

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

SURGICAL PROCEDURE SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	PLACE OF SERVICE REQUIRING PA (Please verify by contacting claims vendor)	ADDITIONAL INFORMATION
100-Surgeon 209-Facility	10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE SITES, COMEDONES, CYSTS, PUSTULES)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
105-Surgeon 214-Facility	11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	routine foot care unless ICD-10 qualifying Dx of metabolic disease, diabetes or condition specified in manual
105-Surgeon 214-Facility	11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	routine foot care unless ICD-10 qualifying Dx of metabolic disease, diabetes or condition specified in manual
105-Surgeon 214-Facility	11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	routine foot care unless ICD-10 qualifying Dx of metabolic disease, diabetes or condition specified in manual
105-Surgeon 214-Facility	11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE, EACH ADDITIONAL NAIL PLATE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	Add-on (+) code List separately in addition to primary code 11730
105-Surgeon 214-Facility	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	
105-Surgeon 214-Facility	11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL NAIL FOLD(S) (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	Check when used with 11750; 11760; 11762; 11765
105-Surgeon 214-Facility	11760	REPAIR OF NAIL BED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	
105-Surgeon 214-Facility	11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	
105-Surgeon 214-Facility	11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All except POS 11 PA not required if performed in office setting	
106-Surgeon 215-Facility	11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
106-Surgeon 215-Facility	11901	INJECTION, INTRALESIONAL; MORE THAN 7 LESIONS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
106-Surgeon 215-Facility	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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106-Surgeon 215-Facility	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
106-Surgeon 215-Facility	11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
106-Surgeon 215-Facility	11976	REMOVABLE, IMPLANTABLE CONTRACEPTIVE CAPSULES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
106-Surgeon 215-Facility	11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE SKIN)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS, DEFECT 10.1 SQ CM TO 30.0 SQ CM	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
108-Surgeon 217-Facility	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
109-Surgeon 218-Facility	15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PARAMEDIAN FOREHEAD FLAP)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
109-Surgeon 218-Facility	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
109-Surgeon 218-Facility	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
109-Surgeon 218-Facility	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
110-Surgeon 219-Facility	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHING DOWN LID	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
110-Surgeon 219-Facility	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	

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113-Surgeon 222-Facility	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) (SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
113-Surgeon 222-Facility	17312	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) (	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
113-Surgeon 222-Facility	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) (	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
113-Surgeon 222-Facility	17314	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) (	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
113-Surgeon 222-Facility	17315	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) (	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
114-Surgeon 223-Facility	19300	MASTECTOMY FOR GYNECOMASTIA	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Deny if cosmetic
669-Surgeon 670-Facility	19303	MASTECTOMY, SIMPLE, COMPLETE IP & ASC	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	This code has diagnostic restrictions related to cancer/mastectomy diagnoses. DIAGNOSIS CODES NOT ON THE APPROVED LISTING REQUIRES PRIOR AUTHORIZATION. Please contact claims payer to verify diagnostic codes.
115-Surgeon 224-Facility	19316	MAXTOPEXY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
115-Surgeon 224-Facility	19318	BREAST REDUCTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
115-Surgeon 224-Facility	19325	BREAST AUGMENTATION WITH IMPLANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
115-Surgeon 224-Facility	19328	REMOVAL OF INTACT BREAST IMPLANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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115-Surgeon 224-Facility	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19340	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19350	NIPPLE/AREOLA RECONSTRUCTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19355	CORRECTION OF INVERTED NIPPLES	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19361	BREAST RECONSTRUCTION; WITH LATISSIMUS DORSI FLAP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19364	BREAST RECONSTRUCTION; WITH FREE FLAP (EG, FTRAM, DIEP, SIEA, GAP FLAP)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19367	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19368	BREAST RECONSTRUCTION; WITH SINGLE-PEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP, REQUIRING SEPARATE MICROVASCULAR ANASTOMOSIS (SUPERCHARGING)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
671-Surgeon 672-Facility	19369	BREAST RECONSTRUCTION; WITH BIPEDICLED TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS (TRAM) FLAP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
115-Surgeon 224-Facility	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
115-Surgeon 224-Facility	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
115-Surgeon 224-Facility	19380	REVISION OF RECONSTRUCTED BREAST	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
116-Surgeon 225-Facility	19499	UNLISTED PROCEDURE, BREAST	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
803-Surgeon 804-Facility	20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
117-Surgeon 226-Facility	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) ASC & IP	SURGICAL PROCEDURES	REQUIRED	<21	PRICED	ALL	
208-Surgeon 321-Facility	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
208-Surgeon 321-Facility	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
208-Surgeon 321-Facility	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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208-Surgeon 321-Facility	21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
208-Surgeon 321-Facility	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
208-Surgeon 321-Facility	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
868-Surgeon 880-Facility	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
118-Surgeon 227-Facility	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGONOCYPHALY, BRACHYCEPHALY), WITH OR WITHOUT GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG FIBROUS DYSPLASIA), EXTRACRANIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDING OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING LES	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDING OBTAINING GRAFTS); TOTAL AREA OF BONE GRAFTING GRE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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118-Surgeon 227-Facility	21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACANIAL EXCISION OF BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH MULTIPLE AUTOGRAFTS (INCLUDING OBTAINING GRAFTS; TOTAL AREA OF BONE GRAFTING GREAT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDING OBTAINING AUTOGRAFTS)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITHOUT BONE GRAFT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT) ASC & IP	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
118-Surgeon 227-Facility	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) ASC & IP	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
118-Surgeon 227-Facility	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT ASC & IP	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
118-Surgeon 227-Facility	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	PLACE OF SERVICE REQUIRING PA (Please verify by contacting claims vendor)	ADDITIONAL INFORMATION
118-Surgeon 227-Facility	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIFACIAL MICROSOMIA)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE CYLINDER); PARTIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE CYLINDER); COMPLETE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
118-Surgeon 227-Facility	21282	LATERAL CANTHOPEXY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
119-Surgeon 228-Facility	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
120-Surgeon 229-Facility	21315	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITHOUT STABILIZATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
120-Surgeon 229-Facility	21320	CLOSED TREATMENT OF NASAL BONE FRACTURE WITH MANIPULATION; WITH STABILIZATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
120-Surgeon 229-Facility	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
120-Surgeon 229-Facility	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL OR EXTERNAL SKELETAL FIXATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
120-Surgeon 229-Facility	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
119-Surgeon 228-Facility	21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
121-Surgeon 230-Facility	21685	HYOID MYOTOMY AND SUSPENSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
121-Surgeon 230-Facility	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
121-Surgeon 230-Facility	21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
121-Surgeon 230-Facility	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
805-Surgeon 806-Facility	21899	UNLISTED PROCEDURE, NECK OR THORAX	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED

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658- Surgeon 659- Facility	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED); 1 VENTRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; CERVICOTHORACIC	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
658- Surgeon 659- Facility	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED); 1 VENTRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBOSACRAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
658- Surgeon 659- Facility	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN 1 VENTRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 22510 or 22511
658- Surgeon 659- Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
658- Surgeon 659- Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
658- Surgeon 659- Facility	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 BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 22513 or 22514
610- Surgeon 613- Facility	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY COVERAGE
610- Surgeon 613- Facility	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SINGLE INTERSPACE, LUMBAR	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY COVERAGE
610- Surgeon 613- Facility	22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); SECOND INTERSPACE, LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	NEW FOR 2023 ONLY COVERAGE CODE List separately in addition to primary code 22856 INPATIENT *ADD-ON

