



## AARP® MedicareComplete® insured through UnitedHealthcare 2019 Prior Authorization List April - December

For questions or more information, please contact Banner Plan Administration at: 480-684-7070

**All services and procedures, regardless of place of service, must meet medical necessity criteria.**

### Organizational Determinations Status Definitions

**Expedited:** When the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy

**Standard:** Determination must be made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the date organization receives the request.

### Inpatient Admissions

**Prior** authorization is not required for emergent inpatient admission. Please submit a face sheet as a form of notification for acute or post-acute (SNF, AIR, LTAC) to allow for authorization entry and concurrent review.

### Out of Network Services

Participating primary care providers must obtain prior authorization for any referral of non-emergency care to a non-participating health care facility or provider. Participating specialists requesting service at a non-participating health care entity must also request prior authorization.

### Durable Medical Equipment Advanced Imaging

Equipment (prosthetics, orthotics, equipment and/or associated medical supplies) for which the billed amount exceeds \$1,000.00 retail cost.

Requires Prior Authorization: CT/CTA/MRI/MRA/PET Scans - Submit to Evicore. Phone – 888-693-3211; Fax – 888-693-3210; [www.evicore.com/pages/providerlogin.aspx](http://www.evicore.com/pages/providerlogin.aspx)

### Ambulance Services

Non-Emergent all codes

### Transplants

All codes excluding corneal transplants.

### Genetic Testing

All codes

### Home Based Medical Services

All codes

### Cosmetic Surgery following Mastectomy for Breast Cancer

Reconstruction procedures are covered but require prior authorization.

### Infertility/IVF

All codes

### Experimental or Investigational

Experimental, investigational or unproven requests need to be submitted to United Healthcare Medicare.

Code	Description
333	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy
15820	Blepharoplasty Lower Eyelid
15821	Blepharoplasty Lower Eyelid Herniated Fat Pad
15822	Blepharoplasty Upper Eyelid

Code	Description
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
15824	Rhytidectomy Forehead
15825	Rhytidectomy Neck W/Platysmal Tightening
15826	Rhytidectomy Glabellar Frown Lines
15828	Rhytidectomy Cheek Chin&Neck
15829	Rhytidectomy Smas Flap
15830	Excision Skin Abd Infraumbilical Panniculectomy
15832	Excision Excessive Skin&Subq Tissue Thigh
15833	Excision Excessive Skin&Subq Tissue Leg
15834	Excision Excessive Skin&Subq Tissue Hip
15835	Excision Excessive Skin&Subq Tissue Buttock
15836	Excision Excessive Skin&Subq Tissue Arm
15837	Exc Excessive Skin&Subq Tissue Forearm/Hand
15838	Exc Excsv Skin&Subq Tissue Submental Fat Pad
15839	Excision Excessive Skin&Subq Tissue Other Area
15847	Excision Excessive Skin & Subq Tissue Abdomen
15876	Suction Assisted Lipectomy Head&Neck
15877	Suction Assisted Lipectomy Trunk
15878	Suction Assisted Lipectomy Upper Extremity
15879	Suction Assisted Lipectomy Lower Extremity
17657.08	Radiology-Therapeutic and/or Chemotherapy Administration-Radiation Therapy
17834	Blepharoplasty Lower Eyelid
18011	Blepharoplasty Lower Eyelid Herniated Fat Pad
18188	Blepharoplasty Upper Eyelid
18365	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
18542	Rhytidectomy Forehead
18719	Rhytidectomy Neck W/Platysmal Tightening
18896	Rhytidectomy Glabellar Frown Lines
19073	Rhytidectomy Cheek Chin&Neck
19250	Rhytidectomy Smas Flap
19294	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19299	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19300	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19301	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19316	Mastopexy
19318	Reduction Mammoplasty
19324	Mammoplasty Augmentation W/O Prosthetic Implant
19325	Mammoplasty, Augmentation; With Prosthetic Implant
19328	Removal Of Intact Mammary Implant

