E0462 Rocking bed with or without side rails

E0480 Percussor, electric or pneumatic, home model

IPPB Machines

E0500 IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source

Humidifiers/Nebulizers for Use with Oxygen IPPB Equipment, Compressors

E0550 Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery

E0555 Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter

E0560 Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery

E0565 Compressor, air power source for equipment which is not self-contained or cylinder driven

E0570 Nebulizer, with compressor

E0575 Nebulizer; ultrasonic

E0580 Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter

E0585 Nebulizer, with compressor and heater

Suction Pump/Room Vaporizers

E0600 Suction pump, home model, portable

E0601 Continuous airway pressure (CPAP) device

E0605 Vaporizer, room type

E0606 Postural drainage board

Monitoring Equipment E0607-E0615

E0607 Home blood glucose monitor

E0608 Apnea monitor

E0609 Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc)

Pacemaker Monitor

E0610 Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)

E0615 Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems

Patient Lifts E0621-E0635

E0621 Sling or seat, patient lift, canvas or nylon

E0625 Patient lift, kartop, bathroom or toilet

E0627 Seat lift mechanism incorporated into a combination lift-chair mechanism

E0628 Separate seat lift mechanism for use with patient owned furniture -- electric

E0629 Separate seat lift mechanism for use with patient owned furniture -- nonelectric

E0630 Patient lift, hydraulic, with seat or sling

E0635 Patient lift, electric with seat or sling

Pneumatic Compressor and Appliances E0650-E0670

E0650 Pneumatic compressor, nonsegmental home model

E0651 Pneumatic compressor, segmental home model without calibrated gradient pressure

E0652 Pneumatic compressor, segmental home model with calibrated gradient pressure

E0655 Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm

E0660 Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg

E0665 Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm

E0666 Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg

E0667 Segmental pneumatic appliance for use with pneumatic compressor, full leg

E0668 Segmental pneumatic appliance for use with pneumatic compressor, full arm

E0669 Segmental pneumatic appliance for use with pneumatic compressor, half leg

E0671 Segmental gradient pressure pneumatic appliance, full leg

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E0672 Segmental gradient pressure pneumatic appliance, full arm

E0673 Segmental gradient pressure pneumatic appliance, half leg

Ultraviolet Cabinet

E0690 Ultraviolet cabinet, appropriate for home use

Safety Equipment

E0700 Safety equipment (e.g., belt, harness or vest)

Restraints

E0710 Restraints, any type (body, chest, wrist or ankle)

Transcutaneous and/or Neuromuscular Electrical Nerve Stimulators TENS E0720-E0755

E0720 TENS, two lead, localized stimulation

E0730 TENS, four lead, larger area/multiple nerve stimulation

E0731 Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

E0740 Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer

E0744 Neuromuscular stimulator for scoliosis

E0745 Neuromuscular stimulator, electronic shock unit

E0746 Electromyography (EMG), biofeedback device

E0747 Osteogenesis stimulator (noninvasive)

E0748 Osteogenesis stimulator (non-invasive)

E0749 Osteogenesis stimulator (surgically implanted)

E0751 Implantable neurostimulator pulse generator or receiver

E0753 Implantable neurostimulator electrodes/leads

E0755 Electronic salivary reflex stimulator (intraoral/noninvasive)

Infusion Supplies E0776-E0791

E0776 IV pole

E0781 Ambulatory infusion pump, single or multiple channels, with administrative equipment, worn by the patient

E0782 Infusion pump, implantable, nonprogrammable

E0783 Infusion pump, implantable, programmable

E0791 Parenteral infusion pump, stationary, single or multi-channel

Traction Equipment E0840-E0948

Traction -- Cervical

E0840 Traction frame, attached to headboard, cervical traction

E0850 Traction stand, freestanding, cervical traction

Traction -- Overdoor

E0860 Traction equipment, overdoor, cervical

Traction -- Extremity

E0870 Traction frame, attached to footboard, extremity traction (e.g., Buck's)

E0880 Traction stand, freestanding, extremity traction (e.g., Buck's)

Traction -- Pelvic

E0890 Traction frame, attached to footboard, pelvic traction

E0900 Traction stand, freestanding, pelvic traction (e.g., Buck's)

Trapeze Equipment, Fracture Frame and Other Orthopedic Devices

E0910 Trapeze bars, aka Patient Helper, attached to bed, with grab bar

E0920 Fracture frame, attached to bed, includes weights

E0930 Fracture frame, freestanding, includes weights

E0935 Passive motion exercise device

E0940 Trapeze bar, freestanding, complete with grab bar

E0941 Gravity assisted traction device, any type

E0942 Cervical head harness/halter

E0943 Cervical pillow

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E0944 Pelvic belt/harness/boot

E0945 Extremity belt/harness

E0946 Fracture, frame, dual with cross bars, attached to bed (e.g., Balken, 4 poster)

E0947 Fracture frame, attachments for complex pelvic traction

E0948 Fracture frame, attachments for complex cervical traction

Wheelchairs E0950-E1298

Wheelchair Accessories

E0950 Tray

E0951 Loop heel, each

E0952 Loop toe, each

E0953 Pneumatic tire, each

E0954 Semipneumatic caster, each

E0958 Wheelchair attachment to convert any wheelchair to one arm drive

E0959 Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)

E0961 Brake extension, for wheelchair

E0962 1" cushion, for wheelchair

E0963 2" cushion, for wheelchair

E0964 3" cushion, for wheelchair

E0965 4" cushion, for wheelchair

E0966 Hook on head rest extension

E0967 Wheelchair hand rims with 8 vertical rubber tipped projections, pair

E0968 Commode seat, wheelchair

E0969 Narrowing device, wheelchair

E0970 No. 2 footplates, except for elevating leg rest

E0971 Anti-tipping device wheelchairs

E0972 Transfer board or device

E0973 Adjustable height detachable arms, desk or full length, wheelchair

E0974 "Grade-aid" (device to prevent rolling back on an incline) for wheelchair

E0975 Reinforced seat upholstery, wheelchair

E0976 Reinforced back, wheelchair, upholstery or other material

E0977 Wedge cushion, wheelchair

E0978 Belt, safety with airplane buckle, wheelchair

E0979 Belt, safety with velcro closure, wheelchair

E0980 Safety vest, wheelchair

E0990 Elevating leg rest, each

E0991 Upholstery seat

E0992 Solid seat insert

E0993 Back, upholstery

E0994 Arm rest, each

E0995 Calf rest, each

E0996 Tire, solid, each

E0997 Caster with a fork

E0998 Caster without fork

E0999 Pneumatic tire with wheel

E1000 Tire, pneumatic caster

E1001 Wheel, single

Rollabout Chair

E1031 Rollabout chair, any and all types with casters 5" or greater

Wheelchair -- Fully Reclining

E1050 Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests

E1060 Fully reclining wheelchair, detachable arms, desk or full-length, swing away detachable elevating legrests

E1065 Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo)

E1066 Battery charger

E1069 Deep cycle battery

E1070 Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest

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E1083 Hemiwheelchair, fixed full length arms, swing away detachable elevating leg rest

E1084 Hemiwheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests

E1085 Hemiwheelchair, fixed full length arms, swing away detachable foot rests

E1086 Hemiwheelchair detachable arms desk or full length, swing away detachable footrests

E1087 High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests

E1088 High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests

E1089 High strength lightweight wheelchair, fixed length arms, swing away detachable footrest

E1090 High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests

E1091 Youth wheelchair, any type

E1092 Wide heavy duty wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests

E1093 Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests

Wheelchair -- Semireclining

E1100 Semireclining wheelchair, fixed full length arms, swing away detachable elevating leg rests

E1110 Semireclining wheelchair, detachable arms (desk or full length) elevating leg rest

Wheelchair -- Standard

E1130 Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests

E1140 Wheelchair, detachable arms, desk or full length, swing away detachable footrests

E1150 Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests

E1160 Wheelchair, fixed full length arms, swing away detachable elevating legrests

Wheelchair -- Amputee

E1170 Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests

E1171 Amputee wheelchair, fixed full length arms, without footrests or legrest

E1172 Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest

E1180 Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests

E1190 Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests

E1195 Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests

E1200 Amputee wheelchair, fixed full length arms, swing away detachable footrest

Wheelchair -- Power

E1210 Motorized wheelchair, fixed full length arms, swing away detachable elevating leg rests

E1211 Motorized wheelchair, detachable arms desk or full length swing away, detachable elevating leg rest

E1212 Motorized wheelchair, fixed full length arms, swing away detachable foot rests

E1213 Motorized wheelchair, detachable arms desk or full length, swing away detachable foot rests

Wheelchair -- Special Size

E1220 Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification

E1221 Wheelchair with fixed arm, footrests

E1222 Wheelchair with fixed arm, elevating legrests

E1223 Wheelchair with detachable arms, footrests

E1224 Wheelchair with detachable arms, elevating legrests

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E1225 Semireclining back for customized wheelchair

E1226 Full reclining back for customized wheelchair

E1227 Special height arms for wheelchair

E1228 Special back height for wheelchair

E1230 Power-operated vehicle (three or four wheel nonhighway) specify brand name and model number

Wheelchair -- Lightweight

E1240 Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest

E1250 Lightweight wheelchair, fixed full length arms, swing away detachable footrest

E1260 Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest

E1270 Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests

Wheelchair -- Heavy Duty

E1280 Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests

E1285 Heavy duty wheelchair, fixed full length arms, swing away detachable footrest

E1290 Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest

E1295 Heavy duty wheelchair, fixed full length arms, elevating legrest

E1296 Special wheelchair seat height from floor

E1297 Special wheelchair seat depth, by upholstery

E1298 Special wheelchair seat depth and/or width, by construction

Whirlpool Equipment E1300-E1310

E1300 Whirlpool, portable (overtub type)

E1310 Whirlpool, nonportable (built-in type)

Repairs and Replacement Supplies

E1350 Repair or nonroutine service (e.g., breaking down sealed components) requiring the skill of a technician

Additional Oxygen Related Equipment E1351-E1406

E1353 Regulator

E1355 Stand/rack

E1372 Immersion external heater for nebulizer

E1375 Nebulizer portable with small compressor, with limited flow

E1377 Oxygen concentrator, high humidity system equiv. to 244 cu. ft.