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884-Surgeon 883-Facility	22899	UNLISTED PROCEDURE, SPINE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	
807-Surgeon 808-Facility	22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
611-Surgeon 614-Facility	23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23415	CORACOAACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIPLASTY	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
611-Surgeon 614-Facility	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	IP Only	INPATIENT ONLY COVERAGE
809-Surgeon 810-Facility	23929	UNLISTED PROCEDURE, SHOULDER	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
612-Surgeon 615-Facility	24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24361	ARTHROPLASTY, ELBOW; WITH DISTALHUMERAL PROSTHETIC REPLACEMENT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24365	ARTHROPLASTY, RADIAL HEAD;	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	

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612-Surgeon 615-Facility	24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
612-Surgeon 615-Facility	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
884-Surgeon 885-Facility	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	
126-Surgeon 235-Facility	25000	INCISION, EXTENSOR TENDONSHEATH, WRIST (EG, DEQUERVAINS DISEASE)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
126-Surgeon 235-Facility	25001	INCISION, FLEXOR TENDON SHEATH, WRIST, (EG, FLEXOR CARPI RADIALIS)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
127-Surgeon 236-Facility	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
127-Surgeon 236-Facility	25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25441	ARTHROPLASTY, WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25442	ARTHROPLASTY, WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25443	ARTHROPLASTY, WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25444	ARTHROPLASTY, WITH PROSTHETIC REPLACEMENT; LUNATE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25445	ARTHROPLASTY, WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25446	ARTHROPLASTY, WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
128-Surgeon 237-Facility	25447	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS; INTERPOSITION (EG, TENDON)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	25448	ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS; SUSPENSION, INCLUDING TRANSFER OR TRANSPLANT OF TENDON, WITH INTERPOSITION, WHEN PERFORMED	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
811-Surgeon 812-Facility	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
129-Surgeon 238-Facility	26055	TENDON SHEATH INCISION (E.G. FOR TRIGGER FINGER)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
130-Surgeon 239-Facility	26121	FASCIOTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	

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130-Surgeon 239-Facility	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHAANGAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
130-Surgeon 239-Facility	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHAANGAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 26123
130-Surgeon 239-Facility	26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CKEPROULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26580	REPAIR CLEFT HAND	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
131-Surgeon 240-Facility	26590	REPAIR MACRODACTYLIA, EACH DIGIT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
132-Surgeon 241-Facility	26989	UNLISTED PROCEDURE, HANDS OR FINGERS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
133-Surgeon 242-Facility	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID WITH IMAGE GUIDANCE (FLOUROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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N/A	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY COVERAGE
134-Surgeon 243-Facility	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
134-Surgeon 243-Facility	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED AND PLACEMENT OF TRANSFIXING DEVICE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
134-Surgeon 243-Facility	27280	ARTHRODESIS, SACROILIAC JOINT, OPEN, INCLUDES OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY COVERAGE
813-Surgeon 814-Facility	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
663-Surgeon 664-Facility	27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
663-Surgeon 664-Facility	27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALIDIUM TYPE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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135-Surgeon 244-Facility	27486	REVISION OF TOTAL KNEE AAARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
135-Surgeon 244-Facility	27487	REVISION OF TOTAL KNEE AAARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
815-Surgeon 816-Facility	27599	UNLISTED PROCEDURE, FEMOR OR KNEE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
137-Surgeon 246-Facility	27700	ARTHROPLASTY, ANKLE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
137-Surgeon 246-Facility	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
137-Surgeon 246-Facility	27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
137-Surgeon 246-Facility	27704	REMOVAL OF ANKLE IMPLANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
138-Surgeon 247-Facility	27899	UNLISTED PROCEDURE, LEG OR ANKLE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
139-Surgeon 248-Facility	28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (EG, CLAYTON TYPE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28116	OSTECTOMY, EXCISION OF TARSAL COALITION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28118	OSTECTOMY, CALCANEUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
140-Surgeon 249-Facility	28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (EG, KIDNER TYPE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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141-Surgeon 250-Facility	28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CKEPROULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CKEPROULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT, WITH IMPLANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28292	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH RESECTION OF PROXIMAL PHALANX BASE, WHEN PERFORMED, ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28295	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28296	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28297	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28298	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28299	CORRECTION, HALLUX VALGUS WITH BUNIONECTOMY, WITH SESAMOIDECTOMY WHEN PERFORMED; WITH DOUBLE OSTEOTOMY, ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Can be billed with other procedures
141-Surgeon 250-Facility	28302	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION, TALUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Can be billed with other procedures
141-Surgeon 250-Facility	28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
141-Surgeon 250-Facility	28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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141-Surgeon 250-Facility	28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Can be billed with other procedures
141-Surgeon 250-Facility	28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
142-Surgeon 251-Facility	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT(S))	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
817-Surgeon 818-Facility	28899	UNLISTED PROCEDURE, FOOT OR TOES	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
819-Surgeon 820-Facility	29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
143-Surgeon 252-Facility	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
143-Surgeon 252-Facility	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
397-Surgeon 396-Facility	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29820	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29822	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, 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])	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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397-Surgeon 396-Facility	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29855	ARTHROSCOPICALLY SIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED (INCLUDES ARTHROSCOPY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29856	ARTHROSCOPICALLY SIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, (INCLUDES ARTHROSCOPY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29871	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), FOR INFECTION, LAVAGE AND DRAINAGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29873	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), FOR LATERAL RELEASE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29874	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), FOR REMOVAL OF LOOSE BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29875	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESTION) (SEPARATE PROCEDURE) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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397-Surgeon 396-Facility	29876	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29877	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29879	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHEN NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29880	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29881	ANTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29882	ANTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), WITH MENISCUS REPAIR (MEDIAL OR LATERAL) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29883	ANTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), WITH MENISCUS REPAIR (MEDIAL AND LATERAL) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29884	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE) ASP & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29885	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29886	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29887	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE), DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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397-Surgeon 396-Facility	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29893	ENDOSCOPIC PLANTAR FASCIOTOMY ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, WITH DEBRIDEMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, WITH DEBRIDEMENT, WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT (EG, STENAR LESION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
397-Surgeon 396-Facility	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
881-Surgeon 882-Facility	29999	UNLISTED PROCEDURE, ARTHROSCOPY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
144-Surgeon 253-Facility	30150	RHINECTOMY; PARTIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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145-Surgeon 254-Facility	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30460	RHINOPLASTY, FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LEGTHENING; TIP ONLY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30462	RHINOPLASTY, FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LEGTHENING; TIP, SEPTUM, OSTEOTOMIES	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP, OP & ASC	
145-Surgeon 254-Facility	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING CONTOURING OR REPLACEMENT WITH GRAFT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30540	REPAIR CHOANAL ATRESIA; INTRANASAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
145-Surgeon 254-Facility	30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
821-Surgeon 822-Facility	30999	UNLISTED PROCEDURE, NOSE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
146-Surgeon 255-Facility	31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
692-Surgeon 693-Facility	31513	LARYNGOSCOPY, INDIRECT; DIAGNOSTIC; WITH VOCAL CORD INJECTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	J0585 requires a separate PA when used as the injection agent.
692-Surgeon 693-Facility	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	J0585 requires a separate PA when used as the injection agent.
692-Surgeon 693-Facility	31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	J0585 requires a separate PA when used as the injection agent.
823-Surgeon 824-Facility	31599	UNLISTED PROCEDURE, LARYNX	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
825-Surgeon 826-Facility	31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
950-Surgeon 951-Facility	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP, OP & ASC	
825-Surgeon 826-Facility	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED

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N/A	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOLY, DEBRIDEMENT, DEBULKING AND/OR SIMPLE COMMISSURAL RESUSPENSION)	N/A	REQUIRED	No Restriction	PRICED	IP Only	EFFECTIVE 07/01/2024 INPATIENT ONLY
N/A	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET RECONSTRUCTION, OR ANNULOPLASY)	N/A	REQUIRED	No Restriction	PRICED	IP Only	EFFECTIVE 07/01/2024 INPATIENT ONLY
950-Surgeon 951-Facility	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS) FOR CONGENITAL CARDIAC ANOMALIES TO CREATE EFFECTIVE ATRIAL FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, ANY METHOD (EG, RASHKIND, SANG-PARK, BALLOON, CUTTING BALLOON, BLADE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
950-Surgeon 951-Facility	33745	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES, AND TARGET ZONE ANGIOPLASTY, WHEN PERFORMED (EG, ATRIAL SEPTUM, FONTAN FENESTRATION, RIGHT VENTRICULAR OUTFLOW TRACT, MUSTARD/SENNING/WARDEN BAFFLES); INITIAL INTRACARDIAC SHUNT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
950-Surgeon 951-Facility	33746	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT HEART DIAGNOSTIC CARDIAC CATHETERIZATION FOR CONGENITAL CARDIAC ANOMALIES, AND TARGET ZONE ANGIOPLASTY, WHEN PERFORMED (EG, ATRIAL SEPTUM, FONTAN FENESTRATION, RIGHT VENTRICULAR OUTFLOW TRACT, MUSTARD/SENNING/WARDEN BAFFLES); EACH ADDITIONAL INTRACARDIAC SHUNT LOCATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
950-Surgeon 951-Facility	33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
950-Surgeon 951-Facility	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART VENTRICULAR ASSIST DEVICE, VENOUS CANNULA, AT SEPARATE AND DISTINCT SESSION FROM INSERTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
827-Surgeon 828-Facility	33999	UNLISTED PROCEDURE, CARDIAC SURGERY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED

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148-Surgeon 257-Facility	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
148-Surgeon 257-Facility	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
148-Surgeon 257-Facility	35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
148-Surgeon 257-Facility	35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
148-Surgeon 257-Facility	35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
149-Surgeon 258-Facility	36299	UNLISTED PROCEDURE, VASCULAR INJECTION	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	NOT PRICED	ALL	
662-Surgeon 259-Facility	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)	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	Do not report 36465 in conjunction with 29520, 29530, 29540, 29550, 29580, 29581 or 29584 for the same extremity
662-Surgeon 259-Facility	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN), SAME LEG	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	Do not report 36466 in conjunction with 29520, 29530, 29540, 29550, 29580, 29581 or 29584 for the same extremity
662-Surgeon 259-Facility	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	Do not report 36475 in conjunction with 29520, 29530, 29540, 29550, 29580, 29581 or 29584 for the same extremity or in conjunction with 36000, 36002, 36005, 36410. 36425, 36475, 36476, 36482, 36483, 37241, 75894, 76000, 76937, 76942, 76998, 77002, 93970, 93871 in same surgical field
662-Surgeon 259-Facility	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 36475
662-Surgeon 259-Facility	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	Do not report 36478 in conjunction with 29520, 29530, 29540, 29550, 29580, 29581 or 29584 for the same extremity or in conjunction with 36000, 36002, 36005, 36410. 36425, 36475, 36476, 36482, 36483, 37241, 75894, 76000, 76937, 76942, 76998, 77002, 93970, 93871 in same surgical field

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662-Surgeon 259-Facility	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SECOND AND SUBSEQUENT VEINS TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 36478
152-Surgeon 261-Facility	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS) ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
857-Surgeon 869-Facility	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
152-Surgeon 261-Facility	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT, OPEN ASC & IP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37761	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37766	STAB PHLEBECTOMY OF VARICOSE VEIN, 1 EXTREMITY; MORE THAN 20 INCISIONS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLOPLITEAL JUNCTION (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
152-Surgeon 261-Facility	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S); 1 LEG	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
153-Surgeon 262-Facility	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
827-Surgeon 828-Facility	38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
PLEASE USE CPT CODE	38228	CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; CAR-T CELL ADMINISTRATION, AUTOLOGOUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19. 21 & 22	NEW CODE EFFECTIVE 01/01/2025
PLEASE USE CPT CODE	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP, OP & CAH	EFFECTIVE 11/01/2024 POS 22 added

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829-Surgeon 830-Facility	38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
829-Surgeon 830-Facility	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
829-Surgeon 830-Facility	40799	UNLISTED PROCEDURE, LIPS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
154-Surgeon 263-Facility	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
155-Surgeon 264-Facility	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
831-Surgeon 832-Facility	40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
156-Surgeon 265-Facility	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
156-Surgeon 265-Facility	41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
834-Surgeon 835-Facility	41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
625-Surgeon 626-Facility	41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
835-Surgeon 836-Facility	41899	UNLISTED PROCEDURES, DENTOALVEOLAR STRUCTURES	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
157-Surgeon 266-Facility	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLATY, UVULOPHARYNGOPLASTY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
837-Surgeon 838-Facility	42299	DIGESTIVE, PALATE AND UVULA, EXCISION DESTRUCTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
829-Surgeon 830-Facility	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
158-Surgeon 267-Facility	42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
158-Surgeon 267-Facility	42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
158-Surgeon 267-Facility	42820	TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12	SURGICAL PROCEDURES	REQUIRED	Age <12 years old	PRICED	ALL	
158-Surgeon 267-Facility	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	SURGICAL PROCEDURES	REQUIRED	Age =>12 years old	PRICED	ALL	
158-Surgeon 267-Facility	42825	TONSILLECTOMY, PRIMARY OR SECONDARY; YOUNGER THAN AGE 12	SURGICAL PROCEDURES	REQUIRED	Age <12 years old	PRICED	ALL	
158-Surgeon 267-Facility	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	SURGICAL PROCEDURES	REQUIRED	Age =>12 years old	PRICED	ALL	
158-Surgeon 267-Facility	42830	ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12	SURGICAL PROCEDURES	REQUIRED	Age <12 years old	PRICED	ALL	