Code	Description
19330	Removal Of Mammary Implant Material
19340	Immediate Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19342	Delayed Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19350	Nipple/Areola Reconstruction
19355	Correction Of Inverted Nipples
19357	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Including
19361	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implant
19364	Breast Reconstruction With Free Flap
19366	Breast Reconstruction With Other Technique
19367	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19368	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19369	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19370	Open Periprosthetic Capsulotomy, Breast
19371	Periprosthetic Capsulectomy, Breast
19380	Revision Of Reconstructed Breast
19396	Preparation Moulage Custom Breast Implant
19427	Excision Skin Abd Infraumbilical Panniculectomy
19499	Unlisted Procedure Breast
19604	Excision Excessive Skin&Subq Tissue Thigh
19781	Excision Excessive Skin&Subq Tissue Leg
19958	Excision Excessive Skin&Subq Tissue Hip
20134	Excision Excessive Skin&Subq Tissue Buttock
20311	Excision Excessive Skin&Subq Tissue Arm
20488	Exc Excessive Skin&Subq Tissue Forearm/Hand
20665	Exc Excsv Skin&Subq Tissue Submental Fat Pad
20842	Excision Excessive Skin&Subq Tissue Other Area
20930	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)
20931	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)
20936	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure)
20937	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)
20938	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)
20974	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)
20975	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)
21019	Excision Excessive Skin & Subq Tissue Abdomen
21120	Genioplasty Augmentation
21121	Genioplasty Sliding Osteotomy Single Piece
21122	Genioplasty 2/> Sliding Osteotomies
21123	Geniop Sliding Agmntj W/Interposal Bone Grafts
21125	Agmntj Mndblr Body/Angle Prosthetic Material
21127	Agmntj Mndblr Bdy/Angl W/B1 Grf Onlay/Interposal
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone

Code	Description
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21172	Rcnstj Superior-Lateral Orbital Rim&Lower Fhd
21175	Rcnstj Bifrontal Superior-Lat Orb Rims&Lwr Fhd
21179	Rcnstj Forehead&/Supraorb Rims W/Algrf/Prostc
21180	Rcnstj Forehead&/Supraorbital Rims W/Autograft
21181	Rcnstj Contouring Benign Tumor Crnl Bones Xtrc
21182	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf <40Sqcm
21183	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Grf >40 <80Sqcm
21184	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf>80Sq Cm
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts
21193	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/O Grf
21194	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/Graft
21195	Rcnstj Mndblr Rami&/Body Sglt Splt W/O Int Rgd
21196	Rcnstj Mndblr Rami&/Bdy Sglt Splt W/Int Rgd Fixj
21196	Suction Assisted Lipectomy Head&Neck
21198	Osteotomy Mandible Segmental
21199	Osteotomy Mandible Sgtml W/Genioglossus Advmnt
21206	Osteotomy Maxilla Segmental
21208	Osteoplasty Facial Bones Augmentation
21209	Osteoplasty Facial Bones Reduction
21210	Graft Bone Nasal/Maxillary/Malar Areas
21215	Graft Bone Mandible
21230	Graft Rib Crtlg Autogenous Face/Chin/Nose/Ear
21235	Graft Ear Crtlg Autogenous Nose/Ear
21240	Arthrp Temporomandibular Joint W/Wo Autograft
21242	Arthroplasty Temporomandibular Jt W/Allograft
21243	Arthrp Tmpmand Joint W/Prosthetic Replacement
21244	Rcnstj Mndbl Xtroral W/Transosteal Bone Plate
21245	Rcnstj Mndbl/Maxl Subpriosteal Implant Partial
21246	Rcnstj Mndbl/Maxl Subpriosteal Implant Complete
21247	Rcnstj Mndblr Condyle W/Bone Cartlg Autografts
21248	Rcnstj Mandible/Maxl Endosteal Implant Partial
21249	Rcnstj Mandible/Maxl Endosteal Implant Complete
21255	Rcnstj Zygmtc Arch/Glenoid Fossa W/Bone Cartlg
21256	Reconstruction Orbit W/Osteotomies&Bone Grafts
21260	Periorbital Osteotomies Bone Grafts Extracranial
21261	Periorbital Osteotomies W/Bone Grafts Icra&Xtrc
21263	Periorbital Osteotomies W/Bone Grafts W/Forehead
21267	Orbital Repositioning W/Bone Grafts Extracranial
21268	Orbital Repositioning W/Bone Grafts Icra&Xtrc
21270	Malar Augmentation Prosthetic Material
21275	Secondary Revision Orbitocraniofacial Rcnstj
21280	Medial Canthopexy (Separate Procedure)
21282	Lateral Canthopexy
21295	Reduction Masseter Muscle&Bone Extraoral
21296	Reduction Masseter Muscle&Bone Intraoral
21299	Unlisted Craniofacial&Maxillofacial Procedure
21373	Suction Assisted Lipectomy Trunk
21421	Closed Tx Palatal/Maxillary Fx W/Fixation/Splint
21422	Open Treatment Palatal/Maxillary Fracture