E1378 Oxygen concentrator, high humidity system equiv. to 488 cu. ft.

E1379 Oxygen concentrator, high humidity system equiv. to 732 cu. ft.

E1380 Oxygen concentrator, high humidity system equiv. to 976 cu. ft.

E1381 Oxygen concentrator, high humidity system equiv. to 1220 cu. ft.

E1382 Oxygen concentrator, high humidity system equiv. to 1464 cu. ft.

E1383 Oxygen concentrator, high humidity system equiv. to 1708 cu. ft.

E1384 Oxygen concentrator, high humidity system equiv. to 1952 cu. ft.

E1385 Oxygen concentrator, high humidity system equiv. to over 1952 cu. ft.

E1399 Durable medical equipment, miscellaneous

E1400 Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85 percent or greater concentration

E1401 Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85 percent or greater concentration

E1402 Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85 percent or greater concentration

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E1403 Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85 percent or greater concentration

E1404 Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85 percent or greater concentration

E1405 Oxygen and water vapor enriching system with heated delivery

E1406 Oxygen and water vapor enriching system without heated delivery

Artificial Kidney Machines and Accessories E1510-E1702

E1510 Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, conc. container

E1520 Heparin infusion pump for dialysis

E1530 Air bubble detector for dialysis

E1540 Pressure alarm for dialysis

E1550 Bath conductivity meter for dialysis

E1560 Blood leak detector for dialysis

E1570 Adjustable chair, for ESRD patients

E1575 Transducer protectors/fluid barriers, any size, each

E1580 Unipuncture control system for dialysis

E1590 Hemodialysis machine

E1592 Automatic intermittent peritoneal dialysis system

E1594 Cycler dialysis machine for peritoneal dialysis

E1600 Delivery and/or installation charges for renal dialysis equipment

E1610 Reverse osmosis water purification system

E1615 Deionizer water purification system

E1620 Blood pump for dialysis

E1625 Water softening system

E1630 Reciprocating peritoneal dialysis system

E1632 Wearable artificial kidney

E1635 Compact (portable) travel hemodialyzer system

E1636 Sorbent cartridges, per case

E1640 Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient

E1699 Dialysis equipment, unspecified, by report

E1700 Jaw motion rehabilitation system

E1701 Replacement cushions for jaw motion rehabilitation system, package of 6

E1702 Replacement measuring scales for jaw motion rehabilitation system, package of 200

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Wheelchairs K0001-K0109

K0001 Standard Wheelchair

K0002 Standard hemi (low seat) wheelchair

K0003 Lightweight wheelchair

K0004 High-strength, lightweight wheelchair

K0005 Ultralightweight wheelchair

K0006 Heavy-duty wheelchair

K0007 Extra heavy-duty wheelchair

K0008 Custom manual wheelchair, base

K0009 Other manual wheelchair, base

K0010 Standard-weight frame, motorized, power wheelchair

K0011 Standard-weight frame motorized, power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking

K0012 Lightweight portable motorized, power wheelchair

K0013 Custom motorized, power wheelchair

K0014 Other motorized, power wheelchair base

K0015 Detachable, nonadjustable height armrest, each

K0016 Detachable, adjustable height armrest, complete assembly, each

K0017 Detachable, adjustable height armrest, base, each

K0018 Detachable, adjustable height armrest, upper portion each

K0019 Arm pad, each

K0020 Fixed, adjustable height armrest, pair

K0021 Anti-tipping device, each

K0022 Reinforced back upholstery

K0023 Solid back insert, planar back, single density foam, attached with straps

K0024 Solid back insert, planar back, single density form, with adjustable hook-on hardware

K0025 Hook-on headrest extension

K0026 Back upholstery for ultralightweight or high-strength lightweight wheelchair

K0027 Back upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair

K0028 Fully reclining back

K0029 Reinforced seat upholstery

K0030 Solid seat insert, planar seat, single density foam

K0031 Safety belt, pelvic strap

K0032 Seat upholstery for ultralightweight or high-strength lightweight wheelchair

K0033 Seat upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair

K0034 Heel loop, each

K0035 Heel loop with ankle strap, each

K0036 Toe loop, each

K0037 High mount flip-up footrest, each

K0038 Leg strap, each

K0039 Leg strap, H style, each

K0040 Adjustable angle footplate, each

K0041 Large size footplate, each

K0042 Standard size footplate, each

K0043 Foot rest, lower extension tube, each

K0044 Footrest, upper hanger bracket, each

K0045 Footrest, complete assembly

K0046 Elevating legrest, lower extension tube, each

K0047 Elevating legrest, upper hanger bracket, each

K0048 Elevating legrest, complete assembly

K0049 Calf pad, each

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K0050 Ratchet assembly

K0051 CAM release assembly, footrest or legrest, each

K0052 Swingaway, detachable footrests, each

K0053 Elevating footrests, articulating (telescoping), each

K0054 Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair

K0055 Seat depth of 15",17" or 18" for a high-strength, lightweight or ultralightweight wheelchair

K0056 Seat height less than 17" or less than or equal to 21" for a high-strength, lightweight or ultralightweight wheelchair

K0057 Seat width 19" or 20" for heavy-duty or extra heavy-duty chair

K0058 Seat depth 17" or 18" for motorized, power wheelchair

K0059 Plastic coated handrim, each

K0060 Steel handrim, each

K0061 Aluminum handrim, each

K0062 Handrim with 8-10 vertical or oblique projections, each

K0063 Handrim, with 12-16 vertical or oblique projections, each

K0064 Zero pressure tube

K0065 Spoke protectors

K0066 Solid tire, any size, each

K0067 Pneumatic tire, any size, each

K0068 Pneumatic tire tube, each

K0069 Rear wheel assembly, complete, with solid tire, spokes or molded, each

K0070 Rear wheel assembly, complete, with pneumatic tire, each

K0071 Front caster assembly, complete, with pneumatic tire, each

K0072 Front caster assembly, complete, with semipneumatic tire, each

K0073 Caster pin lock, each

K0074 Pneumatic caster tire, any size, each

K0075 Semipneumatic caster tire, any size, each

K0076 Solid caster tire, any size, each

K0077 Front caster assembly, complete, with solid tire, each

K0078 Pneumatic caster tire tube, each

K0079 Wheel lock extension, pair

K0080 Anti-rollback device, pair

K0081 Wheel lock assembly, complete, each

K0082 22 NF deep cycle lead acid battery, each

K0083 22 NF gel cell battery, each

K0084 Group 24 deep cycle lead acid battery, each

K0085 Group 24 gel cell battery, each

K0086 U-1 lead acid battery, each

K0087 U-1 gel cell battery, each

K0088 Battery charger, lead acid or gel cell

K0089 Battery charger, dual mode

K0090 Rear wheel tire for power wheelchair, any size, each

K0091 Rear wheel tire tube other than zero pressure for power wheelchair, any size, each

K0092 Rear wheel assembly for power wheelchair, complete each

K0093 Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each

K0094 Wheel tire for power base, any size, each

K0095 Wheel tire tube other than zero pressure for each base, any size, each

K0096 Wheel assembly for power base, complete, each

K0097 Wheel zero pressure tire tube (flat free insert) for power base, any size, each

K0098 Drive belt for power wheelchair

K0099 Front caster for power wheelchair

K0100 Amputee adapter, pari

K0101 One-arm drive attachment

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K0102 Crutch and cane holder

K0103 Transfer board, less than 25"

K0104 Cylinder tank carrier

K0105 IV hanger

K0106 Arm trough, each

K0107 Wheelchair tray

K0108 Other accessories

K0109 Customization of wheelchair base frame (options or accessories)

Infusion Pumps K0110-K0111

K0110 Supplies for maintenance of drug infusion catheter, per week

K0111 Supplies for external drug infusion pump, per cassette or bag

Spinal Orthotics K0112-K0117

K0112 Trunk support device, vest type, with inner frame, prefabricated

K0113 Trunk support device, vest type, without inner frame, prefabricated

K0114 Back support system for use with a wheelchair, with inner frame, prefabricated

K0115 Orthotic seating system, back module, posteriorlateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base

K0116 Orthotic seating system, combined back and seat module, custom fabricated for attachment to wheelchair base

K0117 Unlisted item, orthotic seating, back module

TENS K0118

K0118 TENS supplies -- one month supply for TENS, 2 lead

Recumbent Ankle Splints K0126-K0130

K0126 Replace soft interface material, multi-podus type splint

K0127 Replace soft interface material, ankle contracture splint

K0128 Replace soft interface material, foot drop splint

K0129 Ankle contracture splint

K0130 Foot drop splint, recumbent positioning device

Glucose Monitors K0131

K0131 Spring-powered device for lancet

Incontinence Supplies and Appliances K0132-K0139

K0132 Male external catheter with or without adhesive, with or without anti-reflux device, each

K0133 Intermittent urinary catheter, disposable, straight tip

K0134 Intermittent urinary catheter, disposable, coude (curved) tip

K0135 Intermittent urinary catheter, reusable, straight tip

K0136 Intermittent urinary catheter, reusable, coude (curved) tip

K0137 Skin barrier, liquid (spray, brush, etc.), per oz.

K0138 Skin barrier, paste, per oz.

K0139 Skin barrier, powder, per oz.