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158-Surgeon 267-Facility	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	SURGICAL PROCEDURES	REQUIRED	Age =>12 years old	PRICED	ALL	
158-Surgeon 267-Facility	42835	ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12	SURGICAL PROCEDURES	REQUIRED	Age <12 years old	PRICED	ALL	
158-Surgeon 267-Facility	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	SURGICAL PROCEDURES	REQUIRED	Age =>12 years old	PRICED	ALL	
839-Surgeon 840-Facility	42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS OR TONSILS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
665-Surgeon 666-Facility	43201	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
665-Surgeon 666-Facility	43236	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE) WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	J0585 requires a separate PA when used as the injection agent.
N/A	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
665-Surgeon 666-Facility	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
160-Surgeon 269-Facility	43281	LAPROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PREFORMED; WITHOUT IMPLANTATION OF MESH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
160-Surgeon 269-Facility	43282	LAPROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PREFORMED; WITH IMPLANTATION OF MESH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
665-Surgeon 666-Facility	43283	LAPROSCOPY, SURGICAL, ESOPHAGEAL LENTHENING PROCEDURE (EG. COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 43280, 43281, 43282
160-Surgeon 269-Facility	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OPEN CERVICAL PHARYNGOGASTROSTOMY OR ESOPHAGOGASTROSTOMY (IE, LAPAROSCOPIC TRANSHIATAL ESOPHAGECTOMY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY

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160-Surgeon 269-Facility	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH SEPARATE THORACOSCOPIC MOBILIZATION OF THE MIDDLE AND UPPER MEDIASTINAL ESOPHAGUS AND THORACIC ESOPHAGOGASTROSTOMY (IE, LAPAROSCOPIC THORACOSCOPIC ESOPHAGECTOMY, IVOR LEWIS ESOPHAGECTOMY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY Do not report 43287 in conjunction with 32551
160-Surgeon 269-Facility	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBILIZATION OF THE UPPER, MIDDLE, AND LOWER MEDIASTINAL ESOPHAGUS, WITH SEPARATE LAPAROSCOPIC PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OPEN CERVICAL PHARYNGOGASTROSTOMY OR ESOPHAGOGASTROSTOMY (IE, THORACOSCOPIC, LAPAROSCOPIC AND CERVICAL INCISION ESOPHAGECTOMY, MCKEOWN ESOPHAGECTOMY, TRI-INCISIONAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY Do not report 43288 in conjunction with 32551
858-Surgeon 870-Facility	43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
161-Surgeon 270-Facility	43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL, WITHOUT IMPLANTATION OF MESH OR OTHER PROTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
161-Surgeon 270-Facility	43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL, WITH IMPLANTATION OF MESH OR OTHER PROTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
161-Surgeon 270-Facility	43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
161-Surgeon 270-Facility	43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
161-Surgeon 270-Facility	43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
161-Surgeon 270-Facility	43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITH IMPLANTATION OF MESH OR OTHER PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
841-Surgeon 842-Facility	43499	UNLISTED PROCEDURE, ESOPHAGUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
162-Surgeon 271-Facility	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS); WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP Only	INPATIENT ONLY BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity.

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162-Surgeon 271-Facility	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS); WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP Only	INPATIENT ONLY BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity.
162-Surgeon 271-Facility	43647	LAPAROSCOPY, SURGICAL, IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	ALL	BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity. DIAGNOSTIC RESTRICTIONS APPLY
162-Surgeon 271-Facility	43648	LAPAROSCOPY, SURGICAL: REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	ALL	BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity. DIAGNOSTIC RESTRICTIONS APPLY
162-Surgeon 271-Facility	43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
162-Surgeon 271-Facility	43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
162-Surgeon 271-Facility	43653	LAPAROSCOPY, SURGICAL; GASTRONOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
859-Surgeon 871-Facility	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
162-Surgeon 271-Facility	43770	LAPROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS)	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP & 22	09/16/2024-Outpatient (POS 22) covered BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity.
162-Surgeon 271-Facility	43771	LAPROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS),REVISION OF ADJUSTABLE GASTRIC DEVICE COMPONENT ONLY	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP & 22	09/16/2024-Outpatient (POS 22) covered BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity.
162-Surgeon 271-Facility	43772	LAPROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS), REMOVAL OF GASTRIC RESTRICTIVE DEVICE ONLY	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP & 22	09/16/2024-Outpatient (POS 22) covered
162-Surgeon 271-Facility	43773	DIGESTIVE, BARIATRIC SURGERY, LAPROSCOPY; LAPROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS), REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE ONLY	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP & 22	09/16/2024-Outpatient (POS 22) covered
162-Surgeon 271-Facility	43774	LAPROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND SUBCUTANEOUS PORT COMPONENTS), REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP & 22	09/16/2024-Outpatient (POS 22) covered BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity. DIAGNOSTIC RESTRICTIONS APPLY

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N/A	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMMON CHANNEL) TO LIMIT ABSRPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP Only	INPATIENT ONLY BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity.
163-Surgeon 272-Facility	43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP Only	INPATIENT ONLY BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity. DIAGNOSTIC RESTRICTIONS APPLY
163-Surgeon 272-Facility	43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	SURGICAL PROCEDURES	REQUIRED	Age =>18 years old	PRICED	IP Only	INPATIENT ONLY BMS Policy indicates age 18 years and older. Exceptions may be considered based on medical necessity. DIAGNOSTIC RESTRICTIONS APPLY
829-Surgeon 830-Facility	43999	UNLISTED PROCEDURE, STOMACH	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	All	
905-Surgeon 906-Facility	44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
907-Surgeon 908-Facility	44799	UNLISTED PROCEDURE SMALL INTESTINE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
164-Surgeon 273-Facility	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
860-Surgeon 872-Facility	44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	All	
618-Surgeon 617-Facility	45399	UNLISTED PROCEDURE, COLON	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	All	
618-Surgeon 617-Facility	45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	All	
165-Surgeon 274-Facility	46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
909-Surgeon 910-Facility	46999	UNLISTED PROCEDURE ANUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
911-Surgeon 912-Facility	47379	UNLISTED LAPAROSCOPY PROCEDURE, LIVER	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
166-Surgeon 275-Facility	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
166-Surgeon 275-Facility	47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
166-Surgeon 275-Facility	47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
166-Surgeon 275-Facility	47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
843-Surgeon 844-Facility	47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	All	
843-Surgeon 844-Facility	47999	UNLISTED PROCEDURE, BILIARY TRACT	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED

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843-Surgeon 844-Facility	48999	UNLISTED PROCEDURE, PANCREAS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
N/A	49186	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S), SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 5 CM OR LESS	N/A	REQUIRED	No Restriction	PRICED	IP Only	NEW FOR 2025 INPATIENT ONLY
N/A	49187	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S), SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 5.1 TO 10 CM	N/A	REQUIRED	No Restriction	PRICED	IP Only	NEW FOR 2025 INPATIENT ONLY
N/A	49188	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S), SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 10.1 TO 20 CM	N/A	REQUIRED	No Restriction	PRICED	IP Only	NEW FOR 2025 INPATIENT ONLY
N/A	49189	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S), SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); 20.1 TO 30 CM	N/A	REQUIRED	No Restriction	PRICED	IP Only	NEW FOR 2025 INPATIENT ONLY
N/A	49190	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL (IE, PERITONEAL, MESENTERIC, RETROPERITONEAL), PRIMARY OR SECONDARY TUMOR(S) OR CYST(S), SUM OF THE MAXIMUM LENGTH OF TUMOR(S) OR CYST(S); GREATER THAN 30 CM	N/A	REQUIRED	No Restriction	PRICED	IP Only	NEW FOR 2025 INPATIENT ONLY
167-Surgeon 276-Facility	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OF CYST (EG, OVARIAN CYST) (SINGLE OR MULTIPLE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49323	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL IF PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
168-Surgeon 277-Facility	49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	

