



Florida Medicaid

AMBULATORY SURGICAL CENTER SERVICES COVERAGE AND LIMITATIONS HANDBOOK

Agency for Health Care Administration

January 2012

UPDATE LOG

AMBULATORY SURGICAL CENTER SERVICES COVERAGE AND LIMITATIONS HANDBOOK

How to Use the Update Log

Introduction

The current Medicaid provider handbooks are posted on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks. Changes to a handbook are issued as handbook updates. An update can be a change, addition, or correction to policy. An update will be issued as a completely revised handbook.

It is very important that the provider read the updated material in the handbook. It is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

Explanation of the Update Log

Providers can use the update log to determine if they have received all the updates to the handbook.

Update describes the change that was made.

Effective Date is the date that the update is effective.

Instructions

When a handbook is updated, the provider will be notified by a notice. The notification instructs the provider to obtain the updated handbook from the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

Providers who are unable to obtain an updated handbook from the Web site may request a paper copy from the Medicaid fiscal agent's Provider Support Contact Center at 1-800-289-7799.

UPDATE	EFFECTIVE DATE
Revised Handbook	April 2000
Revised Pages	January 2001
Revised Pages	January 2002
Revised Handbook	January 2004
Revision to Appendix A	December 2004
Replace Appendix A	January 2005
Replace Appendix A	July 2005
Replace Appendix A	January 2006
Revised Handbook	January 2012

AMBULATORY SURGICAL CENTER SERVICES COVERAGE AND LIMITATIONS HANDBOOK

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INTRODUCTION TO THE HANDBOOK

Overview

Introduction

This chapter introduces the format used for the Florida Medicaid handbooks and tells the reader how to use the handbooks.

Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid Program.
- Coverage and Limitations Handbooks explain covered services, their limits, who is eligible to receive them, and the fee schedules.
- Reimbursement Handbooks describe how to complete and file claims for reimbursement from Medicaid.

All Florida Medicaid Handbooks may be accessed via the internet at: www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support and then Handbooks.

Exceptions: For Prescribed Drug services, the coverage and limitations handbook and the reimbursement handbook are combined into one.

Legal Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act;
- Title 42 of the Code of Federal Regulations;
- Chapter 409, Florida Statutes; and
- Chapter 59G, Florida Administrative Code.

The specific Federal Regulations, Florida Statutes, and the Florida Administrative Code, for each Medicaid service are cited for reference in each service-specific coverage and limitations handbook.

In this Chapter

This chapter contains:

TOPIC	PAGE
Handbook Use and Format	ii
Characteristics of the Handbook	iii
Handbook Updates	iii

Handbook Use and Format

Purpose	<p>The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.</p> <p>The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.</p>
Provider	<p>The term “provider” is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and provides services to Medicaid recipients and bills Medicaid for services.</p>
Recipient	<p>The term “recipient” is used to describe an individual who is eligible for Medicaid.</p>
General Handbook	<p>General information for providers regarding the Florida Medicaid program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources are included in the Florida Medicaid Provider General Handbook. This general handbook is distributed to all enrolled Medicaid providers and is updated as needed.</p>
Coverage and Limitations Handbook	<p>Each coverage and limitations handbook is named for the service it describes. A provider who provides more than one type of service will have more than one coverage and limitations handbook.</p>
Reimbursement Handbook	<p>Each reimbursement handbook is named for the claim form that it describes.</p>
Chapter Numbers	<p>The chapter number appears as the first digit before the page number at the bottom of each page.</p>
Page Numbers	<p>Pages are numbered consecutively throughout the handbook. Page numbers follow the chapter number at the bottom of each page.</p>
White Space	<p>The "white space" found throughout a handbook enhances readability and allows space for writing notes.</p>

Characteristics of the Handbook

Format	The format styles used in the handbooks represent a short and regular way of displaying difficult, technical material.
Information Block	Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Blocks are separated by horizontal lines. Each block is identified or named with a label.
Label	Labels or names are located in the left margin of each information block. They identify the content of the block in order to facilitate scanning and locating information quickly.
Note	Note is used most frequently to refer the user to important material located elsewhere in the handbook. Note also refers the user to other documents or policies contained in other handbooks.
Topic Roster	Each chapter contains a list of topics on the first page, which serves as a table of contents for the chapter, listing the subjects, and the page number where the subject can be found.

Handbook Updates

Update Log	The first page of each handbook will contain the update log. Every update will contain a new updated log page with the most recent update information added to the log. The provider can use the update log to determine if all updates to the current handbook have been received. Each update will be designated by an “Update” and the “Effective Date.”
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Handbook Updates, continued

How Changes Are Updated

The Medicaid handbooks will be updated as needed. Changes may consist of one of the following:

1. Replacement handbook—Major changes will result in the entire handbook being replaced with a new effective date throughout and it will be a clean copy.
 2. Revised handbook – Changes will be highlighted in yellow and will be incorporated within the appropriate chapter. These revisions will have an effective date that corresponds to the effective date of the revised handbook.
-

Effective Date of New Material

The month and year that the new material is effective will appear at the bottom of each page. The provider can check this date to ensure that the material being used is the most current and up to date.

Identifying New Information

New material will be identified by yellow highlighting. The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.

New Label and New Information Block

A new label and a new information block will be identified with yellow highlight to the entire section.

New Material in an Existing Information Block or Paragraph

New or changed material within an existing information block or paragraph will be identified by **yellow highlighting to the sentence and/or paragraph affected by the change.**

CHAPTER 1

AMBULATORY SURGICAL CENTER SERVICES COVERAGE AND LIMITATIONS HANDBOOK

Overview

Introduction

This chapter describes the purpose and characteristics of the ambulatory surgical center (ASC) program, provider qualifications, and enrollment.

Legal Authority

The federal authority governing this program is Title 42, Part 416, Code of Federal Regulations. The primary state authority is Part 1, Chapter 395, Florida Statutes (F.S.) and Chapter 59G-4.020, Florida Administrative Code (F.A.C.).

In this Chapter

This chapter contains:

TOPIC	PAGE
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Provider Qualifications	1-2
Provider Enrollment	1-2
Provider Responsibilities	1-3

Description and Purpose

Purpose

The purpose of the ASC program is to enable all Medicaid recipients to receive single day outpatient surgical services.

Definition of an ASC

An ASC is a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.

General Provider Qualifications

To enroll as a Medicaid provider, an ASC must meet the following criteria:

- Be a freestanding facility, not owned or operated by a hospital.
- Have an agreement with the Centers for Medicare and Medicaid Services (CMS) to participate in Medicare as an ASC.
- Be licensed by the Agency for Health Care Administration (AHCA) as an ASC under Chapter 395, Part I, F.S.

Provider Qualifications

Operational at the Time of Enrollment

An ASC must meet all the provider requirements and be fully operational before it can be enrolled as a Medicaid provider.

Provider Enrollment

Introduction

This section describes the Medicaid enrollment procedure for ambulatory surgical centers (ASCs). To obtain Medicaid reimbursement for ambulatory surgical center services, a licensed ASC must be enrolled in the Florida Medicaid program.

General Enrollment Requirements

ASCs must meet the general Medicaid provider enrollment requirements that are contained in Chapter 2 of the Florida Medicaid Provider General Handbook. In addition, ASCs must follow the specific enrollment requirements that are listed in this section.

Enrollment Procedures

An ASC provider may obtain an enrollment package from the Medicaid fiscal agent by writing or calling:

Florida Medicaid
Provider Enrollment
P.O. Box 7070
Tallahassee, Florida 32314-7070
[1-800-289-7799](tel:1-800-289-7799)

The enrollment forms are also available on the Medicaid fiscal agent's website at www.mymedicaid-florida.com. Click on Provider Support, then on Enrollment.

Once the provider has completed the enrollment package and enclosed all required attachments, including a signed Medicaid Provider Agreement, the entire enrollment package must be returned to the fiscal agent at the above address.

Note: See in the Florida Medicaid Provider General Handbook for additional information on enrollment requirements.

Provider Enrollment, continued

Reimbursement Rates

Medicaid Provider **Enrollment** obtains reimbursement rates for each applicant, forwards the rates to the Medicaid fiscal agent, and notifies the ASC of its completed enrollment.

Accuracy of Information

All statements or documents submitted to the **AHCA** or the Medicaid fiscal agent by the provider must be true and accurate. Filing of false information is sufficient cause for termination from participation or denial of an application for enrollment.

Criminal History Check

ASCs are exempt from submitting fingerprints and having a criminal history background check. **However, finger print screening is required as part of licensure.**

Provider Responsibilities

HIPAA

Florida Medicaid has implemented all of the requirements contained in the federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers, including their staff, contracted staff, and volunteers, must comply with HIPAA privacy requirements. Providers who meet the definition of a covered entity according to HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements. This coverage and limitations handbook contains information regarding changes in procedure codes mandated by HIPAA. The Florida Medicaid **p**rovider **r**eimbursement **h**andbooks contain the claims processing requirements for Florida Medicaid, including changes to comply with HIPAA.

Note: For more information regarding HIPAA privacy in Florida Medicaid, see the Florida Medicaid Provider General Handbook.

Note: For information regarding changes in EDI requirements for Florida Medicaid because of HIPAA, contact the Medicaid fiscal agent EDI help desk at **1-866-586-0961**.

CHAPTER 2

AMBULATORY SURGICAL CENTER SERVICES COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS

Overview

Introduction

This chapter describes services covered under the Florida Medicaid **ASC** program. It also describes limited or excluded services.

In this Chapter

This chapter contains:

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Covered Services, Limitations, and Exclusions

Covered Services

Medicaid covers most medically necessary procedures authorized by the Centers for Medicare and Medicaid Services (CMS) for performance in an **ASC** and published in the Federal Register. Procedures that are not covered under the Florida Medicaid Physician Services program are also not covered under the Florida Medicaid **ASC** services program. Florida Medicaid also covers certain dental procedures furnished in an ASC.

Covered Services, Limitations, and Exclusions, continued

Medically Necessary

Medicaid reimburses for services that are determined medically necessary and do not duplicate another provider's service.

Chapter 59G-1.010 (166), Florida Administrative Code defines medically necessary as follows:

"Medically necessary" or "medical necessity" means that the medical or allied care, goods, or services furnished or ordered must:

- (a) **Meet the following conditions:**
- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
 - Be individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
 - Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
 - **Be reflective of** the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
 - Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.
- (c) The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary **or a medical necessity** or a covered service.
-

Special Services for Children

As required by federal law, Florida Medicaid provides services to eligible children under 21 years old, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in Section 1905(a) of the Social Security Act, codified in 42 USC 1396d(a).

Services requested in excess of limitations described within this handbook or the associated fee schedule for children under the age of 21 may be approved, if medically necessary, through the prior authorization process described in the Medicaid Provider General Handbook.

Note: The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com. Select Public Information for Providers, then Provider Support, and then Provider Handbooks.

Covered Services, Limitations, and Exclusions, continued

Emergency Services

Covered services in ASCs are elective services and are **not** generally emergency or life-threatening in nature. However, should an emergency arise and the facility has no other option than to handle the critical situation on site, the services provided can be reimbursed by Medicaid. Such circumstances must be documented with medical records and operative reports. The documentation must be submitted with the ASC facility claim.

Definition of an Emergency

An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the health of a patient, including a pregnant woman or fetus, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Service Exclusions

The following services are not covered by the Medicaid ASC **p**rogram.