Administration of Inhalation Solution Through DME K0140-K0146

K0140 Acetylcysteine, compounded, per mg, inhalation solution administered through DME

K0141 Albuterol sulfate, compounded, per mg, inhalation solution administered through DME

K0142 Cromolyn sodium, compounded, per mg, inhalation solution administered through DME

K0143 Isoetharine hydrochloride, compounded, per mg, inhalation solution administered through DME

K0144 Isoprotherenol hydrochloride, compounded, per mg, inhalation solution administered through DME

K0145 Metaproterenol, compounded, per mg, inhalation solution administered through DME

K0146 Terbutaline, compounded, per mg, inhalation solution administered through DME

Enteral Nutrition Supply K0147

K0147 Gastrostomy tube, silicone with sliding ring

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Surgical Dressings K0152-K0154

K0152 Pastes, powders, granules, beads, contact layers

K0154 Wound pouch, each

Vision K0162

K0162 Progressive lens, each lens

Prosthesis K0163

K0163 Vacuum erection system

Tracheostomy Care Supplies K0164-K0165

K0164 Oropharyngeal suction catheter, each

K0165 Tracheostomy care kit for established tracheostomy

Nebulizers and Supplies K0168-K0182

K0168 Administration set, small volume nonfiltered pneumatic nebulizer, disposable

K0169 Small volume nonfiltered pneumatic nebulizer, disposable

K0170 Administration set, small volume nonfiltered pneumatic nebulizer, nondisposable

K0171 Administration set, small volume filtered pneumatic nebulizer

K0172 Large volume nebulizer, disposable, unfilled, used with aerosol compressor

K0173 Large volume nebulizer, disposable, prefilled, used with aerosol compressor

K0174 Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer

K0175 Corrugated tubing, disposable, used with large volume nebulizer, 100 feet

K0176 Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet

K0177 Water collection device, used with large volume nebulizer

K0178 Filter, disposable, used with aerosol compressor

K0179 Filter, nondisposable, used with aerosol compressor or ultrasonic generator

K0180 Aerosol mask, used with DME nebulizer

K0181 Dome and mouthpiece, used with small volume ultrasonic nebulizer

K0182 Water, distilled, used with large volume nebulizer, 1000 ml

Continuous Positive Airway Pressure (CPAP) Devices and Supplies K0183-K0194

K0183 Nasal application device, used with CPAP device

K0184 Nasal pillows/seals, replacement for nasal application device, pair

K0185 Headgear, used with CPAP device

K0186 Chin strap, used with CPAP device

K0187 Tubing, used with CPAP device

K0188 Filter, disposable, used with CPAP device

K0189 Filter, nondisposable, used with CPAP device

K0190 Canister, disposable, used with suction pump

K0191 Canister, nondisposable, used with suction pump

K0192 Tubing, used with suction pump

K0193 Continuous positive airway pressure device, with humidifier

K0194 Intermittent assist device with continuous positive airway pressure, with humidifier

Elevating Leg Rests K0195

K0195 Elevating leg rests, pair (for use with capped rental wheelchair base)

Alginate Dressing K0196-K0199

K0196 Alginate dressing, wound cover, pad size 16 sq. in. or less, each dressing

K0197 Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing

K0198 Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing

K0199 Alginate dressing, wound filler, per 6 inches

Composite Dressings K0203-K0205

K0203 Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing

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K0204 Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0205 Composite dressing, pad size more than 48 sq. in., with any adhesive border, each dressing

Contact Layer Dressings K0206-K0208

K0206 Contact layer, 16 sq. in. or less, each dressing

K0207 Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing

K0208 Contact layer, more than 48 sq. in., each dressing

Foam Dressings K0209-K0215

K0209 Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0210 Foam dressing, wound cover, pad size more than 16 but less than 48 sq. in., without adhesive border, each dressing

K0211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0212 Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0213 Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0214 Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0215 Foam dressing, wound filler, per gram

Nonimpregnated Gauze Dressings K0216-K0221

K0216 Gauze, nonimpregnated, pad size 16 sq. in. or less, without adhesive border, each dressing

K0217 Gauze, nonimpregnated, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0218 Gauze, nonimpregnated, pad size more than 48 sq. in., without adhesive border, each dressing

K0219 Gauze, nonimpregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0220 Gauze, nonimpregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0221 Gauze, nonimpregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing

Impregnated Gauze Dressings K0222-K0230

K0222 Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing

K0223 Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0224 Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing

K0228 Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing

K0229 Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0230 Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing

Hydrocolloid Dressings K0234-K0241

K0234 Hydrocolloid dressing, pad size 16 sq. in. or less, without adhesive border, each dressing

K0235 Hydrocolloid dressing, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0236 Hydrocolloid dressing, pad size more than 48 sq. in., without adhesive border, each dressing

K0237 Hydrocolloid dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0238 Hydrocolloid dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

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K0239 Hydrocolloid dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0240 Hydrocolloid dressing, wound filler, paste, per fluid ounce

K0241 Hydrocolloid dressing, wound filler, dry foam, per gram

Hydrogel Dressings K0242-K0249

K0242 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0243 Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0244 Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0245 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0246 Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0247 Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

K0248 Hydrogel dressing, wound filler, gel, per fluid ounce

K0249 Hydrogel dressing, wound filler, dry foam, per gram

Skin Sealants, Protectants, Moisturizers K0250

K0250 Skin sealants, protectants, moisturizers, any type, any size

Specialty Absorptive Dressings K0251-K0256

K0251 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing

K0252 Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing

K0253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing

K0254 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing

K0255 Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing

K0256 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing

Transparent Film Dressings K0257-K0259

K0257 Transparent film, 16 sq. in. or less, each dressing

K0258 Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing

K0259 Transparent film, more than 48 sq. in., each dressing

Miscellaneous Dressings, Supplies and Services K0260-K0285

K0260 Wound cleaners, any type, any size

K0261 Wound filler, not elsewhere classified, gel/paste, per fluid ounce

K0262 Wound filler, not elsewhere classified, dry form, per gram

K0263 Gauze, elastic, all types, per linear yard

K0264 Gauze, nonelastic, per linear yard

K0265 Tape, all types, per 18 square inches

K0266 Gauze, impregnated, other than water or normal saline, any width, per linear yard

K0267 Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each

K0268 Humidifier, used with CPAP device

K0269 Aerosol compressor, adjustable pressure, light duty for intermittent use

K0270 Ultrasonic generator with small volume ultrasonic nebulizer

K0271 Pouch, drainable; with faceplate attached; reusable; rubber or vinyl, each

K0272 Pouch, drainable; without faceplate attached; reusable; rubber or vvinyl, each

K0273 Pouch, urinary; with faceplate attached; reusable; rubber or vinyl, each

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K0274 Pouch, drainable; without faceplate attached; reusable; rubber or vinyl, each

K0275 Ostomy faceplate; convex; reusable; rubber or vinyl, each

K0276 Ostomy faceplate; convex; custom fitted reusable; rubber or vinyl, each

K0277 Skin barrier; solid 4x4 or equivalent, with built-in convexity, each

K0278 Skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each

K0279 Skin barrier; with flange (solid, flexible or accordion), with built-in convexity, extended wear, any size, each

K0280 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each

K0281 Lubricant, individual sterile packet, for insertion of urinary catheter, each

K0283 Saline solution, per 10 ml, metered dose dispenser, for use with inhalation drugs

K0284 External infusion pump, mechanical, reusable, for extended drug infusion

K0285 Repair of prosthetic device, labor component, per 15 minutes

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Orthotic Procedures L0100-L4380

Orthotic Devices -- Spinal L0100-L0982

Spinal -- Cervical L0100-L0200

L0100 Cervical, craniostenosis, helmet molded to patient model

L0110 Cervical, craniostenosis, helmet, nonmolded

L0120 Cervical, flexible, nonadjustable (foam collar)

L0130 Cervical, flexible, thermoplastic collar, molded to patient

L0140 Cervical, semirigid, adjustable (plastic collar)

L0150 Cervical, semirigid, adjustable molded chin cup (plastic coilar with mandibular/occipital piece)

L0160 Cervical, semirigid, wire frame occipital/mandibular support

L0170 Cervical, collar, molded to patient model

L0172 Cervical, collar, semirigid thermoplastic foam, two piece

L0174 Cervical, collar, semirigid, thermoplastic foam, two piece with thoracic extension

Multiple Post Collar

L0180 Cervical, multiple post collar, occipital/mandibular supports, adjustable

L0190 Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)

L0200 Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension

Spinal -- Thoracic L0210-L0220

L0210 Thoracic, rib belt, custom fitted

L0220 Thoracic, rib belt, custom fabricated

Spinal -- Thoracic-Lumbar-Sacral L0300-L0440

Flexible

L0300 Thoracic-lumbar-sacral-orthosis (TLSO), flexible (dorso-lumbar surgical support), custom fitted

L0310 TLSO, flexible, (dorso-lumbar surgical support), custom fabricated

L0315 TLSO, flexible dorso-lumbar surgical support, elastic type, with rigid posterior panel

L0317 TLSO, flexible dorso-lumbar surgical support, hyperextension, elastic type, with rigid posterior panel

Anterior-Posterior Control

L0320 TLSO, anterior-posterior control (Taylor type), with apron front

L0330 TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front

Anterior-Posterior-Lateral-Rotary Control

L0340 TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front

L0350 TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted

L0360 TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket molded to patient model

L0370 TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)

L0380 TLSO, anterior-posterior-lateral-rotary control, with extensions

L0390 TLSO, anterior-posterior-lateral control, molded to patient model

L0400 TLSO, anterior-posterior-lateral control, molded to patient model, with interface material

L0410 TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model

L0420 TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model, with interface material

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L0430 TLSO, anterior-posterior-lateral control, with interface material custom fitted

L0440 TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted

Spinal -- Lumbar-Sacral L0500-L0565

Flexible

L0500 Lumbar-sacral-orthosis (LSO), flexible, (lumbo-sacral surgical support), custom fitted

L0510 LSO, flexible (lumbo-sacral surgical support), custom fabricated

L0515 LSO, flexible, lumbo-sacral surgical support elastic type, with rigid posterior panel

