

# Outpatient Surgical Procedures – Site of Service: CPT/HCPCS Codes

This list of codes applies to the Medical Policy titled [Outpatient Surgical Procedures – Site of Service](#) for Commercial plans.

**Effective Date:** June 1, 2024

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. The listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

This list contains CPT/HCPCS codes for the following:

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

CPT Code	Description
<b>Auditory System</b>	
69100	Biopsy external ear
69110	Excision external ear; partial, simple repair
69140	Excision exostosis(es), external auditory canal
69145	Excision soft tissue lesion, external auditory canal
69205	Removal foreign body from external auditory canal; with general anesthesia
69222	Debridement, mastoidectomy cavity, complex (e.g., with anesthesia or more than routine cleaning)
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction external auditory canal for congenital atresia, single stage
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	Ventilating tube removal requiring general anesthesia
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	Middle ear exploration through postauricular or ear canal incision
69450	Tympanolysis, transcanal
69505	Mastoidectomy; modified radical
69550	Excision aural glomus tumor; transcanal
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69620	Myringoplasty (surgery confined to drumhead and donor area)

CPT Code	Description
<b>Auditory System</b>	
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (e.g., postfenestration)
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	Stapes mobilization
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	Revision of stapedectomy or stapedotomy
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal
69805	Endolymphatic sac operation; without shunt
69806	Endolymphatic sac operation; with shunt
<b>Cardiovascular System</b>	
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
33241	Removal of implantable defibrillator pulse generator only
36000	Introduction of needle or intracatheter, vein
36010	Introduction of catheter, superior or inferior vena cava
36012	Selective catheter placement, venous system; second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

CPT Code	Description
<b>Cardiovascular System</b>	
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36821	Arteriovenous anastomosis, open; direct, any site (e.g., Cimino type) (separate procedure)
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (e.g., congenital or acquire arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
37607	Ligation or banding of angioaccess arteriovenous fistula
37609	Ligation or biopsy, temporal artery
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
<b>Digestive System</b>	
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	Excision of lesion of tongue with closure; posterior one-third
41520	Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)
42408	Excision of sublingual salivary cyst (ranula)
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42440	Excision of submandibular (submaxillary) gland

CPT Code	Description
<b>Digestive System</b>	
42800	Biopsy; oropharynx
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42821	Tonsillectomy and adenoidectomy; age 12 or over
42826	Tonsillectomy, primary or secondary; age 12 or over
42831	Adenoidectomy, primary; age 12 or over
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45172	Excision of rectal tumor, transanal approach; including muscularis propria (i.e., full thickness)
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
45379	Colonoscopy, flexible; with removal of foreign body(s)
45380	Colonoscopy, flexible; with biopsy, single or multiple
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

CPT Code	Description
<b>Digestive System</b>	
45386	Colonoscopy, flexible; with transendoscopic balloon dilation
45390	Colonoscopy, flexible; with endoscopic mucosal resection
45398	Colonoscopy, flexible; with band ligation(s) (e.g., hemorrhoids)
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
46080	Sphincterotomy, anal, division of sphincter (separate procedure)
46200	Fissurectomy, including sphincterotomy, when performed
46220	Excision of single external papilla or tag, anus
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
46250	Hemorrhoidectomy, external, 2 or more columns/groups
46255	Hemorrhoidectomy, internal and external, single column/group
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46505	Chemodenervation of internal anal sphincter
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
47000	Biopsy of liver, needle; percutaneous
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49550	Repair initial femoral hernia, any age; reducible
49650	Laparoscopy, surgical; repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia
<b>Eye/Ocular Adnexa System</b>	
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
65436	Removal of corneal epithelium; with application of chelating agent (e.g., EDTA)
65710	Keratoplasty (corneal transplant); anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial
65772	Corneal relaxing incision for correction of surgically induced astigmatism
65778	Placement of amniotic membrane on the ocular surface; without sutures
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65850	Trabeculotomy ab externo
65855	Trabeculoplasty by laser surgery