Code	Description
21423	Open Tx Palatal/Maxillary Fx Comp Multiple Appr
21431	Closed Tx Craniofacial Separation
21432	Open Tx Craniofacial Sep W/Wiring&/Int Fixj
21433	Open Tx Craniofacial Sep Complicated Mlt Appr
21435	Open Tx Craniofacial Sep Comp W/Int&/Xtrnl Fixj
21436	Optx Crnfccl Sep Lft Iii Typ Comp Int Fixj W/Bone
21550	Suction Assisted Lipectomy Upper Extremity
21727	Suction Assisted Lipectomy Lower Extremity
21904.04615	Preparation of tumor cavity, with placement of radiation therapy applicator for intraoperative radiation therapy (IORT), concurrent with partial mastectomy
22100	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina O
22101	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22102	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Segment;
22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22220	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22222	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22224	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22226	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22510	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Cervicothoracic
22511	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Lumbosacral
22512	Percutaneous Vertebroplasty(Bone Biopsy Included When Performed), 1 Vertebral Body, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance; Each Additional Cervicothoracic Or Lumbosacral Vertebral Body( List Separately In Addition To Code For Primary Procedure)
22513	Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device (Eg, 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 (Eg, Kyphoplasty), 1 Vertebral Body, Unilateral, Or Bilateral Cannulation, Inclusive Of All Imaging Guidance; Lumbar
22515	Percutaneous Vertebral Augmentation, Including Cavity Creation(Fracture Reduction And Bone Biopsy Included When Performed) Using Mechanical Device(Eg, Kyphoplasty), 1 Vertebral Body, Unilateral Or
22526	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Single Level
22527	Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral Or Bilateral Including Fluoroscopic Guidance; Once Or More Additional Levels (List Separately In Addition To Code For Primary Procedure)
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separately in Addition To Code For Primary Procedure)
22551	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2



Code	Description
22552	Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy, Osteophytectomy And Decompression Of Spinal Cord And/Or Nerve Roots; Cervical Below C2, Each Additional Interspace (List Separately In Addition To Code For Separate Procedure)
22554	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Cervical Below C2
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22600	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cervical Below C2 Segment
22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (With Lateral Transverse Technique, When Performed)
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment; Lumbar
22634	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression); Each Additional Interspace And Segment (List Separately In Addition To Code For Primary Procedure)
22830	Exploration Of Spinal Fusion
22840	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique, Pedicle F
22841	Posterior Non-Segmental Instrumentation (Eg, Harrington Rod Technique, Pedicle F
22842	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 3 To 6 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22843	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 7 To 12 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22844	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multiple Hooks And Sublaminar Wires); 13 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22845	Anterior Instrumentation, 2 To 3 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22846	Anterior Instrumentation, 4 To 7 Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22847	Anterior Instrumentation, 8 Or More Vertebral Segments (List Separately In Addition To Code For Primary Procedure)
22848	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure)
22849	Reinsertion Of Spinal Fixation Device
22850	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)
22852	Removal Of Posterior Segmental Instrumentation
22853	Insertion Of Interbody Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Conjunction With Interbody Arthrodesis, Each Interspace (List Separately In Addition To Code For Primary Procedure)
22854	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh) With Integral Anterior Instrumentation For Device Anchoring (Eg, Screws, Flanges), When Performed, To Vertebral Corpectomy(ies) (Vertebral Body Resection, Partial Or Complete) Defect, In Conjunction With Interbody Arthrodesis, Each Contiguous Defect (List Separately In Addition To Code For Primary Procedure)
22855	Removal Of Anterior Instrumentation
22856	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection), Single Interspace; Lumbar
22857	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace, Lumbar
22858	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy With End Plate Preparation (Includes Osteophytectomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List Separately In Addition To Code For Primary Procedure)