- Any procedure not listed in Appendix A of this handbook.
 - Surgical procedures incidental to the primary surgery. Such procedures are not separately reimbursable services. Incidental procedures are an integral component of a total service or procedure. Codes identified as “separate procedure” in the **most recent** Physician’s Current Procedural Terminology (CPT) code book, copyright by the American Medical Association, must not be reported in addition to the code for the total procedure or service of which it is considered an integral component.
 - All procedures in the 10000 through 69979 range referred to as “unlisted.” Unlisted codes end with any of these digits: 9, 99, 999, 9999. Their descriptor in the CPT code book begins with the words “Unlisted procedure”.
 - Office-based procedures for which the more elaborate facility services of an ASC are not required. These services do not require surgical facilities, a dedicated operating room, or room for post-operative recovery.
-

Recipient Eligibility for ASC Services

Who is Eligible for ASC Covered Services

Medicaid recipients of all ages are eligible for covered ASC services. There are coverage limitations for certain recipients that are addressed later in this chapter. Recipients may obtain any covered and medically necessary service in an ASC when ordered by a Medicaid-participating physician.

Authorization for Services to MediPass Recipients

ASC services to Medicaid recipients enrolled in MediPass must be authorized by the recipient's MediPass primary care physician prior to the delivery of the services. After services are approved, the ASC can proceed to furnish the services.

Note: See the Florida Medicaid Provider General Handbook for more information on MediPass coverage.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for information on entering the authorization number on the claim.

Definition of Surgery

Surgery is defined as incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, or manipulation. ASC surgery procedures covered by Medicaid must be in the code range listed in Appendix A, and meet the standards of surgery outlined in this handbook.

Scope of Facility Services

Ambulatory surgical facility services include the following:

- Nursing, technician, and related services.
- Use of the facilities where the surgical procedures are performed.
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment directly related to the provision of surgical procedures.
- Diagnostic or therapeutic services performed by the ASC on the day of the surgical service or items directly related to the provision of a surgical procedure.
- Administrative, recordkeeping, and housekeeping items and services.
- Materials for anesthesia.
- Standard Intra-ocular lenses (IOLS) less than \$150.

Medicaid reimbursement for the items and services noted above is included in the payment made to the facility for the surgical procedure performed. The level of payment is based on the payment group for the procedure.

Recipient Eligibility for ASC Services, continued

General Standards for Surgery

Covered surgical procedures for **ASCs** are procedures that:

- Are commonly performed on an **outpatient** basis in hospitals, but may be safely performed, consistent with accepted medical practice, in an ASC.
 - Are not commonly performed or cannot be safely performed in physicians' offices.
 - Require a dedicated operating room and generally require a post-operative recovery room or short-term (not overnight) convalescent room.
 - Are not otherwise excluded in this handbook.
-

Time Standard

Covered surgical procedures are limited to those that do not generally exceed the following:

- A total of **90** minutes operating time.
 - A total of **four** hours recovery or convalescent time.
-

Procedures Requiring Anesthesia

If the covered surgical procedure requires anesthesia, the anesthesia must be either of the following:

- Local or regional anesthesia;
 - Monitored anesthesia care; and
 - General anesthesia of **90 minutes or less duration**.
-

Specific Standards for Surgery

Medicaid does not cover surgical procedures performed in an ASC that:

- Generally result in extensive blood loss.
 - Require major or prolonged invasion of body cavities.
 - Directly involve major blood vessels.
 - Are generally emergency or life-threatening in nature.
-

Services Requiring Forms

Abortions

Federal regulations allow payment of abortions for specific reasons and require the physician to certify the reason for the abortion **by signing the Abortion Certification Form**. Medicaid reimburses for abortions for one of the following reasons:

- The woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed;
- **The pregnancy is the result of an act of rape;** or
- **The pregnancy is the result of an act of incest.**

The physician must record the reason for the abortion in the recipient's medical records for the recipient. Abortion procedures are reimbursed only for the following diagnoses: 635.00 through 635.92. These diagnosis codes require a fifth digit for reimbursement.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for a copy of the Abortion Certification Form and the instructions for completing the form.

Sterilizations

Covered sterilization procedures may be reimbursed by Medicaid under the following circumstances:

- The recipient must be at least 21 years old at the time the Sterilization Consent Form **is signed**.
- The recipient must be mentally competent and not institutionalized in a correctional, penal, or rehabilitative facility or a facility for mental diseases.
- A Florida Medicaid Sterilization Consent Form must be correctly completed at least 30 days but no more than 180 days prior to sterilization.

A copy of the form must be attached to the ASC facility claim form for reimbursement.

- Consent for sterilization must not be obtained during:
- Labor, childbirth, or an abortion.
- During a period of time when the recipient is under the influence of alcohol or other agents affecting awareness.

Failure to meet the above criteria or to properly complete the Sterilization Consent Form results in the denial of Medicaid reimbursement.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for a copy of the Sterilization Consent Form and instructions for completing the form.

Services Requiring Forms, continued

**Sterilizations
During
Premature
Delivery**

In the event of premature delivery, recipient written consent of sterilization must have been completed and signed at least.

- 30 days prior to the expected date of delivery; and
 - 72 hours prior to the sterilization.
-

**Sterilizations
During
Abdominal
Surgery**

In the event of emergency abdominal surgery, the recipient's written consent of sterilization must be completed and signed at least 72 hours prior to the sterilization procedure.

Colorectal Cancer Screening

**Screening
Colonoscopy for
High Risk
(G0105)**

Colorectal cancer screening, code G0105, is a covered ASC service. A screening colonoscopy may be paid when performed by a physician or osteopath for recipients at high risk for developing colorectal cancer.

A high-risk recipient is one who has the potential for colorectal cancer. Recipients who are at high risk are:

- Patients with a close relative who has had colorectal cancer or a family history of hereditary nonpolyposis colorectal cancer.
- Patients with a family history of familial adenomatous polyposis.
- Patients with a personal history of adenomatous polyps.
- Patients with a personal history of colorectal cancer.
- Patients with an inflammatory bowel disease.

If during the course of the screening colonoscopy, performed in the ASC, a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate procedure classified as a colonoscopy with biopsy (45380) or removal (45384, 45385) must be billed instead of code G0105.

**Diagnostic
Colonoscopy for
Non-High Risk
(G0121)**

Code G0121, colorectal screening for an individual not meeting criteria for being at high risk for developing cancer, is covered. One colorectal screening for non-high risk recipients is allowed once every 10 years.

If during the course of the screening colonoscopy, performed in the ASC, a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a colonoscopy with biopsy (45380) or removal (45384, 45385) must be billed instead of code G0121.

Dental Services in ASCs

Dental Treatment in an ASC

Medicaid will reimburse for dental treatment provided in an ASC. Any treatment provided in an ASC setting must be related to at least one of the following conditions:

- The recipient's health will be so jeopardized that the procedures cannot be performed safely in a dentist's office.
- The recipient is uncontrollable due to emotional instability or developmental disability and sedation has proven to be an ineffective intervention.

The necessity for dental treatment in an ASC must be clearly documented in the recipient's record.

Billing Dental Services (D9420)

The procedure code designated to bill dental treatment furnished in an ASC is code D9420 (Hospital Call). Code D9420 is all-inclusive and may only be used once per claim, per recipient encounter. Medicaid reimbursement for code D9420 is payment group 2.

Family Planning Waiver Services in ASCs

Covered ASC Services for Family Planning Waiver Recipients

The only ASC procedures that **are** covered by Medicaid for family planning waiver (**FPW**) recipients are outpatient sterilizations as described below.

Sterilization Procedures for Females

Medicaid reimburses ASCs for **the following FPW sterilization** procedure codes:

- 58670 Laparoscopy, surgical; with fulguration of oviducts and
- 58671 Laparoscopy, surgical; with occlusion of oviducts by device (e.g. band, clip, of Falope ring). (**58600, 58615, 58340, 58565**)

Claims for laparoscopies must be submitted with the appropriate family planning diagnosis code **V25.2 sterilization** and a Sterilization Consent Form.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for additional information on the Sterilization Consent Form.

CHAPTER 3 AMBULATORY SURGICAL CENTER SERVICES PROCEDURE CODES

Overview

Introduction

This chapter describes Medicaid reimbursement to **ASCs**, payment groups, billing requirements, and reimbursable procedures provided to eligible Medicaid recipients in an ASC.

In this Chapter

This chapter contains:

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Reimbursement for Ambulatory Surgery

Payment for Ambulatory Surgery

To encourage recipients and physicians to use less costly alternatives **for outpatient** hospital facilities for surgical procedures that may be safely and effectively performed on an ambulatory basis, Medicaid provides payment of a facility fee for services furnished by Medicare-certified ASCs in connection with designated covered surgical procedures.

Payment Groups

Payment Groups Each covered ASC surgical procedure is assigned a payment group.

Medicaid reimburses ASC services using the payment group rates below. The payment rates remain in effect until revised by Florida Medicaid.

Group Number	Medicaid Reimbursement
1	\$333
2	\$446
3	\$510
4	\$630
5	\$717
6	\$826
7	\$995
8	\$973
9	\$1,339
10	\$100
11	\$1,500
12	\$2,000
13	\$3,000
14	\$275

Payments for cataract removal includes an allowance of \$150 for a standard intraocular lens (IOL) blended into the rate. This does not preclude a recipient from selecting a Premium IOL and assuming financial responsibility for the difference between the Premium IOL cost and the \$150 intraocular lens (IOL) allowance.

Note: See Appendix A in this handbook for a list of covered procedures, effective dates(s), and their group designation.

Payment Groups, continued

What the Group Rate Covers

The payment group rate assigned to each surgical procedure performed in an ASC is complete reimbursement for that procedure and includes all the following items, supplies, and services. These services and items are not payable separately.

- Nursing services, services of technical personnel, and other related services.
- The use by the patient of the ASC's facilities.
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances and equipment.
- Diagnostic or therapeutic services performed by the ASC on the day of the surgical service.
- Administrative, record keeping, and housekeeping items and services.
- Blood, blood plasma, platelets, and its components.
- Materials for anesthesia.
- Standard Intraocular lenses (IOLs) less than \$150 or items directly related to the provision of a surgical procedure.

What the Group Rate Does Not Cover

The items and services noted below are not ASC facility services and are not included in the single group rate payment made to facilities for surgical services. These non-ASC services are covered and paid for under the applicable Medicaid program, e.g., physicians services rendered in an ASC are covered under the Medicaid Physician Services program.

- Physicians' services.
 - The sale, lease, or rental of durable medical equipment to ASC patients for use in their home.
 - Prosthetic devices, except IOLs.
 - Ambulance services.
 - Leg, arm, back, and neck braces.
 - Artificial legs, arms, and eyes.
 - Services furnished by an independent laboratory.
 - X-rays or diagnostic procedures not directly related to the performance of the surgical procedure.
-

Medicaid Payment on Medicare Crossover Claims

Dually-Eligible Medicare and Medicaid Recipients

Medicaid recipients who have Medicare as a primary pay or are referred to as dually-eligible recipients. ASC services to dually-eligible recipients require the ASC facility to submit claims for these services to Medicare first. Medicare pays the claim up to its program limits and “crosses” the claim over to Medicaid for payment of the deductible and coinsurance when applicable.

Crossover Reimbursement

On crossover claims, Medicaid pays the allowed charge, which is the group rate for the procedure minus the Medicare paid amount. If the resulting amount is negative after subtracting Medicare’s payment from the group rate, Medicaid will make no further payment and the claim will be denied. If the resulting amount is positive after subtracting Medicare’s payment, Medicaid will pay the deductible and coinsurance up to the billed or allowed amount, whichever is less.

Note: See Chapter 4 in the Florida Medicaid Provider General Handbook for additional information on crossover claims.