CPT Code	Description
<b>Eye/Ocular Adnexa System</b>	
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia
65920	Removal of implanted material, anterior segment of eye
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (e.g., McCannel suture)
66710	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (per session)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (1 or more stages)
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacoemulsification technique (mechanical or ultrasonic) (e.g., phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
67028	Intravitreal injection of a pharmacologic agent (separate procedure)

CPT Code	Description
<b>Eye/Ocular Adnexa System</b>	
67036	Vitrectomy, mechanical, pars plana approach
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g., macular pucker)
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil)
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g., choroidal neovascularization), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil) and laser photocoagulation
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67110	Repair of retinal detachment; by injection of air or other gas (e.g., pneumatic retinopexy)
67113	Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
67120	Removal of implanted material, posterior segment; extraocular
67121	Removal of implanted material, posterior segment; intraocular
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation
67210	Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; photocoagulation
67218	Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
67220	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), 1 or more sessions
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67228	Treatment of extensive or progressive retinopathy (e.g., diabetic retinopathy), photocoagulation
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
67318	Strabismus surgery, any procedure, superior oblique muscle
67345	Chemodervation of extraocular muscle
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy

CPT Code	Description
<b>Eye/Ocular Adnexa System</b>	
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
67420	Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of lesion
67445	Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of bone for decompression
67550	Orbital implant (implant outside muscle cone); insertion
67560	Orbital implant (implant outside muscle cone); removal or revision
67700	Blepharotomy, drainage of abscess, eyelid
67800	Excision of chalazion; single
67801	Excision of chalazion; multiple, same lid
67805	Excision of chalazion; multiple, different lids
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67875	Temporary closure of eyelids by suture (e.g., Frost suture)
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67938	Removal of embedded foreign body, eyelid
67971	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsconjunctival flap from opposing eyelid; second stage
68100	Biopsy of conjunctiva
68110	Excision of lesion, conjunctiva; up to 1 cm
68115	Excision of lesion, conjunctiva; over 1 cm
68135	Destruction of lesion, conjunctiva
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68440	Snip incision of lacrimal punctum
68700	Plastic repair of canaliculi
68720	Dacryocystorhinostomy (Fistulization of lacrimal sac to nasal cavity)
68750	Conjunctivorhinostomy (Fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
<b>Female Genital System</b>	
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56442	Hymenotomy, simple incision
56501	Destruction of lesion(s), vulva; simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)



CPT Code	Description
<b>Female Genital System</b>	
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56620	Vulvectomy simple; partial
56700	Partial hymenectomy or revision of hymenal ring
56740	Excision of Bartholin's gland or cyst
56810	Perineoplasty, repair of perineum, non-obstetrical (separate procedure)
56821	Colposcopy of the vulva; with biopsy(s)
57000	Colpotomy; with exploration
57061	Destruction of vaginal lesion(s); simple (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed
57268	Repair of enterocele, vaginal approach (separate procedure)
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57287	Removal or revision of sling for stress incontinence (e.g., fascia or synthetic)
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57300	Closure of rectovaginal fistula; vaginal or transanal approach
57410	Pelvic examination under anesthesia (other than local)
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
57420	Colposcopy of the entire vagina, with cervix if present
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
57505	Endocervical curettage (not done as part of a dilation and curettage)
57510	Cautery of cervix; electro or thermal
57511	Cautery of cervix; cryocautery, initial or repeat
57513	Cautery of cervix; laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision

CPT Code	Description
<b>Female Genital System</b>	
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57700	Cerclage of uterine cervix, non-obstetrical
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	Dilation of cervical canal, instrumental (separate procedure)
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	Hysteroscopy, surgical; with removal of leiomyomata
58562	Hysteroscopy, surgical; with removal of impacted foreign body
58563	Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
<b>Hemic and Lymphatic Systems</b>	
38221	Diagnostic bone marrow; biopsy(ies)
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
38500	Biopsy or excision of lymph node(s); open, superficial
38505	Biopsy or excision of lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38740	Axillary lymphadenectomy; superficial
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)
<b>Integumentary System</b>	
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
10180	Incision and drainage, complex, postoperative wound infection
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin and subcutaneous tissues
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair

CPT Code	Description
<b>Integumentary System</b>	
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal
11755	Biopsy of nail unit (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	Repair of nail bed
11770	Excision of pilonidal cyst or sinus; simple
11772	Excision of pilonidal cyst or sinus; complicated
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm

CPT Code	Description
<b>Integumentary System</b>	
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq. cm to 60.0 sq. cm
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq. cm or less, or 1% of body area of infants and children (except 15050)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq. cm or less, or 1% of body area of infants and children (except 15050)
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq. cm or less
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq. cm or less
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15760	Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area
15770	Graft; derma-fat-fascia
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses); first lesion
17004	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (e.g., actinic keratoses), 15 or more lesions
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq. cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq. cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq. cm
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks

CPT Code	Description
<b>Integumentary System</b>	
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
19101	Biopsy of breast; open, incisional
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	Excision of lactiferous duct fistula
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
<b>Male Genital System</b>	
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54055	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation
54057	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age
54100	Biopsy of penis; (separate procedure)
54110	Excision of penile plaque (Peyronie disease)
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision
54164	Frenulotomy of penis
54300	Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra
54360	Plastic operation on penis to correct angulation
54450	Foreskin manipulation including lysis of preputial adhesions and stretching
54512	Excision of extraparenchymal lesion of testis
54530	Orchiectomy, radical, for tumor; inguinal approach
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	Fixation of contralateral testis (separate procedure)
54640	Orchiopexy, inguinal approach, with or without hernia repair
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)
54830	Excision of local lesion of epididymis
54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral
55040	Excision of hydrocele; unilateral
55041	Excision of hydrocele; bilateral
55060	Repair of tunica vaginalis hydrocele (Bottle type)

CPT Code	Description
<b>Male Genital System</b>	
55100	Drainage of scrotal wall abscess
55110	Scrotal exploration
55120	Removal of foreign body in scrotum
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	Excision of lesion of spermatic cord (separate procedure)
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55700	Biopsy, prostate; needle or punch, single or multiple, any approach
<b>Musculoskeletal System</b>	
20200	Biopsy, muscle; superficial
20205	Biopsy, muscle; deep
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)
20225	Biopsy, bone, trocar, or needle; deep (e.g., vertebral body, femur)
20240	Biopsy, bone, open; superficial (e.g., sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)
20245	Biopsy, bone, open; deep (e.g., humeral shaft, ischium, femoral shaft)
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20526	Injection, therapeutic (e.g., local anesthetic, corticosteroid), carpal tunnel
20551	Injection(s); single tendon origin/insertion
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); without ultrasound guidance
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); with ultrasound guidance, with permanent recording and reporting
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting
20612	Aspiration and/or injection of ganglion cyst(s) any location
20680	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)
20693	Adjustment or revision of external fixation system requiring anesthesia (e.g., new pin[s] or wire[s] and/or new ring[s] or bar[s])
20694	Removal, under anesthesia, of external fixation system
20912	Cartilage graft; nasal septum
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); less than 2 cm
21014	Excision, tumor, soft tissue of face and scalp, subfascial (e.g., subgaleal, intramuscular); 2 cm or greater
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	Excision of torus mandibularis
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage



CPT Code	Description
<b>Musculoskeletal System</b>	
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (e.g., locally aggressive or destructive lesion[s])
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach)
21550	Biopsy, soft tissue of neck or thorax
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (e.g., intramuscular); less than 5 cm
21557	Radical resection of tumor (e.g., sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21920	Biopsy, soft tissue of back or flank; superficial
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21932	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); less than 5 cm
21933	Excision, tumor, soft tissue of back or flank, subfascial (e.g., intramuscular); 5 cm or greater
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (e.g., intramuscular); less than 5 cm
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (e.g., intramuscular); 5 cm or greater
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076	Excision, tumor, soft tissue of shoulder area, subfascial (e.g., intramuscular); less than 5 cm
23120	Claviclectomy; partial
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus
23405	Tenotomy, shoulder area; single tendon
23415	Coracoacromial ligament release, with or without acromioplasty
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23480	Osteotomy, clavicle, with or without internal fixation
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