Anterior-Posterior-Lateral Control

L0520 LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front

Anterior-Posterior Control

L0530 LSO, anterior-posterior control (Macausland type), with apron front

Lumbar Flexion

L0540 LSO, lumbar flexion (Williams flexion type)

L0550 LSO, anterior-posterior-lateral control, molded to patient model

L0560 LSO, anterior-posterior lateral control, molded to patient model, with interface material

L0565 LSO, anterior-posterior-lateral control, custom fitted

Spinal -- Sacroiliac L0600-L0620

Flexible

L0600 Sacroiliac, flexible (sacroiliac surgical support), custom fitted

L0610 Sacroiliac, flexible (sacroiliac surgical support), custom fabricated

Semirigid

L0620 Sacroiliac, semirigid (Goldthwaite, Osgood types), with apron front

Spinal -- Cervical-Thoracic-Lumbar-Sacral-Halo Procedure L0700-L0860

Anterior-Posterior-Lateral Control

L0700 Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)

L0710 CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material (Minerva type)

Halo Procedure

L0810 Halo procedure, cervical halo incorporated into jacket vest

L0820 Halo procedure, cervical halo incorporated into plaster body jacket

L0830 Halo procedure, cervical halo incorporated into Milwaukee type orthosis

L0860 Addition to halo procedures, magnetic resonance image compatible system

Spinal -- Torso Supports L0900-L0960

Ptosis Supports

L0900 Torso support, ptosis support, custom fitted

L0910 Torso support, ptosis support, custom fabricated

Pendulous Abdomen Supports

L0920 Torso support, pendulous abdomen support, custom fitted

L0930 Torso support, pendulous abdomen support, custom fabricated

Postsurgical Supports

L0940 Torso support, postsurgical support, custom fitted

L0950 Torso support, postsurgical support, custom fabricated

L0960 Torso support, postsurgical support, pads for post surgical support

Additions to Spinal Orthoses L0970-L0984

L0970 TLSO, corset front

L0972 LSO, corset front

L0974 TLSO, full corset

L0976 LSO, full corset

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L0978 Axillary crutch extension

L0980 Peroneal straps, pair

L0982 Stocking supporter grips, set of four (4)

L0984 Protective body sock, each

Orthotic Devices -- Scoliosis Procedures L1000-L1499

Scoliosis -- Cervical-Thoracic-Lumbar-Sacral (Milwaukee) L1000-L1199

L1000 Cervical-thoracic-lumbar-sacral orthosis (CTLSO)(Milwaukee), inclusive of furnishing initial orthosis, including model

Correction Pads

L1010 Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling

L1020 Addition to CTLSO or scoliosis orthosis, kyphosis pad

L1025 Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating

L1030 Addition to CTLSO or scoliosis orthosis, lumbar bolster pad

L1040 Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad

L1050 Addition to CTLSO or scoliosis orthosis, sternal pad

L1060 Addition to CTLSO or scoliosis orthosis, thoracic pad

L1070 Addition to CTLSO or scoliosis orthosis, trapezius sling

L1080 Addition to CTLSO or scoliosis orthosis, outrigger

L1085 Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions

L1090 Addition to CTLSO or scoliosis orthosis, lumbar sling

L1100 Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather

L1110 Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model

L1120 Addition to CTLSO, scoliosis orthosis, cover for upright, each

Scoliosis -- Thoracic-Lumbar-Sacral (low profile) L1200-L1290

L1200 Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only

L1210 Addition to TLSO (low profile), lateral thoracic extension

L1220 Addition to TLSO (low profile), anterior thoracic extension

L1230 Addition to TLSO (low profile), Milwaukee type superstructure

L1240 Addition to TLSO (low profile), lumbar derotation pad

L1250 Addition to TLSO (low profile), anterior asis pad

L1260 Addition to TLSO (low profile), anterior thoracic derotation pad

L1270 Addition to TLSO (low profile), abdominal pad

L1280 Addition to TLSO (low profile), rib gusset (elastic), each

L1290 Addition to TLSO (low profile), lateral trochanteric pad

Other Scoliosis Procedures L1300-L1499

L1300 Other scoliosis procedure, body jacket molded to patient model

L1310 Other scoliosis procedure, post-operative body jacket

L1499 Unlisted procedure for spinal orthosis

Thoracic -- Hip-Knee-Ankle L1500-L1520

L1500 Thoracic -- hip-knee-ankle orthosis (THKAO), mobility frame (Newington, Parapodium types)

L1510 THKAO, standing frame

L1520 THKAO, swivel walker

Orthotic Devices -- Lower Limb L1600-L2999

Lower Limb -- Hip L1600-L1686

Flexible

L1600 Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover

L1610 HO, abduction control of hip joints, flexible, Frejka cover only

L1620 HO, abduction control of hip joints, flexible, pavlik harness

L1630 HO, abduction control of hip joints, semi-flexible (von Rosen type)

L1640 HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs

L1650 HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfled type)

L1660 HO, abduction control of hip joints, static, plastic, custom fitted

L1680 HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type)

L1685 HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated

L1686 HO, abduction control of hip joint, postoperative hip abduction type, custom fitted

Lower Limb -- Legg Perthes L1700-L1755

L1700 Legg Perthes orthosis, Toronto type

L1710 Legg Perthes orthosis, Newington type

L1720 Legg Perthes orthosis, trilateral (Tachdijan type)

L1730 Legg Perthes orthosis, Scottish rite type

L1750 Legg Perthes orthosis, Legg Perthes sling (Sam Brown type)

L1755 Legg Perthes orthosis, Patten bottom type

Lower Limb -- Knee L1800-L1880

L1800 Knee orthosis (KO), elastic with stays

L1810 KO, elastic with joints

L1815 KO, elastic or other elastic type material with condylar pad(s)

L1820 KO, elastic with condylar pads and joints

L1825 KO, elastic knee cap

L1830 KO, immobilizer, canvas longitudinal

L1832 KO, adjustable knee joints, positional orthosis, rigid support, custom fitted

L1834 KO, without knee joint, rigid, molded to patient model

L1840 KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model

L1844 KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model

L1845 KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted

L1846 KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model

L1850 KO, Swedish type

L1855 KO, molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model

L1858 KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI)

L1860 KO, modification of supracondylar prosthetic socket, molded to patient model (SK)

L1870 KO, double upright, thigh and calf lacers, molded to patient model with knee joints

L1880 KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints

Lower Limb -- Ankle-Foot L1900-L1990

L1900 Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band

L1902 AFO, ankle gauntlet, custom fitted

L1904 AFO, molded ankle gauntlet, molded to patient model

L1906 AFO, multiligamentous ankle support

L1910 AFO, posterior, single bar, clasp attachment to shoe counter

L1920 AFO, single upright with static or adjustable stop (Phelps or Perlstein type)

L1930 AFO, custom fitted, plastic

L1940 AFO, molded to patient model, plastic

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L1945 AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)

L1950 AFO, spiral, molded to model patient model (IRM type), plastic

L1960 AFO, posterior solid ankle, molded to patient model, plastic

L1970 AFO, plastic molded to patient model, with ankle joint

L1980 AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis)

L1990 AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis)

Lower Limb -- Hip-Knee-Ankle-Foot (or any combination) L2000-L2192

L2000 Knee-ankle-foot-orthoses (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis)

L2010 KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint

L2020 KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis)

L2030 KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint

L2036 KAFO, full plastic, double upright, free knee, molded to patient model

L2037 KAFO, full plastic, single upright, free knee, molded to patient model

L2038 KAFO, full plastic, without knee joint, multi-axis ankle, molded to patient model (lively orthosis or equal)

Torsion Control

L2040 Hip-knee-ankle-foot orthosis (HKAFO) torsion control, bilateral rotation straps, pelvic band/belt

L2050 HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt

L2060 HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt

L2070 HKAFO, torsion control, unilateral rotation straps, pelvic band/belt

L2080 HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt

L2090 HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt

Fracture Orthoses

L2102 Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, plaster type casting material, molded to patient

L2104 AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, molded to patient

L2106 AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient

L2108 AFO, fracture orthosis, tibial fracture cast orthosis, molded to patient model

L2112 AFO, fracture orthosis, tibial fracture orthosis, soft custom fitted

L2114 AFO, fracture orthosis, tibial fracture orthosis, semi-rigid custom fitted

L2116 AFO, fracture orthosis, tibial fracture orthosis, rigid custom fitted

L2122 Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, plaster type casting material, molded to patient

L2124 KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient

L2126 KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient

L2128 KAFO, fracture orthosis, femoral fracture cast orthosis, molded to patient model

L2132 KAFO, fracture orthosis, femoral fracture cast orthosis, soft custom fitted

L2134 KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted

L2136 KAFO, fracture orthosis, femoral fracture cast orthosis, rigid custom fitted

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Additions to Fracture Orthosis

L2180 Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints

L2182 Addition to lower extremity fracture orthosis, drop lock knee joint

L2184 Addition to lower extremity fracture orthosis, limited motion knee joint

L2186 Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type

L2188 Addition to lower extremity fracture orthosis, quadrilateral brim

L2190 Addition to lower extremity fracture orthosis, waist belt

L2192 Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt

Additions to Lower Extremity Orthosis L2200-L2999

Additions -- Shoe-Ankle-Shin-Knee L2200-L2397

L2200 Addition to lower extremity, limited ankle motion, each joint

L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint

L2220 Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint

L2230 Addition to lower extremity, split flat caliper stirrups and plate attachment

L2240 Addition to lower extremity, round caliper and plate attachment

L2250 Addition to lower extremity, foot plate, molded to patient model, stirrup attachment

L2260 Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)

L2265 Addition to lower extremity, long tongue stirrup

L2270 Addition to lower extremity, varus/valgus correction ("t") strap, padded/lined or malleolus pad