Valid Modifiers for ASCs Billing Medicaid

Definition of Modifier

A modifier is a two-digit code that is used with a procedure code to more fully describe the procedure performed so that accurate payment may be determined.

Modifier 50

Modifier 50 identifies a procedure that was performed bilaterally.

Unless otherwise identified in the CPT code book, bilateral procedures that are performed at the same operative session are identified by adding the modifier 50 to the appropriate five-digit code.

Modifier 73

Modifier 73 is used to identify an ASC service that was discontinued prior to the administration of anesthesia.

Due to extenuating circumstances or circumstances that threaten the well being of the patient, the physician may cancel an ASC surgical procedure subsequent to the patient’s surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed) prior to the administration of anesthesia (local, regional block, or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the modifier 73 to the surgical procedure.

Medicaid payment for a modifier 73 circumstance is 50 percent of the payment group rate for the intended procedure.

Valid Modifiers for ASCs Billing Medicaid, continued

Modifier 73,
continued

The elective cancellation of a procedure prior to the administration of anesthesia or surgical preparation of the patient should not be reported. No Medicaid payment will be made in this circumstance.

Modifier 74

Modifier 74 is utilized to identify an ASC service that was discontinued after the administration of anesthesia.

Due to extenuating circumstances or circumstances that threaten the well being of the patient, the physician in the ASC may terminate a surgical procedure after the administration of anesthesia (local, regional block, general) or after the procedure was started (incision made, intubation started, scope inserted, etc.). Under these circumstances, the procedure started but terminated can be reported by its usual procedure code and the addition of modifier 74.

Medicaid payment for modifier 74 circumstance is 100 percent of the payment group rate for the procedure.

The elective cancellation of a procedure prior to the administration of anesthesia or surgical preparation of the patient should not be reported. No Medicaid payment will be made for this circumstance.

Invalid Modifiers

Modifiers other than 50, 73, **and** 74 are not required for Medicaid billing. Any claim line with a modifier(s) other than those listed above may contribute to the denial of claim lines.

**Payment
Reduction for
Termination of
an IOL
Procedure**

Due to the blending of the \$150 **IOL** allowance with the payment group rate for insertion of a lens, the termination of an **IOL** procedure requires Medicaid to reduce the allowed payment for the terminated procedure by \$150 for the **IOLs** that was not inserted.

**Required
Documentation
of Terminated
Procedures**

Claims submitted to Medicaid for payment of terminated procedures must have an operative report attached to them. The operative report should contain the following information:

- Reason for termination of surgery.
 - Services actually performed.
-

Single and Multiple Procedure Billing

Single Procedure Billing

Medicaid payment for a single procedure performed in the ASC in one day is 100 percent of the payment group rate. It is billed on line 1 of the claim as follows:

Example: 42900

Single Bilateral Procedure Billing

Medicaid payment for a single bilateral procedure in one day is 150 percent of the payment group rate. It is billed on line 1 of the claim as follows:

Example: 69436-50

Medicaid Reimbursement for Multiple Procedure Billing

A claim with multiple procedures performed on a patient in an ASC on the same day is referred to as a multi-surgery claim. Medicaid reimbursement for multi-surgery claims is as follows:

- 100 percent of the payment group rate for the primary procedure on line 1;
 - 50 percent of the payment group rate for the secondary procedure on line 2;
 - 25 percent of the payment group rate for the tertiary procedure on line 3; and
 - 25 percent of the payment group rate for procedures on all subsequent lines.
-

Completing a Claim for Multiple Procedure Billing

To complete a claim for multiple ASC procedures performed on the same day for the same patient:

- Enter the primary procedure (procedure with the highest payment) on the 1st line of the claim.
- Enter the secondary procedure (procedure with the second highest payment) on the 2nd claim line.
- Enter the tertiary procedure (procedure with the third highest payment) on the 3rd line, etc.

Example: Line 1: 59100
Line 2: 45915
Line 3: 43248

If the multiple procedures all belong to the same payment group, it does not matter in which order the codes are entered on the claim.

Single and Multiple Procedure Billing, continued

**Multi-Surgery
with Bilateral as
Primary**

Complete a multi-surgery claim with a bilateral procedure as primary and all the other procedures to be billed in the same payment group as follows:

Example: Line 1: 30903-50
Line 2: 30801
Line 3: 30120

Of all three procedures in the **example**, the bilateral procedure (30903-50) is on line 1 of the claim because it **has** the highest payment. Because it is on line 1, it will be paid the full 150 percent of the rate for that payment group.

**Multi-Surgery
with Bilateral as
Secondary**

Complete a multi-surgery claim with the primary procedure **that has** the highest payment **on line 1 of the claim** and the bilateral procedure **with** the next highest payment group as follows:

Example: Line 1: 30130
Line 2: 30903-50
Line 3: 30801

Payments of bilateral procedures identified with modifier 50 are paid at 150 percent of the procedure's payment group rate. However, in this **example**, because the bilateral procedure is on line 2 and line 2 is always reimbursed at 50 percent of the payment group rate, payment for this bilateral procedure on line 2 will be 50 percent of 150 percent of the payment group rate.

If bilateral 30903-50 were entered on line 3 of the claim, payment would be made at 25 percent of 150 percent of the payment group rate, because line 3 is always reimbursed at 25 percent of the payment group rate.

**Documentation
Requirement
(67901 - 67911)**

For claims with procedure codes 67901 through 67911, there must be appropriate medical documentation in the patient medical record on the reason(s) for these services. This applies to the codes in this range whether they are billed singly or in multiples for the same date of service.

These procedures must be performed for medically-necessary reasons only. Medicaid cannot reimburse these procedures if they are rendered for cosmetic reasons. **Procedures performed for cosmetic reasons are subject to recoupment.**

APPENDIX A
Ambulatory Surgical Center Codes and Groups Effective
September 1, 2011

APPENDIX A		
Ambulatory Surgical Center Codes and Groups Effective September 1, 2011		
Code	Description	ASC Group
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	4
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	5
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	10
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	10
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRAC	10
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	10
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	10
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	14
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	4
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	4
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	4
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED E	6
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	1
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	6
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH S	6
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH C	6
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH S	6
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH C	6
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINE	6
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINE	6
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	1
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED`	4
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	4
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GEN	6
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS,	4

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Code	Description	ASC Group
	EYELIDS, NOSE, LI	
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LI	6
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	6
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	6
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	6
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	6
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	11
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	6
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	10
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	10
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENIT	10
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	10
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	10
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	10
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/	10
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	10
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	10
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	10
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUD	10
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	10
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	10
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	10
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	10
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS	10

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Code	Description	ASC Group
	AND/OR MUCOUS ME	
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	10
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	10
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	10
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN AD	10
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	10
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	10
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LI	10
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	10
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	10
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, H	10
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS	10
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	10
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	10
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR L	10
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	6
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	4
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0	4
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	4
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT	4
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	4
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, N	4
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	4
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	4
14301	SKIN TISSUE REARRANGE ADD_ON	6
14302	SKIN TISSUE REARRANGE ADD_ON	6
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT	6

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Code	Description	ASC Group
	SITE	
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	10
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	10
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	10
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUN	10
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTH	10
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR O	6
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	6
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PER	10
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH	10
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENIT	10
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENIT	10
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	6
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	6
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCEN	4
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADD	4
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	4
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALI	4
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR L	10
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM	10
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100	10
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	10
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	10
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EAR	10

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Code	Description	ASC Group
15170	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS, FIRST 100 SQ CM	10
15171	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS, ADDITIONAL 100 SQ CM	10
15175	ACELLULAR DERMAL REPLACEMENT, FACE SCALP, EYELIDS, NECK, EARS, FIRST 100 SQ CM	10
15176	ACELLULAR DERMAL REPLACEMENT, FACE SCALP, EYELIDS, NECK, EARS, ADDITIONAL 100 SQ CM	10
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK;	4
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK;	4
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	4
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	10
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	4
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEA	10
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	4
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, E	4
15300	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ	10
15301	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIO	10
15320	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NE	10
15321	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NE	10
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR	10
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, O	10
15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	10
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS	10
15340	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS, FIRST 100 SQ CM OR LESS	10
15341	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS, FIRST 100 SQ CM OR MORE	10
15360	TISSUE CULTURED ALLOGENEIC DERMAL, TRUNK, ARMS, LEGS, FIRST 100 SQ CM OR LESS	10
15361	TISSUE CULTURED ALLOGENEIC DERMAL, TRUNK, ARMS, LEGS, FIRST 100 SQ CM OR MORE	10

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Code	Description	ASC Group
15365	TISSUE CULTURED ALLOGENEIC DERMAL, FACE, SCALP, NECK, FIRST 100 SQ CM OR LESS	10
15366	TISSUE CULTURED ALLOGENEIC DERMAL, FACE, SCALP, NECK, FIRST 100 SQ CM OR LESS	10
15400	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; TRUNK, ARMS, LEGS; F	10
15401	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE; EACH ADDITIONAL 100	10
15420	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	10
15421	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS,	10
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BOD	10
15431	ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	10
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	6
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS	6
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, C	6
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NO	6
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	6
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, O	6
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEE	6
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	6
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKIN	6
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP	6
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALI	6
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	6
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	6
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	6
15740	FLAP; ISLAND PEDICLE	4
15750	FLAP; NEUROVASCULAR PEDICLE	6
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDI	6

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Code	Description	ASC Group
15770	GRAFT; DERMA-FAT-FASCIA	6
15819	PLASTIC SURGERY NECK	10
15820	BLEPHAROPLASTY, LOWER EYELID;	6
15822	BLEPHAROPLASTY, UPPER EYELID;	6
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	6
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDO	6
15837	EXCISE EXCESSIVE SKIN TISSUE	4
15838	EXCISE EXCESSIVE SKIN TISSUE	4
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FA	6
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GR	6
15842	FLAP FOR FACE NERVE PALSY	6
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	6
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDO	6
15850	REMOVAL OF SUTURES	10
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	1
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	6
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	6
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	6
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	6
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	6
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS	4
15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE;	6
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	6
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCH	6
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	6
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	6
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE	6
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	6

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15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	6
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	4
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTO	4
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTA	4
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLO	4
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	10
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQU	10
16035	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	10
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	5
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SE	10
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	6
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	1
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPS	3
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT	6
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	6
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRAN	6
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGI	6
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGI	6
19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;	6
19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL	6
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR	12
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR	12
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TU	12
19300	MASTECTOMY FOR GYNECOMASTIA	6
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	6

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19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTO	11
19303	MASTECTOMY, SIMPLE, COMPLETE	9
19304	MASTECTOMY, SUBCUTANEOUS	9
19316	MASTOPEXY	9
19318	REDUCTION MAMMAPLASTY	11
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	11
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	12
19328	REMOVAL OF INTACT MAMMARY IMPLANT	9
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	9
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR	11
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR I	12
19350	NIPPLE/AREOLA RECONSTRUCTION	6
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDIN	12
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	9
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	9
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	9
19380	REVISION OF RECONSTRUCTED BREAST	11
19396	DESIGN CUSTOM BREAST IMPLANT	9
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR C	6
20103	EXPLORE WOUND, EXTREMITY	4
20150	EXCISE EPIPHYSEAL BAR	11
20200	BIOPSY, MUSCLE; SUPERFICIAL	4
20205	BIOPSY, MUSCLE; DEEP	4
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	14
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS P	1
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	4
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	6
20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	6
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	6