CPT Code	Description
<b>Musculoskeletal System</b>	
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (e.g., intramuscular); 5 cm or greater
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (e.g., intramuscular); less than 5 cm
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	Arthrotomy, elbow; with synovectomy
24105	Excision, olecranon bursa
24110	Excision or curettage of bone cyst or benign tumor, humerus
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process
24130	Excision, radial head
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis), olecranon process
24200	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24300	Manipulation, elbow, under anesthesia
24310	Tenotomy, open, elbow to shoulder, each tendon
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	Repair lateral collateral ligament, elbow, with local tissue
24357	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); percutaneous
24358	Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24366	Arthroplasty, radial head; with implant
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius)
24615	Open treatment of acute or chronic elbow dislocation
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
25000	Incision, extensor tendon sheath, wrist (e.g., deQuervains disease)
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (e.g., intramuscular); 3 cm or greater
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm

CPT Code	Description
<b>Musculoskeletal System</b>	
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (e.g., intramuscular); less than 3 cm
25085	Capsulotomy, wrist (e.g., contracture)
25105	Arthrotomy, wrist joint; with synovectomy
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each
25110	Excision, lesion of tendon sheath, forearm and/or wrist
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25118	Synovectomy, extensor tendon sheath, wrist, single compartment
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process)
25130	Excision or curettage of bone cyst or benign tumor of carpal bones
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); radius
25210	Carpectomy; 1 bone
25215	Carpectomy; all bones of proximal row
25230	Radial styloidectomy (separate procedure)
25240	Excision distal ulna partial or complete (e.g., Darrach type or matched resection)
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (e.g., for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25350	Osteotomy, radius; distal third
25445	Arthroplasty with prosthetic replacement; trapezium
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25605	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25652	Open treatment of ulnar styloid fracture
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
26011	Drainage of finger abscess; complicated (e.g., felon)

CPT Code	Description
<b>Musculoskeletal System</b>	
26020	Drainage of tendon sheath, digit and/or palm, each
26045	Fasciotomy, palmar (e.g., Dupuytren's contracture); open, partial
26055	Tendon sheath incision (e.g., for trigger finger)
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	Arthrotomy with biopsy; interphalangeal joint, each
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); 1.5 cm or greater
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (e.g., intramuscular); less than 1.5 cm
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26160	Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger
26180	Excision of tendon, finger, flexor or extensor, each tendon
26200	Excision or curettage of bone cyst or benign tumor of metacarpal
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (e.g., osteomyelitis); distal phalanx of finger
26320	Removal of implant from finger or hand
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); primary, without free graft, each tendon
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (e.g., no man's land); secondary, without free graft, each tendon
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	Repair of extensor tendon, central slip, secondary (e.g., boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (e.g., mallet finger)

CPT Code	Description
<b>Musculoskeletal System</b>	
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (e.g., mallet finger)
26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm or finger, each tendon
26442	Tenolysis, flexor tendon; palm and finger, each tendon
26445	Tenolysis, extensor tendon, hand or finger, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26516	Capsulodesis, metacarpophalangeal joint; single digit
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	Arthroplasty, metacarpophalangeal joint; each joint
26535	Arthroplasty, interphalangeal joint; each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (e.g., adductor advancement)
26567	Osteotomy; phalanx of finger, each
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)