L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined

L2280 Addition to lower extremity, molded inner boot

L2300 Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable

L2310 Addition to lower extremity, abduction bar-straight

L2320 Addition to lower extremity, nonmolded lacer

L2330 Addition to lower extremity, lacer molded to patient model

L2335 Addition to lower extremity, anterior swing band

L2340 Addition to lower extremity, pretibial shell, molded to patient model

L2350 Addition to lower extremity, prosthetic type (BK) socket, molded to patient model (used for "PTB", "AFO" orthoses)

L2360 Addition to lower extremity, extended steel shank

L2370 Addition to lower extremity, Patten bottom

L2375 Addition to lower extremity, torsion control, ankle joint and half solid stirrup

L2380 Addition to lower extremity, torsion control, straight knee joint, each joint

L2385 Addition to lower extremity, straight knee joint, heavy-duty, each joint

L2390 Addition to lower extremity, offset knee joint, each joint

L2395 Addition to lower extremity, offset knee joint, heavy-duty, each joint

L2397 Addition to lower extremity orthosis, suspension sleeve

Additions to Straight Knee or Offset Knee Joints L2400-L2492

L2405 Addition to knee joint, drop lock, each joint

L2415 Addition to knee joint, cam lock (Swiss, French, Bail types), each joint

L2425 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint

L2435 Addition to knee joint, polycentric joint, each joint

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L2492 Addition to knee joint, lift loop for drop lock ring

Additions -- Thigh/Weight Bearing L2500-L2550

Gluteal/Ischial Weight

L2500 Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring

L2510 Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model

L2520 Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted

L2525 Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model

L2526 Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted

L2530 Addition to lower extremity, thigh/weight bearing, lacer, nonmolded

L2540 Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model

L2550 Addition to lower extremity, thigh/weight bearing, high roll cuff

Additions -- Pelvic and Thoracic Control L2570-L2680

L2570 Addition to lower extremity, pelvic control, hip joint, Clevis type two position

L2580 Addition to lower extremity, pelvic control, pelvic sling

L2600 Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each

L2610 Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each

L2620 Addition to lower extremity, pelvic control, hip joint, heavy-duty, each

L2622 Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each

L2624 Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each

L2627 Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables

L2628 Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables

L2630 Addition to lower extremity, pelvic control, band and belt, unilateral

L2640 Addition to lower extremity, pelvic control, band and belt, bilateral

L2650 Addition to lower extremity, pelvic and thoracic control, gluteal pad, each

L2660 Addition to lower extremity, thoracic control, thoracic band

L2670 Addition to lower extremity, thoracic control, paraspinal uprights

L2680 Addition to lower extremity, thoracic control, lateral support uprights

Additions -- General L2750-L2850

L2750 Addition to lower extremity orthosis, plating chrome or nickel, per bar

L2760 Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)

L2770 Addition to lower extremity orthosis, any material, per bar or joint

L2780 Addition to lower extremity orthosis, non-corrosive finish, per bar

L2785 Addition to lower extremity orthosis, drop lock retainer, each

L2795 Addition to lower extremity orthosis, knee control, full kneecap

L2800 Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull

L2810 Addition to lower extremity orthosis, knee control, condylar pad

L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

L2830 Addition to lower extremity orthosis, soft interface for molded plastic, above knee section

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L2840 Addition to lower extremity orthosis, tibial length sock, fracture or equal, each

L2850 Addition to lower extremity orthosis, femoral length sock, fracture or equal, each

L2860 Addition to lower extremity joint, knee or ankle, concentric adjustable torsion-style mechanism, each

L2999 Unlisted procedures for lower extremity orthoses

Foot Orthopedic Shoes, Shoe Modifications, Transfers L3000-L3640

Foot L3000-L3170

Insert, Removable, Molded to Patient Model

L3000 Foot, insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each

L3001 Foot, insert, removable, molded to patient model, Spenco, each

L3002 Foot, insert, removable, molded to patient model, Plastazote or equal, each

L3003 Foot, insert, removable, molded to patient model, silicone gel, each

L3010 Foot, insert, removable, molded to patient model, longitudinal arch support, each

L3020 Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each

L3030 Foot, insert, removable, formed to patient foot, each

Arch Support, Removable, Premolded

L3040 Foot, arch support, removable, premolded, longitudinal, each

L3050 Foot, arch support, removable, premolded, metatarsal, each

L3060 Foot, arch support, removable, premolded, longitudinal/metatarsal, each

Arch Support, Nonremovable, Attached to Shoe

L3070 Foot, arch support, nonremovable attached to shoe, longitudinal, each

L3080 Foot, arch support, nonremovable attached to shoe, metatarsal, each

L3090 Foot, arch support, nonremovable attached to shoe, longitudinal/metatarsal, each

L3100 Hallus-valgus night dynamic splint

Abduction and Rotation Bars

L3140 Foot, abduction rotation bar, including shoes

L3150 Foot, abduction rotation bar, without shoe(s)

L3160 Foot, adjustable shoe-styled positioning device

L3170 Foot, plastic heel stabilizer

Orthopedic Footwear L3201-L3265

L3201 Orthopedic shoe, oxford with supinator or pronator, infant

L3202 Orthopedic shoe, oxford with supinator or pronator, child

L3203 Orthopedic shoe, oxford with supinator or pronator, junior

L3204 Orthopedic shoe, hightop with supinator or pronator, infant

L3206 Orthopedic shoe, hightop with supinator or pronator, child

L3207 Orthopedic shoe, hightop with supinator or pronator, junior

L3208 Surgical boot, each, infant

L3209 Surgical boot, each, child

L3211 Surgical boot, each, junior

L3212 Benesch boot, pair, infant

L3213 Benesch boot, pair, child

L3214 Benesch boot, pair, junior

L3215 Orthopedic footwear, ladies' shoes, oxford

L3216 Orthopedic footwear, ladies' shoes, depth inlay

L3217 Orthopedic footwear, ladies' shoes, hightop, depth inlay

L3218 Orthopedic footwear, ladies' surgical boot, each

L3219 Orthopedic footwear, men's shoes, oxford

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L3221 Orthopedic footwear, men's shoes, depth inlay

L3222 Orthopedic footwear, men's shoes, hightop, depth inlay

L3223 Orthopedic footwear, men's surgical boot, each

L3224 Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)

L3225 Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)

L3230 Orthopedic footwear, custom shoes, depth inlay

L3250 Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each

L3251 Foot, shoe molded to patient model, silicone shoe, each

L3252 Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each

L3253 Foot, molded shoe plastazote (or similar) custom fitted, each

L3254 Non-standard size or width

L3255 Non-standard size or length

L3257 Orthopedic footwear, additional charge for split size

L3260 Ambulatory surgical boot, each

L3265 Plastazote sandal, each

Shoe Modification L3300-L3595

Lifts

L3300 Lift, elevation, heel, tapered to metatarsals, per inch

L3310 Lift, elevation, heel and sole, neoprene, per inch

L3320 Lift, elevation, heel and sole, cork, per inch

L3330 Lift, elevation, metal extension (skate)

L3332 Lift, elevation, inside shoe, tapered, up to one-half inch

L3334 Lift, elevation, heel, per inch

Wedges

L3340 Heel wedge, SACH

L3350 Heel wedge

L3360 Sole wedge, outside sole

L3370 Sole wedge, between sole

L3380 Clubfoot wedge

L3390 Outflare wedge

L3400 Metatarsal bar wedge, rocker

L3410 Metatarsal bar wedge, between sole

L3420 Full sole and heel wedge, between sole

Heels

L3430 Heel, counter, plastic reinforced

L3440 Heel, counter, leather reinforced

L3450 Heel, SACH cushion type

L3455 Heel, new leather, standard

L3460 Heel, new rubber, standard

L3465 Heel, Thomas with wedge

L3470 Heel, Thomas extended to ball

L3480 Heel, pad and depression for spur

L3485 Heel, pad, removable for spur

Miscellaneous Shoe Additions

L3500 Miscellaneous shoe addition, insole, leather

L3510 Miscellaneous shoe addition, insole, rubber

L3520 Miscellaneous shoe addition, insole, felt covered with leather

L3530 Miscellaneous shoe addition, sole, half

L3540 Miscellaneous shoe addition, sole, full

L3550 Miscellaneous shoe addition, toe tap, standard

L3560 Miscellaneous shoe addition, toe tap, horseshoe

L3570 Miscellaneous shoe addition, special extension to instep (leather with eyelets)

L3580 Miscellaneous shoe addition, convert instep to velcro closure

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L3590 Miscellaneous shoe addition, convert firm shoe counter to soft counter

L3595 Miscellaneous shoe addition, march bar

Transfer or Replacement L3600-L3649

L3600 Transfer of an orthosis from one shoe to another, caliper plate, existing

L3610 Transfer of an orthosis from one shoe to another, caliper plate, new

L3620 Transfer of an orthosis from one shoe to another, solid stirrup, existing

L3630 Transfer of an orthosis from one shoe to another, solid stirrup, new

L3640 Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes

L3649 Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers

Orthotic Devices -- Upper Limb L3650-L3999

Upper Limb -- Shoulder L3650-L3670

L3650 Shoulder orthosis (SO), figure of "8" design abduction restrainer

L3660 SO, figure of "8" design abduction restrainer, canvas and webbing

L3670 SO, acromio/clavicular (canvas and webbing type)

Upper Limb -- Elbow L3700-L3740

L3700 Elbow orthoses (EO), elastic with stays

L3710 EO, elastic with metal joints

L3720 EO, double upright with forearm/arm cuffs, free motion

L3730 EO, double upright with forearm/arm cuffs, extension/flexion assist

L3740 EO, double upright with forearm/arm cuffs, adjustable position lock with active control

Upper Limb -- Wrist-Hand-Finger L3800-L3954

L3800 Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments

L3805 WHFO, long opponens, no attachment

Additions

L3810 WHFO, addition to short and long opponens, thumb abduction ("C") bar

L3815 WHFO, addition to short and long opponens, second m.p. abduction assist

L3820 WHFO, addition to short and long opponens, i.p. extension assist, with m.p. extension stop

L3825 WHFO, addition to short and long opponens, m.p. extension stop

L3830 WHFO, addition to short and long opponens, m.p. extension assist

L3835 WHFO, addition to short and long opponens, m.p. spring extension assist

L3840 WHFO, addition to short and long opponens, spring swivel thumb

L3845 WHFO, addition to short and long opponens, thumb i.p. extension assist, with m.p. stop

L3850 WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist

L3855 WHFO, addition to short and long opponens, adjustable m.p. flexion control

L3860 WHFO, addition to short and long opponens, adjustable m.p. flexion control and i.p.