Code	Description
22859	Insertion Of Intervertebral Biomechanical Device(S) (Eg, Synthetic Cage, Mesh, Methylmethacrylate) To Intervertebral Disc Space Or Vertebral Body Defect Without Interbody Arthrodesis, Each Contiguous Effect (List Separately In Addition To Code For Primary Procedure)
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical
22862	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Lumbar
22867	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Single Level
22868	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Fusion, Including Image Guidance When Performed, With Open Decompression, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)
22869	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Single Level
22870	Insertion Of Interlaminar/Interspinous Process Stabilization/Distracton Device, Without Open Decompression Or Fusion, Including Image Guidance When Performed, Lumbar; Second Level (List Separately In Addition To Code For Primary Procedure)
22898	Mastopexy
22920	Reduction Mammoplasty
22942	Mammoplasty Augmentation W/O Prosthetic Implant
22964	Mammoplasty, Augmentation; With Prosthetic Implant
22985	Removal Of Intact Mammary Implant
23000	Removal Of Subdeltoid Calcareous Deposits, Open
23007	Removal Of Mammary Implant Material
23020	Capsular Contracture Release (Eg, Sever Type Procedure)
23029	Immediate Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
23051	Delayed Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
23073	Nipple/Areola Reconstruction
23095	Correction Of Inverted Nipples
23117	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Including
23120	Claviclectomy; Partial
23130	Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release
23139	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implant
23160	Breast Reconstruction With Free Flap
23182	Breast Reconstruction With Other Technique
23204	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
23226	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
23248	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
23270	Open Periprosthetic Capsulotomy, Breast
23292	Periprosthetic Capsulectomy, Breast
23313	Revision Of Reconstructed Breast
23334	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
23335	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
23335	Preparation Moulage Custom Breast Implant
23357	Unlisted Procedure Breast
23379.05149	Allograft, Morselized, Or Placement Of Osteopromotive Material, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)
23400.91809	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Code For Primary Procedure)
23410	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Acute
23412	Repair Of Ruptured Musculotendinous Cuff (Eg, Rotator Cuff) Open; Chronic
23415	Coracoacromial Ligament Release, With Or Without Acromioplasty
23420	Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
23422.7847	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary

Code	Description
23430	Tenodesis Of Long Tendon Of Biceps
23440	Resection Or Transplantation Of Long Tendon Of Biceps
23444.6513	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)
23450	Capsulorrhaphy, Anterior; Putti-Platt Procedure Or Magnuson Type Operation
23455	Capsulorrhaphy, Anterior;With Labral Repair (Eg, Bankart Procedure)
23460	Capsulorrhaphy, Anterior, Any Type; With Bone Block
23462	Capsulorrhaphy, Anterior, Any Type;With Coracoid Process Transfer
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, With Or Without Bone Block
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
23466.5179	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural,Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure)
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
23472	Shoulder)]
23473	Component
23474	Component
23488.38451	Electrical Stimulation To Aid Bone Healing; Non Invasive (Nonoperative)
23510.25111	Electrical Stimulation To Aid Bone Healing; Invasive (Operative)
23532	Genioplasty Augmentation
23800	Arthrodesis Glenohumeral Joint
23802	Arthrodesis Glenohumeral Jt W/Autogenous Graft
25441	Arthroplasty W/Prosthetic Rplcmt Distal Radius
25442	Arthroplasty W/Prosthetic Rplcmt Distal Ulna
25443	Arthroplasty W/Prosthetic Rplcmt Scaphoid Carpal
25444	Arthroplasty W/Prosthetic Replacement Lunate
25445	Arthroplasty W/Prosthetic Replacement Trapezium
25446	Arthrp W/Prostc Rplcmt Dstl Rds&Prtl/Carpus
27096	Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed
27125	Hemiarthroplasty, Hip, Partial (E.G., Femoral Stem Prosthesis, Bipolar Arthroplasty)
27130	Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without Autograft Or Allograft
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft Or Allograft
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without Autograft Or Allograft
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without Autograft Or Allograft
27332	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial OR Lateral
27333	Arthrotomy, With Excision Of Semilunar Cartilage (Meniscectomy) Knee; Medial AND Lateral
27334	Arthrotomy, With Synovectomy, Knee; Anterior OR Posterior
27335	Arthrotomy, With Synovectomy, Knee;Anterior AND Posterior Including Popliteal Area
27403	Arthrotomy With Meniscus Repair, Knee
27412	Autologous Chondrocyte Implantation, Knee
27415	Osteochondral Allograft, Knee, Open
27416	Osteochondral Autograft(S), Knee, Open (Eg, Mosaicplasty) (Includes Harvesting Of Autograft(S))
27418	Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure)
27420	Reconstruction Of Dislocating Patella; (Eg, Hauser Type Procedure)
27422	Reconstruction Of Dislocating Patella;With Extensor Realignment And/Or Muscle Advancement Or Release (Eg, Campbell, Goldwaite Type Procedure)
27424	Reconstruction Of Dislocating Patella;With Patellectomy
27425	Lateral Retinacular Release, Open
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
27428	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open)
27429	Ligamentous Reconstruction (Augmentation), Knee;Intra-Articular (Open) And Extra-Articular