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168-Surgeon 277-Facility	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	All	
861-Surgeon 873-Facility	49329	UNLISTED LAGAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	All	
PLEASE USE CPT CODE	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); LESS THAN 3 CM, REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	21 & 22	EFFECTIVE 08/01/2024 POS 22 added
PLEASE USE CPT CODE	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); LESS THAN 3 CM, INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	21 & 22	EFFECTIVE 08/01/2024 POS 22 added
PLEASE USE CPT CODE	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); 3 CM TO 10 CM, REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	21 & 22	EFFECTIVE 08/01/2024 POS 22 added
N/A	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); 3 CM TO 10 CM, INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); GREATER THAN 10 CM, REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY

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N/A	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); GREATER THAN 10 CM, INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); LESS THAN 3 CM, REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); LESS THAN 3 CM, INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
PLEASE USE CPT CODE	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); 3 CM TO 10 CM, REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	21 & 22	EFFECTIVE 08/01/2024 POS 22 added
N/A	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); 3 CM TO 10 CM, INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); GREATER THAN 10 CM, REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA(S) (IE, EPIGASTRIC, INCISIONAL, VENTRAL, UMBILICAL, SPIGELIAN), ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS WHEN PERFORMED, TOTAL LENGTH OF DEFECT(S); GREATER THAN 10 CM, INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY

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N/A	49621	REPAIR OF PARASTOMAL HERNIA, ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL OR RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS, WHEN PERFORMED; REDUCIBLE	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49622	REPAIR OF PARASTOMAL HERNIA, ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC), INITIAL OR RECURRENT, INCLUDING IMPLANTATION OF MESH OR OTHER PROSTHESIS, WHEN PERFORMED; INCARCERATED OR STRANGULATED	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
N/A	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-INFECTED MESH OR OTHER PROSTHESIS AT THE TIME OF INITIAL OR RECURRENT ANTERIOR ABDOMINAL HERNIA REPAIR OR PARASTOMAL HERNIA REPAIR, ANY APPROACH (IE, OPEN, LAPAROSCOPIC, ROBOTIC) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
169-Surgeon 278-Facility	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
169-Surgeon 278-Facility	49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
861-Surgeon 873-Facility	49659	UNLISTED LAPAROSCOPY PROCEDURE, HEMIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
170-Surgeon 279-Facility	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
829-Surgeon 830-Facility	49999	UNLISTED PROCEDURE, ADDOMEN, PERITONEUM AND OMENTUM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
829-Surgeon 830-Facility	50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
845-Surgeon 846-Facility	50949	UNLISTED LAPAROCOPY PROCEDURE, URETER	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
PLEASE USE CPT CODE	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
PLEASE USE CPT CODE	51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
PLEASE USE CPT CODE	51880	CLOSURE OF CYSTOTOMY (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
171-Surgeon 280-Facility	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
171-Surgeon 280-Facility	51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
845-Surgeon 846-Facility	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
171-Surgeon 280-Facility	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	For use with J0585
660- Surgeon 661- Facility	52441	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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660-Surgeon 661-Facility	52442	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	53410	URETHROPLASTY, 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
PLEASE USE CPT CODE	53420	URETHROPLASTY, 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
PLEASE USE CPT CODE	53425	URETHROPLASTY, 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
172-Surgeon 281-Facility	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53444	URINARY, URETHRA, REPAIR; CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP, RESERVOIR AND CUFF	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF AT THE SAME OPERATIVE SESSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TISSUE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
172-Surgeon 281-Facility	53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
172-Surgeon 281-Facility	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE	SURGICAL PROCEDURES	REQUIRED	See additional information	PRICED	ALL	Age restriction >= 21 years of age for gender affirmation surgery
847-Surgeon 848-Facility	53899	UNLISTED PROCEDURE, URINARY SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
173-Surgeon 282-Facility	54125	AMPUTATION PENIS COMPLETE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID_	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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173-Surgeon 282-Facility	54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT OF PROSTHESIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME OPERATIVE SESSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
174-Surgeon 283-Facility	54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
174-Surgeon 283-Facility	54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
174-Surgeon 283-Facility	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
862-Surgeon 874-Facility	54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
173-Surgeon 282-Facility	55175	SCROTOPLASTY SIMPLE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
173-Surgeon 282-Facility	55180	SCROTOPLASTY COMPLICATED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
175-Surgeon 284-Facility	55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
176-Surgeon 285-Facility	55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
177-Surgeon 286-Facility	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
177-Surgeon 286-Facility	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
849-Surgeon 850-Facility	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
173-Surgeon 282-Facility	55970	INTERSEX SURG MALE FEMALE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	55980	INTERSEX SURG FEMALE MALE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	56625	VULVECTOMY SIMPLE COMPLETE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	56800	PLASTIC REPAIR INTROITUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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178-Surgeon 287-Facility	56805	CLITOROPLASTY INTERSEX STATE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED; WITH ENTEROCLE REPAIR	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); OPEN ABDOMINAL APPROACH	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
178-Surgeon 287-Facility	57335	VAGINOPLASTY INTERSEX STATE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
179-Surgeon 288-Facility	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
179-Surgeon 288-Facility	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX) WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58260	VAGINAL HYSTERECTOMY, FOR UTURUS 250 G OR LESS;	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58262	VAGINAL HYSTERECTOMY, FOR UTURUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	

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180-Surgeon 289-Facility	58263	VAGINAL HYSTERECTOMY, FOR UTURUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58267	VAGINAL HYSTERECTOMY, FOR UTURUS 250 G OR LESS; WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58270	VAGINAL HYSTERECTOMY, FOR UTURUS 250 G OR LESS; WITH REPAIR OF ENTEROCELE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
180-Surgeon 289-Facility	58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH COLPO-URETHROSYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH OR WITHOUT ENDOSCOPIC CONTROL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
180-Surgeon 289-Facility	58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REPAIR OF ENTEROCELE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58541	LAPAROSCOPY, SURGICAL , SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58542	LAPAROSCOPY, SURGICAL , SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTURUS GREATER THAN 250 G;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTURUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL OF SURFACE MYOMAS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 G	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58550	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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181-Surgeon 290-Facility	58552	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT IMPLANTS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
181-Surgeon 290-Facility	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING), WITH OMENTECTOMY INCLUDING SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	1 per lifetime with: 58570, 58571, 58572 and 58573
863-Surgeon 875-Facility	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
863-Surgeon 875-Facility	58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	