L3890 Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion-style mechanism, each

Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion, Finger Flexion/Extension

L3900 WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven

L3901 WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven

External Power

L3902 WHFO, external powered, compressed gas

L3904 WHFO, external powered, electric

Other Wrist-Hand-Finger Orthoses -- Custom Fitted

L3906 WHFO, wrist gauntlet, molded to patient model

L3907 WHFO, wrist gauntlet with thumb spica, molded to patient model

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L3908 WHFO, wrist extension control cock-up, nonmolded

L3910 WHFO, Swanson design

L3912 WHFO, flexion glove with elastic finger control

L3914 WHFO, wrist extension cock-up

L3916 WHFO, wrist extension cock-up, with outrigger

L3918 WHFO, knuckle bender

L3920 WHFO, knuckle bender, with outrigger

L3922 WHFO, knuckle bender, two segment to flex joints

L3924 WHFO, Oppenheimer

L3926 WHFO, Thomas suspension

L3928 WHFO, finger extension, with clock spring

L3930 WHFO, finger extension, with wrist support

L3932 WHFO, safety pin, spring wire

L3934 WHFO, safety pin, modified

L3936 WHFO, Palmer

L3938 WHFO, dorsal wrist

L3940 WHFO, dorsal wrist, with outrigger attachment

L3942 WHFO, reverse knuckle bender

L3944 WHFO, reverse knuckle bender, with outrigger

L3946 WHFO, composite elastic

L3948 WHFO, finger knuckle bender

L3950 WHFO, combination Oppenheimer, with knuckle bender and two attachments

L3952 WHFO, combination Oppenheimer, with reverse knuckle and two attachments

L3954 WHFO, spreading hand

Upper Limb -- Shoulder-Elbow-Wrist-Hand L3960-L3974

Abduction Positioning -- Custom Fitted

L3960 Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design

L3962 SEWHO, abduction positioning, Erbs palsy design

L3963 SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint

L3964 SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, adjustable

L3965 SEWHO-radial arm support, attached to wheelchair, balanced and fitted to patient, adjustable Rancho type

L3966 SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient reclining

L3968 SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, friction arm support (friction dampening to proximal and distal joints)

L3969 SEWHO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke-type arm suspension support

Additions to Mobile Arm Supports

L3970 SEWHO, addition to mobile arm support, elevating proximal arm

L3972 SEWHO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control

L3974 SEWHO, addition to mobile arm support, supinator

Upper Limb -- Fracture Orthoses L3980-L3995

L3980 Upper extremity fracture orthosis, humeral

L3982 Upper extremity fracture orthosis, radius/ulnar

L3984 Upper extremity fracture orthosis, wrist

L3985 Upper extremity fracture orthosis, forearm, hand with wrist hinge

L3986 Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (e.g., Colles fracture)

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L3995 Addition to upper extremity orthosis, sock, fracture or equal, each

L3999 Unlisted procedures for upper limb orthosis

Specific Repair L4000-L4130

L4000 Replace girdle for Milwaukee orthosis

L4010 Replace trilateral socket brim

L4020 Replace quadrilateral socket brim, molded to patient model

L4030 Replace quadrilateral socket brim, custom fitted

L4040 Replace molded thigh lacer

L4045 Replace nonmolded thigh lacer

L4050 Replace molded calf lacer

L4055 Replace nonmolded calf lacer

L4060 Replace high roll cuff

L4070 Replace proximal and distal upright for KAFO

L4080 Replace metal bands KAFO, proximal thigh

L4090 Replace metal bands KAFO-AFO, calf or distal thigh

L4100 Replace leather cuff KAFO, proximal thigh

L4110 Replace leather cuff KAFO-AFO, calf or distal thigh

L4130 Replace pretibial shell

Repairs L4200-L4210

L4200 Repair of orthotic device, hourly rate

L4210 Repair of orthotic device, repair or replace minor parts

Ancillary Orthotic Services L4310-L4880

L4310 Multipodus or equal orthotic preparatory management system for lower extremities

L4320 Addition to AFO, multipodus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner with soft interface for AFO, with velcro closure, custom fitted

L4350 Pneumatic ankle control splint (e.g., aircast)

L4360 Pneumatic walking splint (e.g., aircast)

L4370 Pneumatic full leg splint (e.g., aircast)

L4380 Pneumatic knee splint (e.g., aircast)

Prosthetic Procedures L5000-L9999

Lower Limb L5000-L5999

Lower Limb -- Partial Foot L5000-L5020

L5000 Partial foot, shoe insert with longitudinal arch, toe filler

L5010 Partial foot, molded socket, ankle height, with toe filler

L5020 Partial foot, molded socket, tibial tubercle height, with toe filler

Lower Limb -- Ankle L5050-L5060

L5050 Ankle, Symes, molded socket, SACH foot

L5060 Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot

Lower Limb -- Below Knee L5100-L5105

L5100 Below knee, molded socket, shin, SACH foot

L5105 Below knee, plastic socket, joints and thigh lacer, SACH foot

Lower Limb -- Knee Disarticulation L5150-L5160

L5150 Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot

L5160 Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot

Lower Limb -- Above Knee L5200-L5230

L5200 Above knee, molded socket, single axis constant friction knee, shin, SACH foot

L5210 Above knee, short prosthesis, no knee joint ("Stubbies"), with foot blocks, no ankle joints, each

L5220 Above knee, short prosthesis, no knee joint ("Stubbies"), with articulated ankle/foot, dynamically aligned, each

L5230 Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot

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Lower Limb -- Hip Disarticulation L5250-L5270

L5250 Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot

L5270 Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot

Lower Limb -- Hemipelvectomy L5280

L5280 Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot

Lower Limb -- Endoskeletal-Below Knee L5300

L5300 Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing

Lower Limb -- Endoskeletal-Knee Disarticulation L5310

L5310 Knee disarticulation (or through knee), molded socket, SACH foot endoskeletal system, including soft cover and finishing

Lower Limb -- Endoskeletal-Above Knee L5320

L5320 Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee, including soft cover and finishing

Lower Limb -- Endoskeletal-Hip Disarticulation L5330

L5330 Hip disarticulation, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

Lower Limb -- Endoskeletal-Hemipelvectomy L5340

L5340 Hemipelvectomy, Canadian type; molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing

Immediate-Early-Initial-Preparatory Procedures L5400-L5600

Immediate Postsurgical or Early Fitting Procedures L5400-L5460

L5400 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee

L5410 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment

L5420 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation

L5430 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment

L5450 Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee

L5460 Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee

Initial Prosthesis L5500-L5505

L5500 Initial, below knee -- "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, direct formed

L5505 Initial, above knee -- Knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, SACH foot plaster socket, direct formed

Preparatory Prosthesis L5510-L5595

L5510 Preparatory, below knee -- "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, molded to model

L5520 Preparatory, below knee -- "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, Thermoplastic or equal, direct formed

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L5530 Preparatory, below knee -- "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, Thermoplastic or equal, molded to model

L5535 Preparatory, below knee -- "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, prefabricated, adjustable open end socket

L5540 Preparatory, below knee -- "PTB" type socket, "USMC" or equal pylon, no cover, SACH foot, laminated socket, molded to model

L5560 Preparatory, above knee -- knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, SACH foot, plaster socket, molded to model

L5570 Preparatory, above knee -- knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, SACH foot, Thermoplastic or equal, direct formed

L5580 Preparatory, above knee -- knee disarticulation ischial level socket, "USMC" or equal pylon, no cover, SACH foot, Thermoplastic or equal, molded to model

L5590 Preparatory, above knee -- knee disarticulation ischial level socket, "USMC" or equal pylon no cover, SACH foot, laminated socket, molded to model

L5595 Preparatory, hip disarticulation -- hemipelvectomy, pylon, no cover, SACH foot, Thermoplastic or equal, molded to patient model

L5600 Preparatory, hip disarticulation -- hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model

Additions to Lower Extremity L5610-L5749

L5610 Addition to lower extremity, above knee, hydracadence system

L5611 Addition to lower extremity, above knee -- knee disarticulation, 4-bar linkage, with friction swing phase control

L5613 Addition to lower extremity, above knee -- knee disarticulation, 4-bar linkage, with hydraulic swing phase control

L5614 Addition to lower extremity, above knee -- knee disarticulation, 4-bar linkage, with pneumatic swing phase control

L5616 Addition to lower extremity, above knee -- universal multiplex system, friction swing phase control

Additions -- Test Sockets L5618-L5629

L5618 Addition to lower extremity, test socket, Symes

L5620 Addition to lower extremity, test socket, below knee

L5622 Addition to lower extremity, test socket, knee disarticulation

L5624 Addition to lower extremity, test socket, above knee

L5626 Addition to lower extremity, test socket, hip disarticulation

L5628 Addition to lower extremity, test socket, hemipelvectomy

L5629 Addition to lower extremity, below knee, acrylic socket

Additions -- Socket Variations L5630-L5653

L5630 Addition to lower extremity, Symes type, expandable wall socket

L5631 Addition to lower extremity, above knee or knee disarticulation, acrylic socket

L5632 Addition to lower extremity, Symes type,"PTB" brim design socket

L5634 Addition to lower extremity, Symes type, posterior opening (Canadian) socket