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20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	6
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	6
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR	8
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	6
20665	REMOVAL OF FIXATION DEVICE	10
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE P	4
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, RO	6
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNA	8
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATE	8
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG	6
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	6
20696	COMP MULTIPLANE EXT FIXATION	8
20697	COMP EXT FIXATE STRUT CHANGE	5
20822	REPLANTATION DIGIT, COMPLETE	8
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	8
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	8
20910	CARTILAGE GRAFT; COSTOCHONDRAL	6
20912	CARTILAGE GRAFT; NASAL SEPTUM	6
20920	FASCIA LATA GRAFT; BY STRIPPER	4
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	4
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	8
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	10
20950	FLUID PRESSURE, MUSCLE	10
20972	BONE/SKIN GRAFT, METATARSAL	11
20982	ABLATE, BONE TUMOR(S) PERQ	11
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	7
21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR	4
21016	RESECT FACE TUM = 2 CM	7
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS);	11

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	MANDIBLE	
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	11
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	11
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CU	14
21031	EXCISION OF TORUS MANDIBULARIS	10
21032	EXCISION OF MAXILLARY TORUS PALATINUS	10
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	11
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTA	7
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	11
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOM	11
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOM	11
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	11
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCED	11
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	11
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES RE	11
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTU	14
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	7
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	7
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSI	11
21137	REDUCTION OF FOREHEAD	7
21138	REDUCTION OF FOREHEAD	11
21139	REDUCTION OF FOREHEAD	11
21150	RECONSTRUCT MIDFACE, LEFORT	11
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	7
21198	RECONSTR LWR JAW SEGMENT	11
21199	RECONSTR LWR JAW W/ADVANCE	11
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	11
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETI	11

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21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	11
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	11
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	11
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	7
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	11
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	11
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	11
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MALAR)	11
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	11
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	11
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER)	11
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER)	11
21260	REVISE EYE SOCKETS	11
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFT	11
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	11
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	11
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	4
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	4
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL FIXATION	7
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURE OF MAXILLA	7
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	7
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	7
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	7
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR IMPLANT	11
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH	11
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, WITH IMPLANT)	7

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	GILLES APPROACH)	
21360	TREAT CHEEK BONE FRACTURE	7
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FO	7
21390	TREAT EYE SOCKET FRACTURE OPEN TREATMENT OF ARBITAL FLOOR, PERIOBITAL, APPROACH	11
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATIO	4
21406	TREAT EYE SOCKET FRACTURE WITHOUT IMLPANT	11
21407	TREAT EYE SOCKET FRACTURE WITH IMPLANT	11
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INT	7
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	7
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	4
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	11
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	11
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	11
21495	TREAT HYOID BONE FRACTURE	5
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	4
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	5
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR TH	6
21550	BIOPSY OF NECK/CHEST	4
21552	EXC NECK LESS= 3 CM	6
21554	EXC NECK TUM DEEP = 5 CM	6
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS	6
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCU	6
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR	6
21558	RESECT NECK TUM = 5 CM	7
21600	EXCISION OF RIB, PARTIAL	8
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	8
21685	HYOID MYOTOMY & SUSPENSION	14
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	6

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21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CA	6
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	10
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH	7
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	6
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	6
21931	EXC BACK LES SC = 3 CM	7
21932	EXC BACK TUM DEEP < 5 CM	5
21933	EXC BACK TUM DEEP = 5 CM	7
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR	6
21936	RESECT BACK TUM = 5 CM	7
22102	REMOVE PART, LUMBAR VERTEBRA	11
22103	REMOVE EXTRA SPINE SEGMENT	11
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUI	14
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING C	5
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	4
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL IN	8
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL IN	8
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL IN	8
22523	PERCUT KYPHOPLASTY, THOR	13
22524	PERCUT KYPHOPLASTY, LUMBAR	13
22525	PERCUT KYPHOPLASTY, ADD-ON	13
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	6
22901	EXC BACK TUM DEEP = 5 CM	7
22902	EXC ABD LES SC < 3 CM	5
22903	EXC ABD LES SC > 3 CM	7
22904	RESECT ABD TUM < 5 CM	5
22905	RESECT ABD TUM > 5 CM	7
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	4
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	11
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR	5

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Code	Description	ASC Group
	HEMATOMA	
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	5
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	6
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL	8
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATIO	8
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	6
23071	EXC SHOULDER LES SC > 3 CM	7
23073	EXC SHOULDER TUM DEEP > 5 CM	7
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS	4
23076	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	5
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDE	5
23078	RESECT SHOULDER TUM > 5 CM	7
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	6
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BI	8
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	8
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPS	8
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REM	8
23120	CLAVICULECTOMY; PARTIAL	8
23125	CLAVICULECTOMY; TOTAL	8
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LI	11
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	6
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	8
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	8
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	8
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	8
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WIT	8
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	8

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	CLAVICLE	
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	8
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SUR	8
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	8
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	8
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	8
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	8
23195	RESECTION HUMERAL HEAD	8
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	1
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL)	6
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	13
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	8
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	8
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	8
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	11
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS	11
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	11
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLU	11
23430	TENODESIS OF LONG TENDON OF BICEPS	11
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	11
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	13
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	13
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	13
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID	11
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	13
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	11

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23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	11
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	13
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	11
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	13
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	10
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	5
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PER	12
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	14
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	11
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASC	7
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	14
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	11
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FAS	11
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	10
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT S	14
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WIT	12
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE	5
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	12
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE,	12
23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	5
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FI	12
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTH	10
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANES	4
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	11
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	10

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23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TU	12
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	10
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FR	11
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FI	4
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	13
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	11
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	4
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	5
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	5
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	6
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN B	8
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPAR	8
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMU	4
24071	EXC ARM/ELBOW LES SC = 3 CM	7
24073	EX ARM/ELBOW TUM DEEP > 5 CM	7
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	4
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	6
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER A	6
24079	RESECT ARM/ELBOW TUM > 5 CM	7
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	6
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	8
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	8
24105	EXCISION, OLECRANON BURSA	6
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	6
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	8
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	8

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Code	Description	ASC Group
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS	6
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS	8
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS	8
24130	EXCISION, RADIAL HEAD	8
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUM	8
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	8
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	8
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	8
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	8
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	8
24149	RADICAL RESECTION OF ELBOW	8
24152	RESECT RADIUS TUMOR	11
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	4
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	8
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	6
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANC	11
24332	TENOLYSIS, TRICEPS	6
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMAR	11
24343	REPR ELBOW LAT LIGMNT W/TISS	8
24344	RECONSTRUCT ELBOW LAT LIGMNT	13
24346	RECONSTRUCT ELBOW MED LIGMNT	11
24357	REPAIR ELBOW, PERC	8
24358	REPAIR ELBOW W/DEB, OPEN	8
24359	REPAIR ELBOW DEB/ATTCH OPEN	8
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	9
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	13
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPL	13
24365	ARTHROPLASTY, RADIAL HEAD;	9

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Code	Description	ASC Group
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	8
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	8
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	10
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITH	10
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	12
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH O	10
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH M	10
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR L	7
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES	12
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT M	10
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANI	14
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES IN	12
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATE	7
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	12
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (F	12
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	10
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	4
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	12
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTU	5
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	12
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	10
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION	11
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION	12
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID	10
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG,	10

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Code	Description	ASC Group
	OLECRANON OR CORONOID	
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID P	11
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	11
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	11
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	6
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	6
25001	INCISE FLEXOR CARPI RADIALIS	6
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTM	6
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIAB	8
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	6
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	6
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BON	6
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	8
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCU	6
25071	EXC FOREARM LES SC > 3 CM	7
25073	EXC FOREARM TUM DEEP = 3 CM	7
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	4
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; DEEP, SUBFASCIAL OR INTRAMUSCUL	6
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM	6
25078	RESECT FOREARM/WRIST TUM=3CM	7
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	6
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	6
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	8
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAG	8
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	6
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	6
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	6

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Code	Description	ASC Group
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	6
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	6
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	6
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECT	8
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	8
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	8
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLU	8
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	8
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AU	8
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AL	8
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIS	8
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	8
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (E	8
25210	CARPECTOMY; ONE BONE	8
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	8
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	8
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESEC	8
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	6
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	8
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	8
25259	MANIPULATE WRIST W/ANESTHESIA	5
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EA	8
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	8
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FRE	8
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE,	8

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Code	Description	ASC Group
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE	8
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH F	8
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INC	8
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIS	8
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EA	8
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TE	6
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	8
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	8
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	11
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIS	11
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	11
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S	13
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT R	11
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNA	9
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	11
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULN	11
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	13
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	11
25360	OSTEOTOMY; ULNA	8
25365	OSTEOTOMY; RADIUS AND ULNA	8
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	11
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	11
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	8
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	11
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	8
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	11
25394	REPAIR CARPAL BONE, SHORTEN	11

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Code	Description	ASC Group
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESS	11
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OB	13
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRES	13
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES O	13
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	11
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	11
25430	VASC GRAFT INTO CARPAL BONE	11
25431	REPAIR NONUNION CARPAL BONE	11
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIA	13
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	13
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	13
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	12
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	12
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	12
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTI	13
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	9
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	9
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	11
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	11
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	11
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	11
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOU	11
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	14
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN P	11
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATI	14
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN P	11

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Code	Description	ASC Group
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN P	11
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	10
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	11
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	14
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION,	12
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION,	12
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EP	14
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPA	7
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	12
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	12
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPA	12
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	14
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL F	11
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICU	14
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID (NAVICUL	11
25651	PIN ULNAR STYLOID FRACTURE	7
25652	TREAT FRACTURE ULNAR STYLOID	11
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	10
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	7
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WIT	10
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	7
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	5
25695	OPEN TREATMENT OF LUNATE DISLOCATION	7
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/	13
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	11

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25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION);	13
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCA	11
25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	13
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH	13
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REV	6
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	6
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	6
25931	AMPUTATION FOLLOW-UP SURGERY	4
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	2
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	4
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	4
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	4
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	4
26035	DECOMPRESS FINGERS/HAND	4
26037	DECOMPRESS FINGERS/HAND	4
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	7
26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	7
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	4
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	4
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY	4
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY	4
26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN	4
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	4
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	4
26110	ARTHROTOMY WITH SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	4
26111	EXC HAND LES SC > 1.5 CM	7
26113	EXC HAND TUM DEEP > 1.5 CM	7
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SU	6

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Code	Description	ASC Group
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; DE	6
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR	6
26118	EXC HAND TUM RA > 3 CM	7
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRA	7
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	7
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	4
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	4
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTE	7
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCT	4
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM	4
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST	4
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	4
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	4
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	4
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	4
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTO	7
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR D	4
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR D	4
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	4
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (4
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (4
26250	RADICAL RESECTION, METACARPAL; (EG, TUMOR)	4
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	4
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	4
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	4
26340	MANIPULATE FINGER W/ANESTH	10

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26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON S	7
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECO	7
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	7
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEAT	7
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDAR	7
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	7
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	7
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON	7
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TEND	7
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FING	7
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EA	4
26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH	7
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	7
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES O	7
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT,	4
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WIT	7
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMI	7
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMI	7
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCU	4
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	4
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLETT FINGER"), OPEN, PRIMARY	7
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	4
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	4
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	7
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	4

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26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	7
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	4
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	4
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	4
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	4
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	4
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	4
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	4
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	4
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	4
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; W	7
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SING	7
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH T	7
26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDO	7
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	7
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	7
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	7
26496	OPPONENSPLASTY; OTHER METHODS	7
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	7
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	7
26499	CORRECTION CLAW FINGER, OTHER METHODS	7
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	4
26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAIN	7
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	4
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	7
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	7
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	7
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	7