Code	Description
27430	Quadricepsplasty (Eg, Bennett Or Thompson Type)
27438	Arthroplasty, Patella; With Prosthesis
27440	Arthroplasty, Knee, Tibial Plateau
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And Partial Synovectomy
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment
27447	Resurfacing (Total Knee Arthroplasty)
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; 1 Component
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component
27700	Arthroplasty, Ankle;
27702	Arthroplasty, Ankle; With Implant (Total Ankle)
27703	Arthroplasty, Ankle; Revision, Total Ankle
29805	Arthroscopy, Shoulder, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)
29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
29807	Arthroscopy, Shoulder, Slap Repair
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
29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive
29824	(Procedure)
29825	Arthroscopy, Shoulder, Surgical; With Lysis And Resection Of Adhesions, With Or Without Manipulation
29826	Coracoacromial Ligament (Ie, Arch) Release, When Performed (List Separately In Addition To Code For
29827	Arthroscopy, Shoulder, Surgical; With Rotator Cuff Repair
29828	Arthroscopy, Shoulder, Biceps Tenodesis
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
29866	Autograft(S)
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)
29868	Or Lateral
29870	Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure)
29871	Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage
29873	Arthroscopy, Knee, Surgical; With Lateral Release
29874	Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body ( Eg Osteochondritis Dissecans Fragmentation, Chondral Fragmentation)
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg Plica Or Shelf Resection) (Separate Procedure)
29876	Arthroscopy, Knee, Surgical; Synovectomy, Major, 2 Or More Compartments (Eg, 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)
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)
29882	Arthroscopy, Knee, Surgical; With Meniscal Repair (Medial Or Lateral)
29883	Arthroscopy, Knee, Surgical; With Meniscal 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

Code	Description
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
29914	Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion)
29915	Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion)
29916	Arthroscopy, Hip, Surgical; With Labral Repair
30400	Rhinp Prim Lat&Alar Crtlgs&/Elvtn Nasal Tip
30410	Rhinp Prim Complete Xtrnl Parts
30420	Rhinoplasty Primary W/Major Septal Repair
30430	Rhinoplasty Secondary Minor Revision
30435	Rhinoplasty Secondary Intermediate Revision
30450	Rhinoplasty Secondary Major Revision
30460	Rhinp Dfrm W/Colum Lngth Tip Only
30462	Rhinp Dfrm Colum Lngth Tip Septum Osteot
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
33212	Insertion of pacemaker pulse generator only; with existing single lead
33213	Insertion of pacemaker pulse generator only; with existing dual leads
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead,
33221	Insertion of pacemaker pulse generator only; with existing multiple leads
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (including upgrade to dual chamber system and pocket revision) (list separately in addition to code for primary procedure)
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
33228	lead system
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
33262	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; single lead system
33263	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; dual lead system
33264	Removal of pacing cardioverter-defibrillator pulse generator with replacement of pacing cardioverter-defibrillator pulse generator; multiple lead system
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
33975	Insertion of Ventricular assist device; extracorporeal, single ventricle
33976	Insertion of Ventricular assist device; extracorporeal, bi-ventricular