CPT Code	Description
<b>Musculoskeletal System</b>	
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation
26860	Arthrodesis, interphalangeal joint, with or without internal fixation
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (e.g., intramuscular); 5 cm or greater
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (e.g., intramuscular); less than 5 cm
27062	Excision; trochanteric bursa or calcification
27093	Injection procedure for hip arthrography; without anesthesia
27095	Injection procedure for hip arthrography; with anesthesia
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (e.g., infection)
27323	Biopsy, soft tissue of thigh or knee area; superficial
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (e.g., intramuscular); less than 5 cm
27329	Radical resection of tumor (e.g., sarcoma), soft tissue of thigh or knee area; less than 5 cm
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral
27334	Arthrotomy, with synovectomy, knee; anterior or posterior
27335	Arthrotomy, with synovectomy, knee; anterior and posterior including popliteal area
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (e.g., intramuscular); 5 cm or greater
27340	Excision, prepatellar bursa
27345	Excision of synovial cyst of popliteal space (e.g., Baker's cyst)
27347	Excision of lesion of meniscus or capsule (e.g., cyst, ganglion), knee
27372	Removal of foreign body, deep, thigh region or knee area
27403	Arthrotomy with meniscus repair, knee
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27418	Anterior tibial tubercleplasty (e.g., Maquet type procedure)
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27613	Biopsy, soft tissue of leg or ankle area; superficial
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (e.g., intramuscular); less than 5 cm
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body



CPT Code	Description
<b>Musculoskeletal System</b>	
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (e.g., intramuscular); 5 cm or greater
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (e.g., osteomyelitis); tibia
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27705	Osteotomy; tibia
27720	Repair of nonunion or malunion, tibia; without graft, (e.g., compression technique)
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (e.g., pins or screws)
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
28005	Incision, bone cortex (e.g., osteomyelitis or bone abscess), foot
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28035	Release, tarsal tunnel (posterior tibial nerve decompression)
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); 1.5 cm or greater
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28045	Excision, tumor, soft tissue of foot or toe, subfascial (e.g., intramuscular); less than 1.5 cm
28047	Radical resection of tumor (e.g., sarcoma), soft tissue of foot or toe; 3 cm or greater
28055	Neurectomy, intrinsic musculature of foot
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28080	Excision, interdigital (Morton) neuroma, single, each
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toe(s), each
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)

CPT Code	Description
<b>Musculoskeletal System</b>	
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28118	Ostectomy, calcaneus
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (e.g., osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28225	Tenolysis, extensor, foot; single tendon
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28250	Division of plantar fascia and muscle (e.g., Steindler stripping) (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (e.g., webbing or Kelikian type procedure)
28285	Correction, hammertoe (e.g., interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (e.g., Ruiz-Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal

CPT Code	Description
<b>Musculoskeletal System</b>	
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (e.g., overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28475	Closed treatment of metatarsal fracture; with manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (e.g., Jones type procedure)
28810	Amputation, metatarsal, with toe, single
28825	Amputation, toe; interphalangeal joint
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; Capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (e.g., humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	Arthroscopy, elbow, surgical; synovectomy, partial
29836	Arthroscopy, elbow, surgical; synovectomy, complete

CPT Code	Description
<b>Musculoskeletal System</b>	
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	Arthroscopy, hip, surgical; with synovectomy
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	Arthroscopy, knee, surgical; with meniscus repair (medial or lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial and lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	Endoscopic plantar fasciotomy
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body

CPT Code	Description
<b>Musculoskeletal System</b>	
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29906	Arthroscopy, subtalar joint, surgical; with debridement
29914	Arthroscopy, hip, surgical; with femoroplasty (i.e., treatment of cam lesion)
29915	Arthroscopy, hip, surgical; with acetabuloplasty (i.e., treatment of pincer lesion)
29916	Arthroscopy, hip, surgical; with labral repair
<b>Nervous System</b>	
62281	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	Revision or removal of peripheral neurostimulator electrode array
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64642	Chemodenervation of one extremity; 1-4 muscle(s)
64644	Chemodenervation of one extremity; 5 or more muscles
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
64647	Chemodenervation of trunk muscle(s); 6 or more muscles
64702	Neuroplasty; digital, 1 or both, same digit
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
64774	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	Excision of neuroma; digital nerve, 1 or both, same digit
64782	Excision of neuroma; hand or foot, except digital nerve
64784	Excision of neuroma; major peripheral nerve, except sciatic
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64795	Biopsy of nerve
64831	Suture of digital nerve, hand or foot; 1 nerve
64835	Suture of 1 nerve; median motor thenar