L5636 Addition to lower extremity, Symes type, medial opening socket

L5637 Addition to lower extremity, below knee, total contact

L5638 Addition to lower extremity, below knee, leather socket

L5639 Addition to lower extremity, below knee, wood socket

L5640 Addition to lower extremity, knee disarticulation, leather socket

L5642 Addition to lower extremity, above knee, leather socket

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L5643 Addition to lower extremity, hip disarticulation, flexible inner socket, external frame

L5644 Addition to lower extremity, above knee, wood socket

L5645 Addition to lower extremity, below knee, flexible inner socket, external frame

L5646 Addition to lower extremity, below knee, air cushion socket

L5647 Addition to lower extremity, below knee suction socket

L5648 Addition to lower extremity, above knee, air cushion socket

L5649 Addition to lower extremity, ischial containment/narrow M-L socket

L5650 Additions to lower extremity, total contact, above knee or knee disarticulation socket

L5651 Addition to lower extremity, above knee, flexible inner socket, external frame

L5652 Addition to lower extremity, suction suspension, above knee or knee disarticulation socket

L5653 Addition to lower extremity, knee disarticulation, expandable wall socket

Additions -- Socket Insert and Suspension L5654-L5699

L5654 Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5655 Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5656 Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5658 Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)

L5660 Addition to lower extremity, socket insert, Symes, silicon gel or equal

L5661 Addition to lower extremity, socket insert, multi-durometer Symes

L5662 Addition to lower extremity, socket insert, below knee, silicone gel or equal

L5663 Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal

L5664 Addition to lower extremity, socket insert, above knee, silicone gel or equal

L5665 Addition to lower extremity, socket insert, multi-durometer, below knee

L5666 Addition to lower extremity, below knee, cuff suspension

L5667 Addition to lower extremity, below knee/above knee, socket insert, suction suspension with locking mechanism

L5668 Addition to lower extremity, below knee, molded distal cushion

L5669 Addition to lower extremity, below knee/above knee, socket insert, suction suspension without locking mechanism

L5670 Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)

L5672 Addition to lower extremity, below knee, removable medial brim suspension

L5674 Addition to lower extremity, below knee, latex sleeve suspension or equal, each

L5675 Addition to lower extremity, below knee, latex sleeve suspension or equal, heavy-duty, each

L5676 Additions to lower extremity, below knee, knee joints, single axis, pair

L5677 Additions to lower extremity, below knee, knee joints, polycentric, pair

L5678 Additions to lower extremity, below knee, joint covers, pair

L5680 Addition to lower extremity, below knee, thigh lacer, non-molded

L5682 Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded

L5684 Addition to lower extremity, below knee, fork strap

L5686 Addition to lower extremity, below knee, back check (extension control)

L5688 Addition to lower extremity, below knee, waist belt, webbing

L5690 Addition to lower extremity, below knee, waist belt, padded and lined

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L5692 Addition to lower extremity, above knee, pelvic control belt, light

L5694 Addition to lower extremity, above knee, pelvic control belt, padded and lined

L5695 Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each

L5696 Addition to lower extremity, above knee or knee disarticulation, pelvic joint

L5697 Addition to lower extremity, above knee or knee disarticulation, pelvic band

L5698 Addition to lower extremity, above knee or knee disarticulation, Silesian bandage

L5699 All lower extremity prostheses, shoulder harness

Additions -- Feet-Ankle Units L5700-L5709

L5700 Replacement, socket, below knee, molded to patient model

L5701 Replacement, socket, above knee -- knee disarticulation, including attachment plate, molded to patient model

L5702 Replacement, socket, hip disarticulation, including hip joint, molded to patient model

L5704 Replacement, custom-shaped protective cover, below knee

L5705 Replacement, custom-shaped protective cover, above knee

L5706 Replacement, custom-shaped protective cover, knee disarticulation

L5707 Replacement, custom-shaped protective cover, hip disarticulation

Additions -- Knee-Shin System L5710-L5999

Exoskeletal L5710-L5780

L5710 Addition, exoskeletal knee-shin system, single axis, manual lock

L5711 Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material

L5712 Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)

L5714 Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control

L5716 Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock

L5718 Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control

L5722 Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control

L5724 Addition, exoskeletal knee-shin system, single axis, fluid swing phase control

L5726 Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control

L5728 Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control

L5780 Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control

Component Modification

L5785 Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)

L5790 Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)

L5795 Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

Endoskeletal L5810-L5996

L5810 Addition endoskeletal knee-shin system, single axis, manual lock

L5811 Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material

L5812 Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)

L5816 Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock

L5818 Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control

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L5822 Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control

L5824 Addition, endoskeletal knee-shin system, single axis, fluid swing phase control

L5828 Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control

L5830 Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control

L5840 Addition, endoskeletal knee-shin system, multiaxial, pneumatic swing phase control

L5850 Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist

L5855 Addition endoskeletal system, hip disarticulation, mechanical hip extension assist

L5910 Addition, endoskeletal system, below knee, alignable system

L5920 Addition, endoskeletal system, above knee or hip disarticulation, alignable system

L5925 Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual

L5940 Addition, endoskeletal system, below knee, ultralight material (titanium, carbon fiber or equal)

L5950 Addition, endoskeletal system, above knee, ultralight material (titanium, carbon fiber or equal)

L5960 Addition, endoskeletal system, hip disarticulation, ultralight material (titanium, carbon fiber or equal)

L5962 Addition, endoskeletal system, below knee, flexible protective outer surface covering system

L5964 Addition, endoskeletal system, above knee, flexible protective outer surface covering system

L5966 Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system

L5970 All lower extremity prostheses, foot, external keel, SACH foot

L5972 All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic, or equal)

L5974 All lower extremity prostheses, foot, single axis ankle/foot

L5976 All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)

L5978 All lower extremity prostheses, foot, multiaxial ankle/foot

L5979 All lower extremity prostheses, multiaxial ankle/foot, dynamic response

L5980 All lower extremity prostheses, Flex Foot system

L5981 All lower extremity prostheses, flex-walk system or equal

L5982 All exoskeletal lower extremity prostheses, axial rotation unit

L5984 All endoskeletal lower extremity prostheses, axial rotation unit

L5986 All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)

L5999 Unlisted procedures for lower extremity prosthesis

Upper Limb L6000-L7499

Upper Limb -- Partial Hand L6000-L6020

L6000 Partial hand, Robin-aids, thumb remaining (or equal)

L6010 Partial hand, Robin-aids,little and/or ring finger remaining (or equal)

L6020 Partial hand, Robin-aids, no finger remaining (or equal)

Upper Limb -- Wrist Disarticulation L6050-L6055

L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad

L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad

Upper Limb -- Below Elbow L6100-L6130

L6100 Below elbow, molded socket, flexible elbow hinge, triceps pad

L6110 Below elbow, molded socket (Muenster or Northwestern suspension types)

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L6120 Below elbow, molded double wall split socket, step-up hinges, half cuff

L6130 Below elbow, molded double wall split socket, stump activated locking hinge, half cuff

Upper Limb -- Elbow Disarticulation L6200-L6205

L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm

L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm

Upper Limb -- Above Elbow L6250

L6250 Above elbow, molded double wall socket, internal locking elbow, forearm

Upper Limb -- Shoulder Disarticulation L6300-L6320

L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

L6310 Shoulder disarticulation, passive restoration (complete prosthesis)

L6320 Shoulder disarticulation, passive restoration (shoulder cap only)

Upper Limb -- Interscapular Thoracic L6350-L6370

L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

L6360 Interscapular thoracic, passive restoration (complete prosthesis)

L6370 Interscapular thoracic, passive restoration (shoulder cap only)

Upper Limb -- Immediate and Early Postsurgical Procedures L6380-L6388

L6380 Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components and one cast change, wrist disarticulation or below elbow

L6382 Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and once cast change, elbow disarticulation or above elbow

L6384 Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components and one cast change, shoulder disarticulation or interscapular thoracic

L6386 Immediate postsurgical or early fitting, each additional cast change and realignment

L6388 Immediate postsurgical or early fitting, application of rigid dressing only

Upper Limb -- Endoskeletal-Below Elbow L6400

L6400 Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Upper Limb -- Endoskeletal-Elbow Disarticulation L6450

L6450 Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Upper Limb -- Endoskeletal-Above Elbow L6500

L6500 Above elbow,molded socket, endoskeletal system, including soft prosthetic tissue shaping

Upper Limb -- Endoskeletal-Shoulder Disarticulation L6550

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

Upper Limb -- Endoskeletal-Interscapular Thoracic L6570-L6590

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6580 Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model

L6582 Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover direct formed

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L6584 Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

L6586 Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed

L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model

L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed

Additions -- Upper Limb L6600-L6992

L6600 Upper extremity additions, polycentric hinge, pair

L6605 Upper extremity additions, single pivot hinge, pair

L6610 Upper extremity additions, flexible metal hinge, pair

L6615 Upper extremity addition, disconnect locking wrist unit

L6616 Upper extremity addition, additional disconnect insert for locking wrist unit, each

L6620 Upper extremity addition, flexion-friction wrist unit

L6623 Upper extremity addition, spring assisted rotational wrist unit with latch release

L6625 Upper extremity addition, rotation wrist unit with cable lock

L6628 Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal

L6629 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal

L6630 Upper extremity addition, stainless steel, any wrist

L6632 Upper extremity addition, latex suspension sleeve, each

L6635 Upper extremity addition, lift assist for elbow

L6637 Upper extremity addition, nudge control elbow lock

L6640 Upper extremity additions, shoulder abduction joint, pair

L6641 Upper extremity addition, excursion amplifier, pulley type

L6642 Upper extremity addition, excursion amplifier, lever type

L6645 Upper extremity addition, shoulder flexion-abduction joint, each

L6650 Upper extremity addition, shoulder universal joint, each

L6655 Upper extremity addition, standard control cable, extra

L6660 Upper extremity addition, heavy duty control cable

L6665 Upper extremity addition, teflon, or equal, cable lining

L6670 Upper extremity addition, hook to hand, cable adapter

L6672 Upper extremity addition, harness, chest or shoulder, saddle type

L6675 Upper extremity addition, harness, figure of eight type, for single control