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26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	4
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	4
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	9
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	12
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	9
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	12
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	4
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	7
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WIT	4
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDI	7
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WIT	7
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	7
26550	POLLICIZATION OF A DIGIT	7
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	7
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	4
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFT	7
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BO	7
26565	OSTEOTOMY; METACARPAL, EACH	7
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	7
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	7
26580	REPAIR CLEFT HAND	4
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	4
26590	REPAIR MACRODACTYLIA, EACH DIGIT	4
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	7
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	4
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	4
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BO	10

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26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL F	5
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	7
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION,	11
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FR	10
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THU	7
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRAC	11
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT	10
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN T	7
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES I	7
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FR	12
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULAT	10
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE,	5
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNA	7
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXI	7
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FI	7
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR IN	10
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTE	7
26755	TREAT FINGER FRACTURE, EACH	10
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THU	7
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INT	7
26770	TREAT FINGER DISLOCATION	10
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAF	7
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	7
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATIO	7

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26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	7
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAF	7
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	7
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	7
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	7
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	7
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	7
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	7
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH	7
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SI	4
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SI	4
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	6
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	6
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	6
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	8
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	8
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	11
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES	11
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	1
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCUL	1
27043	EXC HIP PELVIS LES SC > 3 CM	6
27045	EXC HIP/PELV TUM DEEP > 5 CM	6
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE	6
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	6
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNA	6
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	6

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27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	6
27059	RESECT HIP/PELV TUM > 5 CM	6
27060	EXCISION; ISCHIAL BURSA	6
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	6
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSI	6
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	8
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE IN	8
27080	COCCYGECTOMY, PRIMARY	8
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	1
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	6
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	8
27098	TRANSFER, ADDUCTOR TO ISCHIUM	8
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	11
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRA	11
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	11
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	11
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXA	10
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXA	4
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	11
27220	TREAT HIP SOCKET FRACTURE	10
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULAT	10
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	10
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	10
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	10
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	4
27256	TREAT HIP DISLOCATION	10
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENI	4
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION;	4

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	REQUIRING REGIONAL O	
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULAT	10
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	4
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGI	5
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	6
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROC	6
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	6
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (E	8
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	1
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULA	6
27325	NEURECTOMY, HAMSTRING MUSCLE	5
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	5
27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	6
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	6
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH O	6
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	8
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE	8
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIA	8
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIA	8
27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	8
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITE	8
27337	EXC THIGH/KNEE LES SC > 3 CM	7
27339	EXC THIGH/KNEE TUM DEEP >5CM	7
27340	EXCISION, PREPATELLAR BURSA	6
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	6
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	6
27350	PATELLECTOMY OR HEMIPATELLECTOMY	8
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	8

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27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	8
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	8
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	8
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEM	8
27364	RESECT THIGH/KNEE TUM >5 CM	7
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	6
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	6
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL	6
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	6
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	6
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	6
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	6
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	6
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	8
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	8
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	11
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	8
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	11
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	11
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	1
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	11
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	13
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIAT	11
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	11
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	11
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	11
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUS	11
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH	11

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	PATELLECTOMY	
27425	LATERAL RETINACULAR RELEASE OPEN	8
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	11
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	13
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	13
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	11
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	11
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	9
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	12
27440	REVISION OF KNEE JOINT	11
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	9
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	9
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT A	9
27475	SURGERY TO STOP LEG	8
27479	SURGERY TO STOP LEG	8
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXT	6
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXT	6
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	6
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DE	6
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	10
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	10
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITH	5
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	10
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	10
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR L	7
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE	10
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION;	10

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	WITHOUT MANIPULAT	
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION	10
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	10
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATI	10
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MA	5
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	10
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	10
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	4
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	10
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	4
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PA	11
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION	4
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVI	6
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	6
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	6
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	6
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	5
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	6
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHE	6
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANEST	6
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	6
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN B	8
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TEN	8
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR	6
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR	8
27616	RESECT LEG/ANKLE TUM > 5 CM	7

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27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE	4
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	6
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	8
27625	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;	8
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	8
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	6
27632	EXC LEG/ANKLE LES SC > 3 CM	7
27634	EXC LEG/ANKLE TUM DEEP >5 CM	7
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	8
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	8
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH A	8
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	11
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (8
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS	11
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	11
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	13
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	11
27656	REPAIR, FASCIAL DEFECT OF LEG	6
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	6
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	6
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	6
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	8
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	6
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	8
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	8
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (T	8

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27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	8
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	8
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	8
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	11
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	11
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTI	11
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	8
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL	8
27698	REPAIR, SECONDARY DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES P	8
27700	ARTHROPLASTY, ANKLE;	9
27704	REMOVAL OF ANKLE IMPLANT	6
27705	OSTEOTOMY; TIBIA	8
27707	OSTEOTOMY; FIBULA	6
27709	OSTEOTOMY; TIBIA AND FIBULA	8
27720	REPAIR OF TIBIA	7
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	7
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	8
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	8
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	8
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DIS	8
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DIS	11
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	13
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	10
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE	5
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FI	7
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	9
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR	12

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Code	Description	ASC Group
	FRACTURE) BY IN	
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	10
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR W	5
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WH	11
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	10
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	10
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION WHE	11
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	10
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	5
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXA	11
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MA	10
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIP	10
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INT	11
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALL	10
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALL	10
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEO	11
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	10
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	10
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION,	11
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION,	12
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	10
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	5
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF D	11
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF D	12

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Code	Description	ASC Group
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF D	12
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLU	11
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTH	10
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANES	5
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNA	11
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	10
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOU	4
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	11
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	11
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TR	4
27870	ARTHRODESIS, ANKLE, OPEN	13
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	13
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISIO	6
27889	ANKLE DISARTICULATION	7
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, W	6
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEM	6
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPA	6
28002	TREATMENT OF FOOT INFECTION	6
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT T	6
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	6
28008	FASCIOTOMY, FOOT AND/OR TOE	6
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	6
28020	EXPLORATION OF FOOT JOINT	6
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY;	6
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY;	6
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	5
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	6

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28047	RESECT FOOT/TOE TUMOR > 3 CM	6
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	6
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	6
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	6
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	5
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	6
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	6
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	6
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	6
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	6
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	6
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	6
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	6
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	6
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	6
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	11
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WIT	11
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, E	6
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	11
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BO	11
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	6
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE P	6
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	6
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	6
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	6
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL P	6
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	6
28118	OSTECTOMY, CALCANEUS;	6

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28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	6
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	6
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSE	6
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	6
28130	TALECTOMY (ASTRAGALECTOMY)	6
28140	METATARSECTOMY	6
28150	PHALANGECTOMY, TOE, EACH TOE	6
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	6
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF P	6
28171	RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)	6
28173	RADICAL RESECTION OF TUMOR, BONE; METATARSAL	6
28175	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE	6
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	4
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	1
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EAC	6
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT	6
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	6
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRA	11
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	6
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	6
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	6
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	6
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCE	11
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	6
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE P	6
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	6
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	6
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY	6

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28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	11
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH J	6
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	6
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANG	6
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYP	6
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH META	6
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEAS	6
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; SIMPLE	8
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; KELLER,	8
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; RESECTIO	8
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; WITH TE	8
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; WITH MET	8
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; LAPIDUS	8
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTIONY; BY PHALA	8
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTIONY; BY DOUB	8
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOU	11
28302	OSTEOTOMY; TALUS	6
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	11
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INC	11
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	6
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	6
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	6
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, M	11
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	6

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28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES	6
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	6
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	6
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	11
28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INC	11
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	6
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	6
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	6
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	6
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	10
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	5
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	7
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERF	12
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERF	11
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	10
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	7
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	11
28446	OSTEOCHONDRAL TALUS AUTOGRFT	11
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CA	11
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUD	11
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, E	7
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PER	11
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	7
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTER	7
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INC	7
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	7

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28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRI	7
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOT	7
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	11
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	5
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPU	7
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	7
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	10
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH M	7
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXA	11
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANEST	4
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WI	7
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL	7
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESI	4
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH M	7
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXA	7
28705	ARTHRODESIS; PANTALAR	11
28715	ARTHRODESIS; TRIPLE	13
28725	ARTHRODESIS; SUBTALAR	11
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	11
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OST	11
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAV	11
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	11
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	11
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	6
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NEC	11
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	6

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Code	Description	ASC Group
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	6
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	6
29046	APPLICATION OF BODY CAST	10
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL	8
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	8
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARAT	8
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	11
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	11
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	11
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	11
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	11
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	8
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	11
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ART	11
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WIT	11
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PA	11
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	11
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENDINOSIS	11
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE P	8
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	8
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	8
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	8
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	8
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	8
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE P	8
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	8
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	8
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	8
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF	8

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	TRIANGULAR FIBROCAR	
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	11
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	8
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	8
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSIT	11
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UN	11
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BI	11
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROC	11
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	11
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	11
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	11
29866	AUTGRFT IMPLNT, KNEE W/SCOPE	11
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PR	8
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	8
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	8
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	8
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESEC	8
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (8
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CH	8
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	8
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDI	8
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING	8
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	8
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	8
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIP	8

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29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BO	11
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	8
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	8
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RE	11
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR R	11
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND	11
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TA	11
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	6
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMO	8
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTO	8
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	8
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEME	8
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKL	11
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPS	8
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	8
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLAC	8
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY	8
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	8
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	8
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	11
30115	REMOVAL OF NOSE POLYP(S)	4
30117	REMOVAL OF INTRANASAL LESION	4
30118	REMOVAL OF INTRANASAL LESION	7
30120	REVISION OF NOSE	4
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	11
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	3

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Code	Description	ASC Group
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	2
30150	RHINECTOMY; PARTIAL	3
30160	REMOVAL OF NOSE	11
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	3
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	1
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	2
30400	RECONSTRUCTION OF NOSE	11
30410	RECONSTRUCTION OF NOSE	11
30420	RECONSTRUCTION OF NOSE	11
30430	REVISION OF NOSE	7
30435	REVISION OF NOSE	11
30450	REVISION OF NOSE	11
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	11
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PA	11
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL W	11
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONT	7
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	11
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	11
30560	LYSIS INTRANASAL SYNECHIA	10
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	11
30600	REPAIR FISTULA; ORONASAL	11
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	11
30630	REPAIR NASAL SEPTAL PERFORATIONS	7
30801	CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILAT	1
30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERA	1
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACK)	10
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUT	10
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAU	10

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Code	Description	ASC Group
30915	LIGATION ARTERIES; ETHMOIDAL	7
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	7
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	4
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	7
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL O	11
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF A	11
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	2
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REM	11
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNC	11
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (11
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISI	11
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	11
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	11
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	11
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISI	11
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY	11
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	11
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	11
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	11
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR	10
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE O	5
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (S	5
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	5
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	6
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	5
31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	6
31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND	6

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Code	Description	ASC Group
	POSTERIOR (TOTAL)	
31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	6
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR	6
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITH	6
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	6
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	6
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCE	7
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	11
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	11
31420	EPIGLOTTIDECTOMY	11
31500	INSERT EMERGENCY AIRWAY	10
31502	CHANGE OF WINDPIPE AIRWAY	10
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	5
31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	10
31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	5
31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	10
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	5
31520	DX LARYNGOSCOPY, NEWBORN	10
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	5
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATIVE	6
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	6
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	5
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	5
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	6
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATIVE	6
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	6
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATIVE MICROSCOPE OR	6