CPT Code	Description
<b>Respiratory System</b>	
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization
30000	Drainage abscess or hematoma, nasal, internal approach
30020	Drainage abscess or hematoma, nasal septum
30100	Biopsy, intranasal
30110	Excision, nasal polyp(s), simple
30115	Excision, nasal polyp(s), extensive
30118	Excision or destruction (e.g., laser), intranasal lesion; external approach (lateral rhinotomy)
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
30220	Insertion, nasal septal prosthesis (button)
30310	Removal foreign body, intranasal; requiring general anesthesia
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30630	Repair nasal septal perforations
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (e.g., electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (i.e., submucosal)
30930	Fracture nasal inferior turbinate(s), therapeutic
31020	Sinusotomy, maxillary (antrotomy); intranasal
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31200	Ethmoidectomy; intranasal, anterior
31205	Ethmoidectomy; extranasal, total
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	Laryngoscopy, direct, operative, with foreign body removal
31535	Laryngoscopy, direct, operative, with biopsy
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope
31574	Laryngoscopy, flexible; with injection(s) for augmentation (e.g., percutaneous, transoral), unilateral
31575	Laryngoscopy, flexible; diagnostic
31576	Laryngoscopy, flexible; with biopsy(ies)
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser
31591	Laryngoplasty, medialization, unilateral



CPT Code	Description
<b>Respiratory System</b>	
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (e.g., voice button, Blom-Singer prosthesis)
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance
<b>Urinary System</b>	
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (e.g., ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)
50590	Lithotripsy, extracorporeal shock wave
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
51102	Aspiration of bladder; with insertion of suprapubic catheter
51702	Insertion of temporary indwelling bladder catheter; simple (e.g., Foley)
51710	Change of cystostomy tube; complicated
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51720	Bladder instillation of anticarcinogenic agent (including retention time)
51726	Complex cystometrogram (i.e., calibrated electronic equipment)
51728	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure), any technique
51729	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure) and urethral pressure profile studies (i.e., urethral closure pressure profile), any technique
52000	Cystourethroscopy (separate procedure)
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service

CPT Code	Description
<b>Urinary System</b>	
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52204	Cystourethroscopy, with biopsy(s)
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia
52275	Cystourethroscopy, with internal urethrotomy; male
52276	Cystourethroscopy with direct vision internal urethrotomy
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282	Cystourethroscopy, with insertion of permanent urethral stent
52283	Cystourethroscopy, with steroid injection into stricture
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration
52287	Cystourethroscopy, with injection(s) for Chemodenervation of the bladder
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique)
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
52341	Cystourethroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (e.g., balloon dilation, laser, electrocautery, and incision)
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

CPT Code	Description
<b>Urinary System</b>	
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)
52450	Transurethral incision of prostate
52500	Transurethral resection of bladder neck (separate procedure)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52640	Transurethral resection; of postoperative bladder neck contracture
53020	Meatotomy, cutting of meatus (separate procedure); except infant
53230	Excision of urethral diverticulum (separate procedure); female
53260	Excision or fulguration; urethral polyp(s), distal urethra
53265	Excision or fulguration; urethral caruncle
53270	Excision or fulguration; Skene's glands
53440	Sling operation for correction of male urinary incontinence (e.g., fascia or synthetic)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53450	Urethromeatoplasty, with mucosal advancement
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53665	Dilation of female urethra, general or conduction (spinal) anesthesia

*CPT® is a registered trademark of the American Medical Association*