L6676 Upper extremity addition, harness, figure of eight type, for dual control

L6680 Upper extremity addition, test socket, wrist disarticulation or below elbow

L6682 Upper extremity addition, test socket, elbow disarticulation or above elbow

L6684 Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic

L6686 Upper extremity addition, suction socket

L6687 Upper extremity addition, frame type socket, below elbow or wrist disarticulation

L6688 Upper extremity addition, frame type socket, above elbow or elbow disarticulation

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L6689 Upper extremity addition, frame type socket, shoulder disarticulation

L6690 Upper extremity addition, frame type socket, interscapular-thoracic

L6691 Upper extremity addition, removable insert, each

L6692 Upper extremity addition, silicone gel insert or equal, each

Terminal Devices L6700-L6880

Hooks

L6700 Terminal device, hook, Dorrance, or equal, model #3

L6705 Terminal device, hook, Dorrance, or equal, model #5

L6710 Terminal device, hook, Dorrance, or equal, model #5x

L6715 Terminal device, hook, Dorrance, or equal, model #5xa

L6720 Terminal device, hook, Dorrance, or equal, model #6

L6725 Terminal device, hook, Dorrance, or equal, model #7

L6730 Terminal device, hook, Dorrance, or equal, model #7lo

L6735 Terminal device, hook, Dorrance, or equal, model #8

L6740 Terminal device, hook, Dorrance, or equal, model #8x

L6745 Terminal device, hook, Dorrance, or equal, model #88x

L6750 Terminal device, hook, Dorrance, or equal, model #10p

L6755 Terminal device, hook, Dorrance, or equal, model #10x

L6765 Terminal device, hook, Dorrance, or equal, model #12p

L6770 Terminal device, hook, Dorrance, or equal, model #99x

L6775 Terminal device, hook, Dorrance, or equal, model #555

L6780 Terminal device, hook, Dorrance, or equal, model #SS555

L6790 Terminal device, hook -- Accu hook, or equal

L6795 Terminal device, hook -- 2 load, or equal

L6800 Terminal device, hook -- aprl VC, or equal

L6805 Terminal device, modifier wrist flexion unit

L6806 Terminal device, hook, TRS grip, VC

L6807 Terminal device, hook, TRS Adept, child, VC

L6808 Terminal device, hook, TRS Adept, infant, VC

L6809 Terminal device, hook, TRS Super sport, passive

L6810 Terminal device, pincher tool, Otto Bock or equal

Hands

L6825 Terminal device, hand, Dorrance, VO

L6830 Terminal device, hand, Aprl, VC

L6835 Terminal device, hand, Sierra, VO

L6840 Terminal device, hand, Becker imperial

L6845 Terminal device, hand, Becker lock grip

L6850 Terminal device, hand, Becker plylite

L6855 Terminal device, hand, Robin-aids, VO

L6860 Terminal device, hand, Robin-aids, VO soft

L6865 Terminal device, hand, passive hand

L6867 Terminal device, hand, Detroit infant hand (mechanical)

L6868 Terminal device, hand, passive infant hand (Steeper, Hosmer or equal)

L6870 Terminal device, hand, child mitt

L6872 Terminal device, hand, NYU child hand

L6873 Terminal device, hand, mechanical infant hand, Steeper or equal

L6875 Terminal device, hand, Bock, VC

L6880 Terminal device, hand, Bock, VO

Gloves for Above Hands

L6890 Terminal device, glove for above hands, production glove

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L6895 Terminal device, glove for above hands, custom glove

Hand Restoration L6900-L6915

L6900 Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining

L6905 Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining

L6910 Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining

L6915 Hand restoration (shading, and measurements included), replacement glove for above

External Power -- Base Devices L6920-L6975

L6920 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device

L6925 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6930 Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6935 Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6940 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6945 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6950 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6955 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6960 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6965 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6970 Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow,forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6975 Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

External Power -- Terminal Devices L7010-L7040

L7010 Electronic hand, Otto Bock, Steeper or equal, switch controlled

L7015 Electronic hand, System Teknik, Variety Village or equal, switch controlled

L7020 Electronic hand Greifer, Otto Bock or equal, switch controlled

L7025 Electronic hand, Otto Bock or equal, myoelectronically controlled

L7030 Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled

L7035 Electronic hand Greifer, Otto Bock or equal, myoelectronically controlled

L7040 Prehensile actuator, Hosmer or equal, switch controlled

L7045 Electronic hook, child, Michigan or equal, switch controlled

External Power -- Elbow L7160-L7191

L7160 Electronic elbow, Boston or equal, switch controlled

L7165 Electronic elbow, Boston or equal, myoelectronically controlled

L7170 Electronic elbow, Hosmer or equal, switch controlled

L7180 Electronic elbow, Utah or equal, myoelectronically controlled

L7185 Electronic elbow, adolescent, Variety Village or equal, switch controlled

L7186 Electronic elbow, child, Variety Village or equal, switch controlled

L7190 Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled

L7191 Electronic elbow, child, Variety Village or equal, myoelectronically controlled

External Power -- Control Modules L7260-L7274

L7260 Electronic wrist rotator, Otto Bock or equal

L7261 Electronic wrist rotator, for Utah arm

L7266 Servo control, Steeper or equal

L7272 Analogue control, UNB or equal

L7274 Proportional control, 12 volt, Utah or equal

External Power -- Battery Components L7360-L7499

L7360 Six volt battery, Otto Bock or equal, each

L7362 Battery charger, six-volt, Otto Bock or equal

L7364 Twelve volt battery, Utah or equal, each

L7366 Battery charger, twelve-volt, Utah or equal

L7499 Unlisted procedures for upper extremity prosthesis

Repairs L7500-L7510

L7500 Repair of prosthetic device, hourly rate (excludes repair of oral or laryngeal prosthesis or artificial larynx)

L7510 Repair of prosthetic device, repair or replace minor parts (excludes repair of oral or laryngeal prosthesis or artificial larynx)

General -- Breast Prostheses L8000-L8030

L8000 Breast prosthesis, mastectomy bra

L8010 Breast prosthesis, mastectomy sleeve

L8020 Breast prosthesis, mastectomy form

L8030 Breast prosthesis, silicone or equal

General -- Elastic Supports L8100-L8230

L8100 Elastic support, elastic stocking, below knee, medium weight, each

L8110 Elastic support, elastic stocking, below knee, heavy weight, each

L8120 Elastic support, elastic stocking, below knee, surgical weight (Linton type or equal), each

L8130 Elastic support, elastic stocking, above knee, medium weight, each

L8140 Elastic support, elastic stocking, above knee, heavy weight, each

L8150 Elastic support, elastic stocking, above knee, surgical weight (Linton type or equal), each

L8160 Elastic support, elastic stocking, full length, medium weight, each

L8170 Elastic support, elastic stocking, full length, heavy weight, each

L8180 Elastic support, elastic stocking, full length, heavy surgical weight (Linton type or equal), each

L8190 Elastic support, elastic stocking, leotards, medium weight, each

L8200 Elastic support, elastic stocking, leotards, surgical weight (Linton type), each

L8210 Elastic support, elastic stocking, custom made

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L8220 Elastic support, elastic stocking, lymphedema

L8230 Elastic support, elastic stocking, garter belt

General -- Trusses L8300-L8330

L8300 Truss, single with standard pad

L8310 Truss, double with standard pads

L8320 Truss, addition to standard pad, water pad

L8330 Truss, addition to standard pad, scrotal pad

Prosthetic Socks L8400-L8499

L8400 Prosthetic sheath, below knee, each

L8410 Prosthetic sheath, above knee, each

L8415 Prosthetic sheath, upper limb, each

L8420 Prosthetic sock, wool, below knee, each

L8430 Prosthetic sock, wool, above knee, each

L8435 Prosthetic sock, wool, upper limb, each

L8440 Prosthetic shrinker, below knee, each

L8460 Prosthetic shrinker, above knee, each

L8465 Prosthetic shrinker, upper limb, each

L8470 Stump sock, single ply, fitting, below knee, each

L8480 Stump sock, single ply, fitting, above knee, each

L8485 Stump sock, single ply, fitting, upper limb, each

L8490 Addition to prosthetic sheath/sock, air seal suction retention system

L8499 Unlisted procedure for miscellaneous prosthetic services

Prosthetic Implants L8500-L8605

L8500 Artificial larynx, any type

L8501 Tracheostomy speaking valve

Integumentary System

L8600 Implantable breast prosthesis, silicone or equal

L8603 Collagen implant, urinary tract, per 2.5 cc syringe, includes shipping and necessary supplies

L8605 Tissue expander

Head (Skull, Facial Bones and Temporomandibular Joint)

L8610 Ocular

L8611 Orbit

L8612 Aqueous shunt

L8613 Ossicula

L8614 Cochlear device/system

L8615 Temporomandibular joint

L8616 Maxilla

L8617 Mandible

L8618 Palate

Upper Extremity

L8620 Radial head

L8621 Distal humerus

L8622 Proximal ulna/radius

L8623 Distal ulna

L8624 Distal radius

L8625 Trapezium

L8626 Wrist

L8627 Lunate

L8628 Carpus

L8629 Scaphoid

L8630 Metacarpophalangeal joint

Lower Extremity (Joint: Knee, Ankle, Toe)

L8640 Patella

L8641 Metatarsal joint

L8642 Hallux implant

Miscellaneous Muscular -- Skeletal

L8655 Flexor tendon in hand or finger

L8656 Extensor tendon in hand or finger

L8657 Tendon other than hand or finger

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L8658 Interphalangeal joint

Cardiovascular System

L8670 Vascular graft material, synthetic

Genital

L8680 Biliary stent, endoprosthesis (permanent)

L8690 Testicle

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