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Code	Description	ASC Group
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING O	6
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING O	6
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WI	6
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WI	6
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	6
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICRO	6
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	5
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH	6
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	6
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	6
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVA	11
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING T	11
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER	11
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	11
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILAT	11
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	1
31605	INCISION OF WINDPIPE	14
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN AL	7
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECT	7
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	7
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	11
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	1
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; DIA	1
31623	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	1
31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	1
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT	1

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	FLUOROSCOPIC GUIDANCE; WIT	
31626	BRONCHOSCOPY W/MARKERS	1
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WIT	1
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WIT	1
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WIT	7
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WIT	7
31632	BRONCHOSCOPY/LUNG BX, ADDL	1
31633	BRONCHOSCOPY/NEEDLE BX ADDL	1
31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	1
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WIT	7
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EAC	1
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WIT	7
31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	7
31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF OF S	7
31643	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT	1
31645	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL	1
31646	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQU	1
31656	BRONCHOSCOPY; WITH INJECTION OF CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAP	1
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	10
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	10
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR	10
31750	TRACHEOPLASTY; CERVICAL	11
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	11
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	4
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	7
31830	REVISION OF TRACHEOSTOMY SCAR	7
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	1

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32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	1
32420	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	10
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQ	10
32422	THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL	10
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	8
32552	REMOVE LUNG CATHETER	10
32553	INS MARK THOR FOR RT PERQ	3
32960	THERAPEUTIC PNEUMOTHORAX	1
32998	PERQ RF ABLATE TX, PUL TUMOR	11
33010	PERICARDIOCENTESIS; INITIAL	14
33011	PERICARDIOCENTESIS; SUBSEQUENT	14
33210	INSERTION OF HEART ELECTRODE	11
33211	INSERTION OF HEART ELECTRODE	11
33215	REPOSITION PACING-DEFIB LEAD	6
33216	INSERT 1 ELECTRODE PM-DEFIB	11
33217	INSERT 2 ELECTRODE PM-DEFIB	11
33218	REPAIR LEAD PACE-DEFIB, ONE	6
33220	REPAIR LEAD PACE-DEFIB, DUAL	6
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER	4
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING	4
33226	REPOSITION L VENTRIC LEAD	6
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR	6
33234	REMOVAL OF PACEMAKER SYSTEM	6
33235	REMOVAL PACEMAKER ELECTRODE	6
33241	REMOVE PULSE GENERATOR	6
33284	REMOVE PAT-ACTIVE HT RECORD	1
34490	REMOVAL OF VEIN CLOT	11
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	11
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	11
35460	REPAIR VENOUS BLOCKAGE	11
35473	REPAIR ARTERIAL BLOCKAGE	11
35475	REPAIR ARTERIAL BLOCKAGE	11

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Code	Description	ASC Group
35476	REPAIR VENOUS BLOCKAGE	11
35492	ATHERECTOMY, PERCUTANEOUS	13
35761	EXPLORATION OF ARTERY/VEIN	8
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	11
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENO	11
36002	PSEUDOANEURYSM INJECTION TRT	10
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY	8
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	6
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	6
36455	BL EXCHANGE/TRANSFUSE NON-NB	10
36475	ENDOVENOUS RF, 1ST VEIN	11
36476	ENDOVENOUS RF, VEIN ADD-ON	7
36478	ENDOVENOUS LASER, 1ST VEIN	7
36479	ENDOVENOUS LASER VEIN ADDON	7
36511	APHERESIS WBC	2
36512	APHERESIS RBC	2
36513	APHERESIS PLATELETS	2
36514	APHERESIS PLASMA	2
36522	PHOTOPHERESIS	1
36555	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF	2
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER	2
36557	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	6
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT S	6
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT S	8
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	8
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	8
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	8
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQU	8

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36568	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQU	2
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	2
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	6
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCU	6
36575	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCU	10
36576	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT	2
36578	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CEN	6
36580	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTAN	2
36581	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	6
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATH	8
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	8
36584	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCE	2
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (6
36589	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEV	10
36590	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR P	2
36595	MECH REMOV TUNNELED CV CATH	7
36596	MECH REMOV TUNNELED CV CATH	2
36597	REPOSITION VENOUS CATHETER	2
36640	DECLOTTING BY THROMBOLYTIC AGENT OF EMPLANTED VASCULAR ACCESS	8
36680	INSERT NEEDLE, BONE CAVITY	10
36800	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUT	8
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	8
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERN	8
36818	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERN	11
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN	11

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	TRANSPOSITION	
36820	AV FUSION/FOREARM VEIN	11
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	11
36825	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARA	11
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTO	11
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR N	11
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	11
36833	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	11
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	8
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	10
36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	8
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGEN GRAFT	11
37184	PRIM ART MECH THROMBECTOMY	11
37185	PRIM ART M-THROMBECT ADD-ON	11
37186	SEC ART M-THROMBECT ADD-ON	11
37187	VENOUS MECH THROMBECTOMY	11
37188	VENOUS M-THROMBECTOMY ADD-ON	11
37200	TRANSCATHETER BIOPSY	8
37203	TRANSCATHETER RETRIEVAL	8
37500	ENDOSCOPY LIGATE PERF VEINS	11
37607	LIGATION OF A-V FISTULA	8
37609	TEMPORAL ARTERY PROCEDURE	4
37650	REVISION OF MAJOR VEIN	8
37700	REVISE LEG VEIN	8
37718	LIGATE/STRIP SHORT LEG VEIN	8
37722	LIGATE/STRIP LONG LEG VEIN	8
37735	REMOVAL OF LEG VEINS/LESION	11
37760	LIGATE LEG VEINS RADICAL	11
37780	REVISION OF LEG VEIN	8
37785	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT	8

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	SAPHENOPOPLITEAL JUNCTION	
37790	PENILE VENOUS OCCLUSION	9
38206	HARVEST AUTO STEM CELLS	2
38230	BONE MARROW COLLECTION	8
38241	BONE MARROW/STEM TRANSPLANT	8
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	2
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	5
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	7
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	7
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	14
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	7
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCIS	7
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	7
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	7
38542	DISSECTION, DEEP JUGULAR NODE(S)	11
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULA	7
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR D	7
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), S	11
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	12
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PEIR	11
38700	REMOVAL OF LYMPH NODES, NECK	7
38740	AXILLARY LYMPHADENECTOMY; SUPERFICAL	11
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	11
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPA	7
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	4
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	7
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	4
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLAN	7
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP	7

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	FLAP (ABBE-E	
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	7
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	14
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	14
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	14
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	11
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE P	11
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DE	11
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (A	11
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	14
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLE	4
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WI	7
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	10
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENUECTOMY, FRENECTOM	14
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR LESS	10
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	14
40840	VESTIBULOPLASTY; ANTERIOR	7
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	7
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	7
40844	VESTIBULOPLASTY; ENTIRE ARCH	11
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	11
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	7
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	4
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	4
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	10

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41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	14
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	10
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	14
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	14
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF M	14
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NE	7
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	4
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	4
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	7
41116	EXCISION, LESION OF FLOOR OF MOUTH	4
41120	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBUL	7
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-TH	10
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	10
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	14
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	7
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	4
41512	TONGUE BASE SUSPENSION	14
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	14
41530	SUBMUCCOSAL ABLATION OF THE TONGUE BASE, RADIOFRANQUENCY, 1 OR MORE SITES	4
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	10
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	14
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVAOLAR STRUCTURES	2
41827	EXCISION OF LESION OR TUMOR, WITH COMPLEX REPAIR	7
41870	PERIODONTAL MUCOSAL GRAFTING	7
42000	DRAINAGE OF ABSCESS OF PLATE, UVULA	10
42107	BIOPSY OF PALATE, UVULA	7
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	11

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42140	UVULECTOMY, EXCISION OF UVULA	14
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	7
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	10
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	11
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	11
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE	11
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GR	11
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	11
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	11
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	11
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	11
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	11
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	4
42260	MAXILIARY IMPRESSION FOR PALATAL PRASTHESIS	7
42281	INSERTION, OF PIN-RETAINED PALATAL PROSTHESIS	4
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	4
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	4
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	10
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	10
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	4
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	4
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	4
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	4
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DIS	11
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION A	11
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRES	11
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SAC	11
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	11
42450	EXCISION OF SUBLINGUAL GLAND	7
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	7

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42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	11
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	11
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	11
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF	11
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF	11
42600	CLOSURE SALIVARY FISTULA	4
42665	LIGATION SALIVARY DUCT, INTRAORAL	7
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	10
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	4
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	11
42802	BIOPSY; HYPOPHARYNX	4
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	4
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	7
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	4
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	7
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCU	11
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	7
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	7
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	7
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	7
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	7
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	7
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	7
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	7
42860	EXCISION OF TONSIL TAGS	7
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	7
42890	LIMITED PHARYNGECTOMY	11
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY A	11
42900	SUTURE PHARYNX FOR WOUND OR INJURY	10

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42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	7
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	7
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	10
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	11
42972	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTO	4
43030	THROAT MUSCLE SURGERY	4
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS	11
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	1
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), AN	1
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	1
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VA	1
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	1
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	1
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OT	1
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OT	1
43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF PLASTIC TUBE OR STENT	7
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DI	1
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY	1
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION,	1
43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR O	7
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	1
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED IN	1
43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION (EG, WITH SMAL	1
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1

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43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43256	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	7
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	7
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER T	1
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR	6
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE	6
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/	6

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43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH PRESSURE MEASUR	6
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	6
43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	6
43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	6
43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	7
43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	7
43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	6
43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETR	6
43273	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ABLATION OF TUM	6
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASS	14
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	14
43456	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE	14
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA	1
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (E	11
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUI	10
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR ENTERIC	1
43870	CLOSURE OF GASTROSTOMY, SURGICAL	1
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN, REVISION OF SUBCUTANEOUS PORT	6
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN, REMOVAL OF SUBCUTANEOUS PORT	10
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN, REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT	6
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	1
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCE	6
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCE	6
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1

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44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	7
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	1
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	7
44380	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIME	1
44382	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	1
44383	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PR	7
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; DIAG	1
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; WITH	1
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIM	1
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE	1
44390	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF FOREIGN BODY	1
44391	COLONOSCOPY THROUGH STOMA; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	1
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LES	1

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44393	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LE	1
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LES	1
44397	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES P	7
44500	INTRO, GASTROINTESTINAL TUBE	10
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	2
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	2
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABS	2
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	6
45108	ANORECTAL MYOMECTOMY	6
45150	DIVISION OF STRICTURE OF RECTUM	6
45160	EXC RECT TUM TRANSANAL PART	6
45171	EXC RECT TUM TRANSANAL FULL	3
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	7
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER	6
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	1
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	7
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER L	1
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER L	1
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTH	1
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLA	1
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER L	7
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	7
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	7
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	10
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY	10
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESIO	1
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR C	1
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTAN	10
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	10

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45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESIO	1
45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESI	1
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	1
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	1
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL	1
45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PRE	7
45355	COLONOSCOPY, RIGID OR FLEXIBLE, TRANSABDOMINAL VIA COLOTOMY, SINGLE OR MULT	1
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WIT	1
45379	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN	1
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	1
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSA	1
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDIN	1
45383	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ABLATION OF TUMOR(1
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S	1
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S	1
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOO	1
45387	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ST	7
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASO	1
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC UL	1
45500	PROCTOPLASTY; FOR STENOSIS	6
45505	CORRECT RECTAL PROLAPSE	8
45541	PROCTOPEXY, PERINEAL APPROACH	8
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	8
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	10
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA	6