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182-Surgeon 291-Facility	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
182-Surgeon 291-Facility	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
182-Surgeon 291-Facility	58670	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
182-Surgeon 291-Facility	58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21, 22, 23 & 24	NEW CODE EFFECTIVE 06/01/2025
864-Surgeon 876-Facility	58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
181-Surgeon 290-Facility	58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
851-Surgeon 852-Facility	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
628-Surgeon 629-Facility	59898	UNLISTED LAPROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
853-Surgeon 854-Facility	59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
829-Surgeon 830-Facility	60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
PLEASE USE CPT CODE	60660	ABLATION OF 1 OR MORE THYROID NODULE(S), ONE LOBE OR THE ISTHMUS, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, RADIOFREQUENCY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
PLEASE USE CPT CODE	60661	ABLATION OF 1 OR MORE THYROID NODULE(S), ADDITIONAL LOBE, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, RADIOFREQUENCY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
829-Surgeon 830-Facility	60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
PLEASE USE CPT CODE	61715	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION OF TARGET, INTRACRANIAL, INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
183-Surgeon 292-Facility	61796	STEREOSTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
183-Surgeon 292-Facility	61797	STEREOSTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, SIMPLE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
183-Surgeon 292-Facility	61798	STEREOSTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);1 COMPLEX CRANIAL LESION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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183-Surgeon 292-Facility	61799	STEREOSTATIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION, COMPLEX (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
183-Surgeon 292-Facility	61800	APPLICATION OF STEREOSTATIC HEADFRAME FOR STEREOSTATIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
183-Surgeon 292-Facility	61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTINO TO A SINGLE ELECTRODE ARRAY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
183-Surgeon 292-Facility	61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO 2 OR MORE ELECTRODE ARRAYS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
N/A	61889	INSERTION OF SKULL-MOUNTED CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, INCLUDING CRANIECTOMY OR CRANIOTOMY, WHEN PERFORMED, WITH DIRECT OR INDUCTIVE COUPLING, WITH CONNECTION TO DEPTH AND/OR CORTICAL STRIP ELECTRODE ARRAY(S)	N/A	REQUIRED	No Restriction	PRICED	IP Only	INPATIENT ONLY
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Do not report 62321 in conjunction with: 77003, 77012, 76942
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Do not report 62323 in conjunction with: 77003, 77012, 76942

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186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Do not report 62325 in conjunction with: 77003, 77012, 76942
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
186-Surgeon 295-Facility	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	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Do not report 62327 in conjunction with: 77003, 77012, 76942 Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327
184-Surgeon 293-Facility	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
184-Surgeon 293-Facility	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NONPROGRAMMABLE PUMP	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
184-Surgeon 293-Facility	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
186-Surgeon 295-Facility	63620	STEREOSTATIC RADIOSURGERY (PARTIAL BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPINAL LESION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Do not report with in conjunction with: 61781-61783
186-Surgeon 295-Facility	63621	STEREOSTATIC RADIOSURGERY (PARTIAL BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL SPINAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)1 SPINAL LESION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Add-on (+) code List separately in addition to primary code 63620

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187-Surgeon 296-Facility	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTICALLY RESTRICTED REGARDLESS OF PLACE OF SERVICE
187-Surgeon 296-Facility	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTICALLY RESTRICTED REGARDLESS OF PLACE OF SERVICE
187-Surgeon 296-Facility	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	***Do not report 63661 when removing or replacing a temporary percutaneously placed array for an external generator*** DIAGNOSTICALLY RESTRICTED REGARDLESS OF PLACE OF SERVICE
187-Surgeon 296-Facility	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLOUROSCOPY, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTICALLY RESTRICTED REGARDLESS OF PLACE OF SERVICE
187-Surgeon 296-Facility	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S) INCLUDING FLOUROSCOPY, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	***Do not report 63663 when removing or replacing a temporary percutaneously placed array for an external generator*** DIAGNOSTICALLY RESTRICTED REGARDLESS OF PLACE OF SERVICE
187-Surgeon 296-Facility	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTICALLY RESTRICTED REGARDLESS OF PLACE OF SERVICE
187-Surgeon 296-Facility	63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTICALLY RESTRICTED This code cannot be used strictly for pain management-per Medicaid coverage requirements Cannot be used in conjunction with 64632
188-Surgeon 297-Facility	64455	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	64466	MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION OF TARGET, INTRACRANIAL, INCLUDING STEREOTACTIC NAVIGATION AND FRAME PLACEMENT, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
PLEASE USE CPT CODE	64467	THORACIC FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
PLEASE USE CPT CODE	64468	THORACIC FASCIAL PLANE BLOCK, UNILATERAL; BY CONTINUOUS INFUSION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
PLEASE USE CPT CODE	64469	THORACIC FASCIAL PLANE BLOCK, BILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
PLEASE USE CPT CODE	64473	THORACIC FASCIAL PLANE BLOCK, BILATERAL; BY CONTINUOUS INFUSION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025

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PLEASE USE CPT CODE	64474	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY INJECTION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 01/01/2025
188-Surgeon 297-Facility	64479	LOWER EXTREMITY FASCIAL PLANE BLOCK, UNILATERAL; BY CONTINUOUS INFUSION(S), INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
189-Surgeon 298-Facility	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Vagus nerve stimulation for seizure management only. Localization - related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures;; Localization-related (focal)(partial) epilepsy and epileptic syndromes
189-Surgeon 298-Facility	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
189-Surgeon 298-Facility	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATORY ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE IF PERFORMED	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	For Sacral Nerve Stimulators: Must be billed with L8680. DIAGNOSTIC RESTRICTIONS APPLY Prior authorization required regardless of Place of Service
189-Surgeon 298-Facility	64568	OPEN IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
189-Surgeon 298-Facility	64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (E.G., VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
189-Surgeon 298-Facility	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
190-Surgeon 299-Facility	64575	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
190-Surgeon 299-Facility	64580	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
190-Surgeon 299-Facility	64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
191-Surgeon 300-Facility	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	For Sacral Nerve Stimulators: Must be billed with L8680. DIAGNOSTIC RESTRICTIONS APPLY Prior authorization required regardless of Place of Service
191-Surgeon 300-Facility	64590	INSERTION OR REPLACEMENT OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, REQUIRING POCKET CREATION AND CONNECTION BETWEEN ELECTRODE ARRAY AND PULSE GENERATOR OR RECEIVER	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
191-Surgeon 300-Facility	64595	REVISION OR REMOVAL OF PERIPHERAL, SACRAL, OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, WITH DETACHABLE CONNECTION TO ELECTRODE ARRAY	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY

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192-Surgeon 301-Facility	64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE (EG, FOR BLEPHAROSPASM, HEMIFACIAL SPASM)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64615	CHEMODENERVATION OF MUSCLE(S), INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64616	CHEMODENERVATION OF NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA, SPASMODIC TORICOLLIS)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64617	CHEMODENERVATION OF LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMODIC DYSTONIA), INCLUDES GUIDANCE BY NEEDLE ELECTROMYOGRAPHY, WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	
PLEASE USE CPT CODE	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	19, 21 & 22	
192-Surgeon 301-Facility	64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
193-Surgeon 302-Facility	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
193-Surgeon 302-Facility	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
193-Surgeon 302-Facility	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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193-Surgeon 302-Facility	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64643	CHEMODENERVATION OF EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64645	CHEMODENERVATION OF EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
192-Surgeon 301-Facility	64647	CHEMODENERVATION OF TRUNK MUSCLE(S);6 OR MORE MUSCLE(S)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
193-Surgeon 302-Facility	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
193-Surgeon 302-Facility	64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
855-Surgeon 856-Facility	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	EFFECTIVE 10/01/19-AUTHORIZATION REQUIRED
194-Surgeon 303-Facility	65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKIA)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL AUTOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYERS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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194-Surgeon 303-Facility	65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
194-Surgeon 303-Facility	65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
648-Surgeon 649-Facility	66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
648-Surgeon 649-Facility	67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT OF EYE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
196-Surgeon 305-Facility	67311	STRABISMUS SURGERY-RECESSION OR RESECTION PROCEDURE, 1 HORIZONTAL MUSCLE	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
196-Surgeon 305-Facility	67312	STRABISMUS SURGERY-RECESSION OR RESECTION PROCEDURE, 2 HORIZONTAL MUSCLES	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
196-Surgeon 305-Facility	67314	STRABISMUS SURGERY-RECESSION OR RESECTION PROCEDURE, 1 VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
196-Surgeon 305-Facility	67316	STRABISMUS SURGERY-RECESSION OR RESECTION PROCEDURE, 2 OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
196-Surgeon 305-Facility	67318	STRABISMUS SURGERY-ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	
196-Surgeon 305-Facility	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Add-on (+) code List separately in addition to primary code 67311-67318
196-Surgeon 305-Facility	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Add-on (+) code List separately in addition to primary code 67311-67318
196-Surgeon 305-Facility	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL DETACHMENT SURGERY) OR RESTRICTIVE MYOPATHY (EG, DYSTHYROID OPHTHALMOPATHY) LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Add-on (+) code List separately in addition to primary code 67311-67318
196-Surgeon 305-Facility	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION TECHNIQUE, WITH OR WITHOUT MUSCLE RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Add-on (+) code List separately in addition to primary code 67311-67318
196-Surgeon 305-Facility	67335	PLACEMENT OF ADJUSTABLE SUTURES DURING STRABISMUS SURGERY	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Add-on (+) code List separately in addition to primary code 67311-67318
196-Surgeon 305-Facility	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Add-on (+) code List separately in addition to primary code 67311-67318
196-Surgeon 305-Facility	67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	PRICED	ALL	Deny if cosmetic

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648-Surgeon 649-Facility	67399	UNLISTED PROCEDURE, EXTRAOCULAR MUSCLE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	Age <= 20 years old	NOT PRICED	ALL	
N/A	67516	SUPRACHOROIDAL SPACE INJECTION OF PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	N/A	<i>REQUIRED</i>	No Restriction	PRICED	IP Only	INPATIENT ONLY
648-Surgeon 649-Facility	67599	UNLISTED PROCEDURE, ORBIT	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	
197-Surgeon 306-Facility	67800	EXCISION OF CHALAZION; SINGLE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67801	EXCISION OF CHALAZION; MULTIPLE,SAME LID	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTIN OR ADVANCEMENT, INTERNAL APPROACH	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	Deny if cosmetic
197-Surgeon 306-Facility	67909	REDUCTION OF OVERCORRECTION OF PTOSIS	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67911	CORRECTION OF LID RETRACTION	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67914	REPAIR OF ECTROPION; SUTURE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67921	REPAIR OF ENTROPION; SUTURE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	

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197-Surgeon 306-Facility	67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
197-Surgeon 306-Facility	67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CKEPROULOPALPEBRAL FASCIA REPAIRS OPERATION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
198-Surgeon 307-Facility	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
198-Surgeon 307-Facility	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO 2/3 OF EYELID, 1 STAGE OR FIRST STAGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
198-Surgeon 307-Facility	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER, 1 STAGE OR FIRST STAGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
198-Surgeon 307-Facility	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER, 1 STAGE OR FIRST STAGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
198-Surgeon 307-Facility	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
866-Surgeon 878-Facility	67999	UNLISTED PROCEDURE, EYELIDS	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
195-Surgeon 304-Facility	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
195-Surgeon 304-Facility	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
195-Surgeon 304-Facility	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
195-Surgeon 304-Facility	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
195-Surgeon 304-Facility	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
195-Surgeon 304-Facility	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
195-Surgeon 304-Facility	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
865-Surgeon 877-Facility	68399	UNLISTED PROCEDURE, CONJUNCTIVA	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
865-Surgeon 877-Facility	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
199-Surgeon 308-Facility	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO INJURY, INFECTION) (SEPARATE PROCEDURE)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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199-Surgeon 308-Facility	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
867-Surgeon 879-Facility	69399	UNLISTED PROCEDURE, EXTERNAL EAR	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
200-Surgeon 309-Facility	69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
200-Surgeon 309-Facility	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION)	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS [PORP], TOTAL OSSICULAR REPL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
201-Surgeon 310-Facility	69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
202-Surgeon 311-Facility	69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS [PORP], TOTAL	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
202-Surgeon 311-Facility	69650	STAPES MOBILIZATION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
202-Surgeon 311-Facility	69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	

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202-Surgeon 311-Facility	69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
202-Surgeon 311-Facility	69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
203-Surgeon 312-Facility	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
204-Surgeon 313-Facility	69949	UNLISTED PROCEDURE, INNER EAR	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
204-Surgeon 313-Facility	69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
913-Surgeon 914-Facility	90399	UNLISTED IMMUNE GLOBIN	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
915-Surgeon 916-Facility	90749	UNLISTED VACCINE/TOXOID	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
917-Surgeon 918-Facility	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
205-Surgeon 314-Facility	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH INTERPRETATION AND REPORT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
205-Surgeon 314-Facility	91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CKEPROULE, WITH INTERPRETATION AND REPORT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
919-Surgeon 920-Facility	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
921-Surgeon 922-Facility	92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
PLEASE USE CPT CODE	92622	DIAGNOSTIC ANALYSIS, PROGRAMMING, AND VERIFICATION OF AN AUDITORY OSSEOINTEGRATED SOUND PROCESSOR, ANY TYPE; FIRST 60 MINUTES	N/A	REQUIRED	No Restriction	PRICED	ALL	NEW CODE FOR 2024
PLEASE USE CPT CODE	92623	DIAGNOSTIC ANALYSIS, PROGRAMMING, AND VERIFICATION OF AN AUDITORY OSSEOINTEGRATED SOUND PROCESSOR, ANY TYPE; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	N/A	REQUIRED	No Restriction	PRICED	ALL	NEW CODE FOR 2024
PLEASE USE CPT CODE	96547	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE, INCLUDING SEPARATE INCISION(S) AND CLOSURE, WHEN PERFORMED; FIRST 60 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	N/A	REQUIRED	No Restriction	PRICED	ALL	NEW CODE FOR 2024
PLEASE USE CPT CODE	96548	INTRAOPERATIVE HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) PROCEDURE, INCLUDING SEPARATE INCISION(S) AND CLOSURE, WHEN PERFORMED; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	N/A	REQUIRED	No Restriction	PRICED	ALL	NEW CODE FOR 2024
923-Surgeon 924-Facility	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	

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925-Surgeon 926-Facility	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	
927-Surgeon 928-Facility	94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	
929-Surgeon 930-Facility	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	NOT PRICED	ALL	
533-Surgeon 534-Facility	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.