Code	Description
33979	Insertion of Ventricular assist device; implantable intracorporeal, single ventricle
33990	Insertion of Ventricular assist device; percutaneous, arterial access only
33991	Insertion of Ventricular assist device; percutaneous, arterial and venous access with transseptal puncture
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein; accessory saphenous vein)
36466	multiple incompetent truncal veins (eg, great saphenous vein; accessory saphenous vein), same leg
36468	1/Mlt Njxs Sclrs Slns Spider Veins Limb/Trunk
36469	1/Mlt Njxs Sclrs Slns Spider Veins Face
36470	Injection Of Sclerosing Solution; Single Vein
36471	Injection Of Sclerosing Solution; Multiple Veins, Same Leg
36473	Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36476	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36479	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
36483	subsequent vein(s) treated in a single extremity, each through separate access sites
37650	Ligation Of Femoral Vein
37660	Ligation Of Common Iliac Vein
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or
37718	Ligation, Division, And Stripping, Short Saphenous Vein
37722	Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofe
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance,
37765	Stab Phlebectomy Of Varicose Veins, One Extremity; 10-20 Stab Incisions
37766	Stab Phlebectomy Of Varicose Veins, One Extremity; More Than 20 Incisions
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), One Leg
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
42120	Resection of palate or extensive resection of lesion
42125	Palatopharyngoplasty
42140	Uvulectomy, excision of uvula
43210	Esophagogastroduodenoscopy, flexible, transoral
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Ro
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Ga
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gas
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43842	Gastric Rstcv W/O Byp Vertical-Banded Gastroply
43843	Gstr Rstcv W/O Byp Oth/Thn Ver-Banded Gstp
43845	Gastric Rstcv W/Prtl Gastrectomy 50-100 Cm
43846	Gastric Rstcv W/Byp W/Short Limb 150 Cm/<
43847	Gastric Rstcv W/Byp W/Sm Int Rcnstj Limit Absrpj
43848	Revision Open Gastric Restrictive Px Not Device

Code	Description
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open
43886	Gstr Rstcv Px Opn Revj Subq Port Component Only
43887	Gstr Rstcv Px Opn Rmvl Subq Port Component Only
43888	Gstr Rstcv Opn Rmvl&Rplcmt Subq Port
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytostomy
58180	Supra cervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary (s)
58200	Total Abdominal hysterectomy, including partial vaginectomy, with para aortic and pelvic lymph node sampling, with or without removal of tube(s), with or with out removal of ovary(s)
58210	Radical abdominal hysterectomy
58240	Pelvic Exenteration for gynecologic malignancy, with total abdominal hysterectomy with or with removal of (tubes, ovaries, bladder, ureteral transplantation), and or abdominal perineal resection of rectum and colon and colostomy, or any combination there of.
58260	Vaginal hysterectomy for uterus with 250 grams or less
58262	Vaginal hysterectomy for uterus with 250 grams or less with removal of tubes and or ovaries
58263	Vaginal hysterectomy for uterus with 250 grams or less with removal of tubes and or ovaries with repair of enterocele
58267	Vaginal hysterectomy for uterus with 250 grams or less; with colpo-urethrocytostomy
58270	Vaginal hysterectomy for uterus with 250 grams or less with repair of enterocele
58275	Vaginal hysterectomy with total or partial vaginectomy
58280	Vaginal hysterectomy with total or partial vaginectomy with repair of enterocele
58285	Vaginal hysterectomy, radical
58290	Vaginal hysterectomy for uterus greater than 250 grams
58291	Vaginal hysterectomy for uterus greater than 250 grams with removal of tubes and or ovaries
58292	Vaginal hysterectomy for uterus greater than 250 grams with removal of tubes and or ovaries with repair of
58293	Vaginal hysterectomy for uterus greater than 250 grams; with colpo-urethrocytostomy
58294	Vaginal hysterectomy for uterus greater than 250 grams with repair of enterocele
58346	Insertion of Heyman capsules for clinical brachytherapy
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
59400	Routine Obstetrical Care Including antepartum care, vaginal delivery and post partum care
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)