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Code	Description	ASC Group
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	6
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANES	2
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURA	6
46020	PLACEMENT OF SETON	6
46030	REMOVAL OF ANAL SETON, OTHER MARKER	14
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE P	6
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, T	6
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	2
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECT	6
46070	INCISION OF ANAL SEPTUM	2
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	6
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	6
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	6
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	6
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	6
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	6
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	6
46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR	6
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE	6
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURE	6
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULE	6
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	6
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR	6
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR M	6
46285	SURGICAL TREATMENT OF ANAL FISTULA, SECOND STAGE	6
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP SECOND STAGE	6
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	2
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	1
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPS	7

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46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TEC	1
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	7
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENA	7
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	7
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	8
46707	REPAIR ANORECTAL FIST W/PLUG	8
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	8
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	6
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	6
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	8
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	8
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL SP	8
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGI)	6
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGI)	6
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGI)	6
47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	1
47382	ABLATION, 1 OR MORE LIVER TUMER(S), PERCUTANEOUS, RADIOFREQUENCY	11
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER FOR BILIARY DRAINAGE	8
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL B	8
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	4
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC TUBE	4
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH	8
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SIN	8
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF	8
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	8
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	8

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47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BI	9
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY	9
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	11
47563	LAPARO CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	11
47564	LAPARO CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	11
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNA	8
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	1
49080	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	10
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	7
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT	9
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	9
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST	9
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	9
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CATH	9
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY	9
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	7
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVO	8
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR OR DIALYSIS, OPEN	8
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	6
49423	EXCHANGE DRAINAGE CATHETER	4
49426	REVISION OF PERITONEAL-VENOUS SHUNT	7
49429	REMOVAL OF SHUNT	6
49435	INSERT SUBQ EXTEN TO IP CATH	3
49436	EMBEDDED IP CATH EXIT-SITE	3
49440	INSERTION OF GASTROSTIMY TUBE, PERCUTANEOUS, UNDER FLUROSCOPIC	1
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER	1
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE	2
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE	1

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49450	REPLACE G/C TUBE PERC	10
49451	REPLACE DUOD/JEJ TUBE PERC	10
49452	REPLACE G-J TUBE PERC	10
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUOD, JEJ TUBE	10
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR PR	8
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCE	8
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	8
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITH	8
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	8
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANG	8
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	8
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	8
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	8
49540	REPAIR LUMBAR HERNIA	8
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;	8
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	8
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	8
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	8
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	8
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	8
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	8
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	8
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA R	8
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCE	8
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULA	8
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	8
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	8
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	8

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49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	8
49590	REPAIR SPIGELIAN HERNIA	8
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	8
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	11
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	11
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UNBILICAL, SPIGELIAN OR EPIG HERNIAL	9
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UNBILICAL, SPIGELIAN OR EPIG HERNIAL, INCARCERATED OR STRANGULATED	9
49654	LABAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA	9
49655	LABAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA, INCARCERATED OR STRANGULATED	9
49656	LAPAROSCOPY, SURGICAL, REPAIR, RESURRENT INCISIONAL HERNIA	9
49657	LAPAROSCOPY, SURGICAL, REPAIR, RESURRENT INCISIONAL HERNIA INCARCERATED OR STRANGULATED	9
50080	REMOVAL OF KIDNEY STONE	9
50081	REMOVAL OF KIDNEY STONE	9
50200	RENAL BIOPSY PERQ	1
50382	REMOVE URETER STENT, PERCUT	7
50384	REMOVE URETERAL STENT VIA PERSUTANEOUS APPROACH	5
50385	CHANGE STENT VIA TRANSURETH	5
50387	CHANGE EXT/INT URETER STENT	4
50389	REMOVE RENAL TUBE W/FLUORO	14
50390	ASPIRATION AND/OR INJUCTION OF RENAL CYST OR PELVIS BY NEEDLE	1
50392	INTRODUCTION OF INTRACATHETER INTO RENAL PELVIS FOR DRAINAGE	5
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE	7
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS	5
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING UR	10
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	4
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	14
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	7
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	14

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50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	7
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITH	7
50562	RENAL SCOPE W/TUMOR RESECT	14
50570	KIDNEY ENDOSCOPY	14
50572	KIDNEY ENDOSCOPY	14
50574	KIDNEY ENDOSCOPY & BIOPSY	14
50575	KIDNEY ENDOSCOPY	9
50576	KIDNEY ENDOSCOPY & TREATMENT	5
50580	KIDNEY ENDOSCOPY & TREATMENT	5
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	11
50592	LITHOTRIPSY ABLATION, 1 OR MORE RENAL TUMOR(S)	11
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILE	4
50727	REVISE URETER-CUTANEOUS ANASTOMOSIS	6
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL	11
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	11
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGA	14
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGA	14
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGA	7
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGA	7
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGA	7
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILL	14
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILL	14
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILL	5
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILL	5
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILL	7
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE M	7

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51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESI	7
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	7
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE	14
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RE	7
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDR	7
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	5
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	5
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	8
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	7
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	7
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	4
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	8
51726	COMPLEX CYSTOMETROGRAM	10
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TE	10
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	7
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA	11
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	14
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CL	5
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATIO	5
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATIO	7
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT I	14
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	5
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY	7
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY	7
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY	7
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY	7

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52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY	7
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	7
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENE	5
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	5
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	7
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	7
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	7
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE O	5
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	9
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	7
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR	5
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	5
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(7
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	7
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTI	7
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STEN	5
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STEN	7
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER	7
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER	7
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URE	7
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION	7
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC IN	9
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	7
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS	7
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO E	7

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52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATI	7
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	7
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DIL	7
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (7
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTI	7
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTUR	7
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	7
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MAN	7
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (U	9
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	7
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF U	7
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL PO	7
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY D	7
52450	TRANSURETHRAL INCISION OF PROSTATE	7
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	7
52601	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS POSTO	9
52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE	9
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	7
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	11
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING	11
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	7
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETH	5
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHR	5
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	5
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	5
53080	DRAINAGE OF URINARY LEAKAGE	5

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53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDU	5
53200	BIOPSY OF URETHRA	5
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	8
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	5
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	8
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	8
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	5
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	8
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	5
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	5
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	5
53270	EXCISION OR FULGURATION; SKENE'S GLANDS	5
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	5
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JO	8
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVER	8
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	8
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	8
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOU	8
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	8
53431	URETHROPLASTY WITH TUBLARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER	8
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE	8
53446	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLU	8
53449	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR	8
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	8
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHA	5
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	5
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	8
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	5
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	8
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDU	8

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53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETH	8
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	5
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	5
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	5
54015	INCISION AND DRAINAGE OF PENIS, DEEP	5
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAG	6
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAG	6
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAG	6
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	4
54105	BIOPSY OF PENIS; DEEP STRUCTURES	6
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	9
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	9
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM	9
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	5
54120	AMPUTATION OF PENIS; PARTIAL	9
54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RI	6
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; N	6
54161	CIRCUMCISION, OLDER THAN 28 DAYS OF AGE	6
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	6
54163	REPAIR INCOMPLETE CIRCUMCISION	6
54164	FRENULOTOMY OF PENIS	6
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	9
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	10
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYOSPADIAS),	9
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYP	9
54308	URETHROPLASTY FOR SECOND STAGE HYOSPADIAS REPAIR (INCLUDING URINARY DIVERS	9
54312	URETHROPLASTY FOR SECOND STAGE HYOSPADIAS REPAIR (INCLUDING URINARY DIVERS	9
54316	URETHROPLASTY FOR SECOND STAGE HYOSPADIAS REPAIR (INCLUDING URINARY DIVERS	9

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54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCRO	9
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	9
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	9
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	9
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISIO	9
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	9
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	9
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA)	9
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION O	9
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	9
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	9
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WIT	9
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESI	9
54408	REPAIR MULTI-COMP PENIS PROS	9
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENIL	9
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	9
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROC	9
54440	PLASTIC OPERATION OF PENIS FOR INJURY	9
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	10
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	2
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	6
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	6
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PRO	6
54522	ORCHIECTOMY, PARTIAL	6
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	8
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	8

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54560	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	6
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTR	6
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	6
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	8
54660	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS	6
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	6
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	6
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	11
54692	LAPAROSCOPY, SURGICAL; ORCHIECTOMY FOR INTRA-ABDOMINAL TESTIS	12
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCE	6
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	10
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	6
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	6
54860	EPIDIDYMECTOMY; UNILATERAL	6
54861	EPIDIDYMECTOMY; BILATERAL	6
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	6
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	6
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	6
55040	EXCISION OF HYDROCELE; UNILATERAL	8
55041	EXCISION OF HYDROCELE; BILATERAL	8
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	6
55100	DRAINAGE OF SCROTAL WALL ABSCESS	2
55110	SCROTAL EXPLORATION	6
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	6
55150	RESECTION OF SCROTUM	6
55175	SCROTOPLASTY; SIMPLE	6
55180	SCROTOPLASTY; COMPLICATED	6
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILA	6
55250	VASECTOMY, UNILATERAL OR BILATERAL, INCLUDING POSTOPERATIVE SEMEN EXAM	6
55400	VASOVASOSTOMY, VASOVASORRHAPHY	6

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55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	6
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	6
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPA	6
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOM	8
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	8
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	11
55680	EXCISION OF MULLERIAN DUCT CYST	6
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	2
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	2
55706	BIOPSY, PROSTATE; NEEDLE TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDE SATURATION	2
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	7
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLIC	7
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INCERTION OF RADIOACTIVE SUBSTANCE	5
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INT	13
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTIT	9
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FID	10
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS	7
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	5
56441	LYSIS OF LABIAL ADHESIONS	5
56442	HYMENOTOMY, SIMPLE INCISION	5
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGE	6
56620	VULVECTOMY SIMPLE; PARTIAL	5
56625	VULVECTOMY SIMPLE; COMPLETE	5
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	5
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	5
56800	PLASTIC REPAIR OF INTROITUS	5
56805	CLITOROPLASTY FOR INTERSEX STATE	5
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	5

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57000	COLPOCENTESIS; WITH EXPLORATION	5
57010	COLPOCENTESIS; WITH DRAINAGE OF PELVICE FLUID	5
57020	COPOCENTESIS	14
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL	5
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURG	5
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	5
57130	EXCISION OF VAGINAL SEPTUM	5
57135	EXCISION OF VAGINAL CYST OR TUMOR	5
57155	INSERT UTERI TANDEMS/OVOIDS	14
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC N	10
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA	5
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETR	5
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHR	11
57230	PLASTIC REPAIR OF URETHROCELE	9
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHR	9
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	9
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY	9
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY WITH ENTEROCELE REPAIR	11
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EA	9
57268	REPAIR OF IENTEROCELE, VAGINAL APPROACH	9
57287	REMOVAL OR REVISION OF SLING FOR STREE INCONTENENCE	9
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	11
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	9
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	9
57295	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	5
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	9
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	9
57400	DILATION OF VAGINA UNDER ANESTHESIA	5
57410	PELVIC EXAMINATION UNDER ANESTHESIA	5

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57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHE	5
57426	REVISE PROSTH VAG GRAFT LAP	5
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA W/LOOP ELECTRODE BIOPSY(S)	10
57513	CAUTERIZATION OF CERVIX; LASER ABLATION	5
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	5
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION	5
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	9
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	9
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	11
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	5
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	5
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	5
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	5
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARA	9
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	5
58350	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	9
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	9
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH	9
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AN	11
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LE	11
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS WITH REMOVAL OF TUBE(S) OVARY(S)	11
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	6
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPE	6
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	6
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (9
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	11