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206-Surgeon 315-Facility	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP(S) INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMATERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH BRAIN, CRANIAL NERVE, SPINAL CORD, PERIPHERAL NERVE, OR SACRAL NERVE, NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER WITHOUT PROGRAMMING	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
206-Surgeon 315-Facility	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP(S) INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMATERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH SIMPLE SPINAL CORD OR PERIPHERAL NERVE (EG. SACRAL NERVER) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	SURGICAL PROCEDURES	Required - Beyond Service Limits	No Restriction	PRICED	ALL	Service Limit- 1 per rolling day- PA only required when more than one unit per DAY is needed
206-Surgeon 315-Facility	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP(S) INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMATERS, RESPONSIVE NEUROSTIMULATION, DETECTION ALGORITHMS, CLOSED LOOP PARAMETERS AND PASSIVE PARAMETERS) BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH SIMPLE SPINAL CORD OR PERIPHERAL NERVE (EG. SACRAL NERVER) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER PROGRAMMING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	SURGICAL PROCEDURES	Required - Beyond Service Limits	No Restriction	PRICED	ALL	Service Limit- 1 per rolling day- PA only required when more than one unit per DAY is needed
931-Surgeon 932-Facility	95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSICE PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
933-Surgeon 934-Facility	96549	UNLISTED CHEMOTHERAPY PROCEDURE	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	
393-Surgeon 392-Facility	99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	SURGICAL PROCEDURES	Required - Beyond Service Limits	No Restriction	PRICED	ALL	
935-Surgeon 936-Facility	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	SURGICAL PROCEDURES	REQUIRED	No Restriction	NOT PRICED	ALL	

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533-Surgeon 534-Facility	95907 26	NERVE CONDUCTION STUDIES; 1-2 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95907 TC	NERVE CONDUCTION STUDIES; 1-2 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95908 26	NERVE CONDUCTION STUDIES; 3-4 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95908 TC	NERVE CONDUCTION STUDIES; 3-4 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95909 26	NERVE CONDUCTION STUDIES; 5-6 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95909 TC	NERVE CONDUCTION STUDIES; 5-6 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95910 26	NERVE CONDUCTION STUDIES; 7-8 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95910 TC	NERVE CONDUCTION STUDIES; 7-8 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95911 26	NERVE CONDUCTION STUDIES; 9-10 STUDIES	<i>SURGICAL PROCEDURES</i>	<i>REQUIRED</i>	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.

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533-Surgeon 534-Facility	95911 TC	NERVE CONDUCTION STUDIES; 9-10 STUDIES	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95912 26	NERVE CONDUCTION STUDIES; 11-12 STUDIES	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95912 TC	NERVE CONDUCTION STUDIES; 11-12 STUDIES	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95913 26	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
533-Surgeon 534-Facility	95913 TC	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	POS 21- The professional and technical components of this service also require PA. Only one service code (plus 26 and TC components for the same code) may be requested from the group 95907-95913.
206-Surgeon 315-Facility	A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
632-Surgeon 633-Facility	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	
634-Surgeon 635-Facility	C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL-AWAY	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 08/01/2025 DIAGNOSIS RESTRICTIONS APPLY Note: FOR SACRAL: Must be billed with CPT codes 64561 & 64581 FOR VAGUS: Must be billed with CPT codes 64568, 64589 ir 64570
PLEASE USE CPT CODE	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	<i>SURGICAL PROCEDURES</i>	REQUIRED	No Restriction	PRICED	19, 21 & 22	NEW CODE EFFECTIVE 08/01/2025 DIAGNOSIS RESTRICTIONS APPLY Note: FOR SACRAL: Must be billed with CPT codes 64561 & 64581 FOR VAGUS: Must be billed with CPT codes 64568, 64589 ir 64570

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SURGICAL PROCEDURE SERVICES

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Service Group Code	Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	PLACE OF SERVICE REQUIRING PA (Please verify by contacting claims vendor)	ADDITIONAL INFORMATION
640-Surgeon 641-Facility	C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEEL-AWAY	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
642-Surgeon 643-Facility	C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
644-Surgeon 645-Facility	C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
646-Surgeon 647-Facility	C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	C9781	ARTHROSCOPY, SHOULDER, SURGICAL; WITH IMPLANTATION OF SUBACROMIAL SPACER (E.G., BALLOON), INCLUDES DEBRIDEMENT (E.G., LIMITED OR EXTENSIVE), SUBACROMIAL DECOMPRESSION, ACROMIOPLASTY, AND BICEPS TENODESIS WHEN PERFORMED	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	
PLEASE USE CPT CODE	C9796	REPAIR OF ENTEROCUTANEOUS FISTULA SMALL INTESTINE OR COLON (EXCLUDING ANORECTAL FISTULA) WITH PLUG (E.G., PORCINE SMALL INTESTINE SUBMUCOSA [SIS])	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	NEW CODE FOR 2024
PLEASE USE CPT CODE	C9797	VASCULAR EMBOLIZATION OR OCCLUSION PROCEDURE WITH USE OF A PRESSURE-GENERATING CATHETER (E.G., ONE-WAY VALVE, INTERMITTENTLY OCCLUDING), INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; FOR TUMORS, ORGAN ISCHEMIA, OR INFARCTION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	NEW CODE FOR 2024
206-Surgeon 315-Facility	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
206-Surgeon 315-Facility	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
621-Surgeon 616-Facility	J0585	INJECTION, ABOBOTULIMUMTOXINA, 1 UNIT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Botox must ALWAYS be requested with the corresponding CPT code for the covered procedure in which Botox is being used. There are procedure code and diagnostic restrictions that apply to this code.
621-Surgeon 616-Facility	J0586	INJECTION, ABOBOTULIMUMTOXINA, 5 UNITS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Botox must ALWAYS be requested with the corresponding CPT code for the covered procedure in which Botox is being used. There are procedure code and diagnostic restrictions that apply to this code.
621-Surgeon 616-Facility	J0587	INJECTION, RIMABOTULIMUMTOXINB, 100 UNITS	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Botox must ALWAYS be requested with the corresponding CPT code for the covered procedure in which Botox is being used. There are procedure code and diagnostic restrictions that apply to this code.
621-Surgeon 616-Facility	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	Botox must ALWAYS be requested with the corresponding CPT code for the covered procedure in which Botox is being used. There are procedure code and diagnostic restrictions that apply to this code.
206-Surgeon 315-Facility	L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY

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619-Surgeon 620-Facility	S2325	HIP CORE DECOMPRESSION	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED	ALL	DIAGNOSTIC RESTRICTIONS APPLY
319-Surgeon 320-Facility	EPSDT	EPSDT SERVICE	SURGICAL PROCEDURES	REQUIRED	Age <= 20 years old	NOT PRICED	ALL	For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
390	OONService	OUT-OF-NETWORK SERVICE	SURGICAL PROCEDURES	REQUIRED	No Restriction	PRICED		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.