Code	Description
61850	Twist/Burr Hole Impltj Nstim Eltrd Cortical
61860	Crnec/Crx Impltj Nstim Eltrd Cere Cortical
61863	Strtctc Impltj Nstim Eltrd W/O Record 1St Array
61864	Strtctc Impltj Nstim Eltrd W/O Record Ea Array
61867	Strtctc Impltj Nstim Eltrd W/Record 1St Array
61868	Strtctc Impltj Nstim Eltrd W/Record Ea Array
61870	Crnec Impltj Nstim Eltrd Cerebellar Cortical
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver
62263	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 2 Or More Days
62264	Percutaneous Lysis Of Epidural Adhesions Using Solution Injection (E.G., Hypertonic Saline, Enzyme) Or Mechanical Means (E.G., Catheter) Including Radiologic Localization (Includes Contrast When Administered), Multiple Adhesiolysis Sessions; 1 Day
62280	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid
62281	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Cervical Or Thoracic
62282	Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Epidural, Lumbar, Sacral (Caudal)
62287	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method Utilizing Needle Based Technique To Remove Disc Material Under Fluoroscopic Imaging Or Other Form Of Indirect Visualization, With Discography And/Or Epidural Injection(S) At The Treated Level(S), When Performed, Single Or Multiple Levels, Lumbar
62292	Injection Procedure For Chemonucleolysis, Including Discography, Intervertebral Disc, Single, Or Multiple Levels, Lumbar
62320	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance
62321	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62322	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance
62323	Injection(S), Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Including Needle Or Catheter Placement, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62324	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; Without Imaging Guidance
62325	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Cervical Or Thoracic; With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62326	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); Without Imaging Guidance
62327	Injection(S), Including Indwelling Catheter Placement, Continuous Infusion Or Intermittent Bolus, Of Diagnostic Or Therapeutic Substance(S) (Eg, Anesthetic, Antispasmodic, Opioid, Steroid, Other Solution), Not Including Neurolytic Substances, Interlaminar Epidural Or Subarachnoid, Lumbar Or Sacral (Caudal); With Imaging Guidance (Ie, Fluoroscopy Or Ct)
62350	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; Without



Code	Description
62351	Implantation, Revision Or Repositioning Of Tunneled Intrathecal Or Epidural Catheter, For Long-Term Medication Administration Via An External Pump Or Implantable Reservoir/Infusion Pump; With
62360	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir
62361	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir; Nonprogrammable Pump
62362	Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming
62380	Endoscopic Decompression Of Spinal Cord, Nerve Root(S), Including Laminotomy, Partial Facetectomy, Foraminotomy, Discectomy And/Or Excision Of Herniated Intervertebral Disc, 1 Interspace, Lumbar
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Cervical
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), 1 Or 2 Vertebral Segments; Lumbar, Except For Spondylolisthesis
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure)
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments;
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Discectomy (Eg, Spinal Stenosis), More Than 2 Vertebral Segments;
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Cervical
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary Procedure)
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Cervical
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Lumbar
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Forminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Cervical Interspace (List Separately In Addition To Code For Primary Procedure)
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc, Reexploration, Single Interspace; Each Additional Lumbar Interspace (List Separately In Addition To Code For Primary Procedure)
63045	Laminectomy, Facetectomy And Forminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis], Single Vertebral Segment;
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment;
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root[S], [Eg, Spinal Or Lateral Recess Stenosis]), Single Vertebral Segment; Each Additional Segment, Cervical, Thoracic, Or Lumbar (List Separately In Addition To Code For Primary
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments
63051	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, 2 Or More Vertebral Segments; With Reconstruction Of The Posterior Bony Elements (Including The Application Of Bridging Bone Graft And Non-Segmental Fixation Devices (Eg, Wire, Suture, Mini-Plates), When Performed)
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve R
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disc)
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disc), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure)

Code	Description
63075	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Single Interspace
63076	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Cervical, Each Additional Interspace (List Separately In Addition To Code For Primary
63077	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Single Segment
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior Approach With Decompression Of Spinal Cord And/Or Nerve Root(S); Cervical, Each Additional Segment (List Separately In Addition To Code For Primary Procedure)
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Ex
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Co
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63265	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than