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58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	11
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTIO	9
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	11
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH	9
58615	OCCLUDE OF FALLOPIAN TUBE(S) BY DIVICE (BAND, CLIP, RING) VAGINAL OR SUPRAPUBLIC	5
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	11
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	11
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	11
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY	11
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP	11
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	11
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	11
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	5
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	9
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	9
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	5
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	9
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR O	11
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPH	11
59160	CURETTAGE, POSTPARTUM	5
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	5
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	5
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	5
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	5
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	5
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	5

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59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	5
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	5
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	14
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	11
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	11
60212	PARTIAL THYROID LOBECTOMY, WITH CONTRALATERAL SUBTOTAL LOBECTOMY	11
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	11
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY	11
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS	11
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	11
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IM	14
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMP	14
61050	CISTERNAL OR LATERAL CERVICAL(C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	14
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATIO	14
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDUR	10
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	11
61330	DECOMPRESS OF ORBIT ONLY, TRANSCRANIAL APPROACH	11
61334	EXPLORE OF ORBIT; WITH REMOVE OF FOREIGN BODY	11
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLD(S), WITH INSERTION OF CATHETER	9
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGEN	5
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGEN	3
61880	REVISION AND REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	5
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	8
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	14
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	4
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	11

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62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPE	14
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPE	3
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR	10
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	14
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	1
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDL	10
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	10
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	14
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	14
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALIN	14
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PRLPOSUS OF INTERVERTEBRAL DISC	9
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	14
62310	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	14
62311	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	14
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN	14
62319	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	14
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	11
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	3
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFU	11
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATH	9
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY	5
63610	STEROTACTIC STIMULATION OF SPINAL CORE, PERCUTANEOUS, SEPARATE PROC NOT FOLLOWED BY OTHER SURGERY	5
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INC FLUOROSCOPY	5
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY	5

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63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROTIMULATOR ELECTRODE	5
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROTIMULATOR ELECTRODE	5
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	8
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	11
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	3
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	14
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	10
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER	14
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	10
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	10
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	14
64430	INJECTION, ANESTHETIC AGENT,; PUDENDAL NERVE	14
64446	INJECTION, ANESTHETIC AGENT, SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER	3
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER	10
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	14
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING	14
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING	10
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING	14
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING	10
64490	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING	14
64491	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING, SECOND LEVEL	10
64492	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING, THIRD AND ANY ADDITIONAL LEVEL	10
64493	INJECTION, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGING	14
64494	INJECTION, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGING, SECOND LEVEL	10
64495	INJECTION, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT WITH IMAGING, THIRD AND ANY ADDITIONAL LEVEL	10

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64510	INJECTION, ANESTHETIC AGENT, SUPERIOR HYPOGASTIC PLEXUS	14
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	14
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIS	14
64530	INJECTION, ANESTHETIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MODITORING	14
64585	REVISION OR REMOVAL OF PERIPHERAL, NEUROSTIMULATOR ELECTRODE ARRAY	5
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR	8
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBIT	3
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	3
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO	3
64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	14
64680	DESTRUCTION BY NEUROLYTIC AGENT; WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC PLEXUS	3
64681	DESTRUCTION BY NEUROLYTIC AGENT; WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR HYPOGASTRIC PLEXUS	3
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	5
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	5
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	5
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	5
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	5
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	5
64716	NEOROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE	5
64718	NEOROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	5
64719	NEOROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	5
64721	NEOROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL FUNNEL	5
64722	DECOMPRESSION; UNSPECIFIED NERVE(S)	5
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	5
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	5
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	5
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	5
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	5

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64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	5
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	5
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE	5
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	5
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	5
64761	TRANSECTION OR AVULSION OF; PUDENDAL NERVE	5
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR	5
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR	9
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	5
64772	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	5
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	5
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	5
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY)	5
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	5
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	5
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	5
64786	EXCISION OF NEUROMA; SCIATIC NERVE	9
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION)	5
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	5
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	5
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE	9
64795	BIOPSY OF NERVE	5
64802	SYMPATHECTOMY, CERVICAL	5
64820	SYMPATHECTOMY; DIGITAL ARTERIES EACH DIGIT	8
64821	SYMPATHECTOMY; RADIAL ARTERY	5
64822	SYMPATHECTOMY; ULNAR ARTERY	8
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	8
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	9
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	9
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	9

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64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	9
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	9
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION	9
64840	SUTURE OF POSTERIOR TIBIAL NERVE	9
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRA	9
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANS	9
64858	SUTURE OF SCIATIC NERVE	9
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITI	9
64861	SUTURE OF; BRACHIAL PLEXUS	9
64862	SUTURE OF; LUMBAR PLEXUS	9
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	9
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	9
64870	ANASTOMOSIS; FACIAL-PHRENIC	9
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	9
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERV	9
64876	SUTURE OR NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY	9
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	9
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LEN	9
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO	9
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE T	9
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4	9
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THA	9
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	9
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR F	9
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	9
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LE	9

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64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDIT	9
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATE	9
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	9
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	9
64910	NERVE REPAIR WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT, EACH NERVE	9
65091	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	9
65093	EVISCKERATION OF OCULAR CONTENTS; WITH IMPLANT	9
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	9
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	9
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	9
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	9
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	9
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CON	9
65125	REVISE OCULAR IMPLANT	8
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCKERATION, IN SCLERAL SHELL	8
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCKERATION, IN SCLERAL SHELL	8
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCKERATION, IN SCLERAL SHELL	9
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUCTIVAL GRAFT	8
65155	REINSERTION OF OCULAR INPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	9
65175	REMOVAL OF OCULAR IMPLANT	5
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	4
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION	14
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	6
65270	REPAIR OF LACERATION; CONJUCTIVE, WITH OR WITHOUT NONPERFORATION LACERATION	5
65272	REPAIR OF LACERATION; CONJUCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHO	7
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL	7

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65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UNVEAL TISSUE	6
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLEAR, PERFORATING, WITH REPOSITION OR	9
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	7
65400	EXCISION OF LESION, CORNEA, EXCEPT PTERYGIUM	4
65410	BIOPSY OF CORNEA	4
65420	EXCISION OR TRANSPOSITION OF PTERGIUM; WITHOUT GRAFT	4
65426	EXCISION OR TRANSPOSITION OF PTERGIUM; WITH GRAFT	7
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY	10
65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	9
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	9
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	9
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	9
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	9
65772	CORNEAL, RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATIST	4
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	4
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLATION, MULTIPLE LAYERS	9
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT	9
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUCTIVAL AUTOGRAPH	9
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOS	4
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH THERAPE	4
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL	7
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL	7
65850	TRABECULOTOMY AB EXTERNO	7
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH O	4
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH O	7
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH O	7
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	4

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	TECHNIQUE (WITH O	
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	4
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	7
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	7
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	4
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	10
66130	EXCISION OF LESION, SCLERA	7
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	7
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	7
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, W	7
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA; IRIDENCLEISIS OR IRIDOTASIS	7
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE	7
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRI	7
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUP	11
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	11
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	9
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	9
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY	4
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	10
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IR	10
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	7
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	7
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	4
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEP	7
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PR	7
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	7

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66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	7
66700	CILIARY BODY DESTRUCTION; DIATHERMY	4
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	4
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	4
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	4
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	7
66820	INCISION, SECONDARY CATARACT	10
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPS	10
66825	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPS	7
66830	REMOVAL OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	10
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	3
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRA	8
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	8
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	8
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	8
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	3
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESI	7
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTH	7
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESI	7
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATE	7
66986	EXCHANGE OF INTRAOCULAR LENS	7
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	6
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISI	6
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLAN	9
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	6
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT)	9

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67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	6
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	10
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	9
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAG	9
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOT	9
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CEL	9
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMIT	9
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEM	9
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DI	9
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT	9
67112	REPAIR OF RETINAL DETACHMENT; BY SCLERAL BUCKLING OR VITRECTOMY, ON PATIENT	9
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY,	9
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	6
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	6
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	6
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION)	14
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY,	6
67227	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY,	6
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	5
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	6
67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	7
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLE	7
67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	7
67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE 2 OR MORE VERTICAL MUSCLES	7
67318	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSL	7

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67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCUL	7
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID	7
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRI	7
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	7
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POST	7
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCU	7
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPA	7
67346	VIOPSY OF EXTRAOCULAR MUSCLE	3
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR E	5
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	7
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	5
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	7
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	9
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	5
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	9
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	9
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	9
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	9
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	9
67500	RETROBULBAR REJECTION; MEDICATION	10
67550	RETROBULBAR REJECTION; ALCOHOL	9
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	8
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEA	9
67715	CANTHOTOMY (SEPARATE PROCEDURE)	5
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZ	5
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	14

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67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	5
67875	TEMPORARY CLOSURE OF EYELID BY SUTURE	14
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHA	4
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHA	5
67900	REPAIR BROW PTOSIS	7
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER M	5
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIA	7
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	5
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	5
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INC	5
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTI	5
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	5
67911	CORRECTION OF LID RETRACTION	5
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG	5
67914	REPAIR OF ECTROPION; SUTURE	5
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	5
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	5
67921	REPAIR OF ENTROPION; SUTURE	5
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	5
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	5
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEB	5
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	5
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, C	5
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, C	5
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	5
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	7
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	5

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67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL F	5
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	5
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	4
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	7
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GR	7
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EX	5
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE G	7
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	7
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRA	7
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION	5
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	7
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	7
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	4
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	7
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	7
68510	BIOPSY OF LACRIMAL GLAND	5
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	7
68525	BIOPSY OF LACRIMAL SAC	5
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	5
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	7
68700	PLASTIC REPAIR OF CANALICULI	5
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	7
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHO	7
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	7
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	7
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	10
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	5
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	5
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH	5

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	TRANSLUMINAL	
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	4
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	7
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	7
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	4
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	14
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	6
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	7
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS D	11
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	11
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIREING	4
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	4
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	7
69450	TYMPANOLYSIS, TRANSCANAL	11
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	11
69502	MASTOIDECTOMY; COMPLETE	7
69505	MASTOIDECTOMY; MODIFIED RADICAL	11
69511	MASTOIDECTOMY; RADICAL	11
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	11
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	11
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	11
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	11
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	11
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	11
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	11
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	11
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	7
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/	11
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/	11

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69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/	11
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICO	11
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICO	11
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICO	11
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY	11
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY	11
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY	11
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY	11
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY	11
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY	11
69650	STAPES MOBILIZATION	7
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, W	11
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, W	11
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	11
69666	REPAIR OVAL WINDOW FISTULA	11
69667	REPAIR ROUND WINDOW FISTULA	11
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	11
69676	TYMPANIC NEURECTOMY	11
69700	CLOSURE POSTAURICULAR FISTULA, MUSTOID (SEPARATE PROCEDURE)	11
69711	REVE/REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	11
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	11
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	11
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	11
69801	LABYRINTHOTOMY, WITH PROFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	11
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	11
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	11
69820	FENESTRATION SEMICIRCULAR CANAL	11
69840	REVISION FENESTRATION OPERATION	11

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69905	LABYRINTHECTOMY; TRANSCANAL	11
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	11
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	11
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	13
D9420	HOSPITAL CALL	2
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	1
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	1
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR	14