

## 2019 Compilation of Inpatient Only Procedure Lists by Specialty

(for CPT searching)

### 2019 Bariatric Surgery: Is the Surgery Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

#### **Gastric Bypass or Partial Gastrectomy Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	43659	Unlisted laparoscopy procedure, stomach
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption		
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)		
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty		
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)		
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy		
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption		
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)		

#### **Lap Band Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
43771	Laparoscopy, surgical, gastric restrictive procedure; <b>revision of adjustable gastric restrictive device component only</b>	43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
		43772	Laparoscopy, surgical, gastric restrictive procedure; <b>removal of adjustable gastric restrictive device component only</b>
		43773	Laparoscopy, surgical, gastric restrictive procedure; <b>removal and replacement of adjustable gastric restrictive device component only</b>
		43774	Laparoscopy, surgical, gastric restrictive procedure; <b>removal of adjustable gastric restrictive device and subcutaneous port components</b>
		43886	Gastric restrictive procedure, open; <b>revision of subcutaneous port component only</b>

		43887	Gastric restrictive procedure, open; <b>removal of subcutaneous port component only</b>
		43888	Gastric restrictive procedure, open; <b>removal and replacement of subcutaneous port component only</b>

### ***Vagus Nerve Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
		0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
		0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
		0315T-0317T	Vagus nerve blocking therapy (morbid obesity); removal, replacement, analysis, or reprogramming of pulse generator; codes 0315T, 0316T, 0317T

### **2019 Cardiac Surgery: Is the Procedure Medicare Inpatient Only or not?**

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### ***Coronary Artery Bypass Graft (CABG) and other Revascularization Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)		
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)		
33510-33516	Coronary artery bypass, vein only; 1-6 coronary venous graft(s); codes 33510, 33511, 33512, 33513, 33514, 33516		
33517-33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 1-6 vein graft(s) (List separately in addition to code for primary procedure); codes 33517, 33518, 33519, 33520, 33522, 33523		
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)		
33533-33536	Coronary artery bypass, using arterial graft(s); 1-4 or more coronary arterial graft(s); codes 33533, 33534, 33535, 33536		
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)		

### ***Valvular Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0343T	Transcatheter mitral valve repair (TMVR) percutaneous approach including transseptal puncture when performed; initial prosthesis	92990	Percutaneous balloon valvuloplasty; pulmonary valve

0344T	Transcatheter mitral valve repair (TMVR) percutaneous approach including transseptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure)		
0345T	Transcatheter mitral valve repair (TMVR) percutaneous approach via the coronary sinus		
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed		
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)		
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach		
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)		
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)		
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)		
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)		
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)		
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	92986	Percutaneous balloon valvuloplasty; aortic valve
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)		
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve		
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)		
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve		
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus		
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)		
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)		
33420	Valvotomy, mitral valve; closed heart		
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass		
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	92987	Percutaneous balloon valvuloplasty; mitral valve
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring		
33427	Valvuloplasty, mitral valve, with cardiopulmonary		

	bypass; radical reconstruction, with or without ring		
33430	Replacement, mitral valve, with cardiopulmonary bypass		
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)		
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass		
33463	Valvuloplasty, tricuspid valve; without ring insertion		
33464	Valvuloplasty, tricuspid valve; with ring insertion		
33465	Replacement, tricuspid valve, with cardiopulmonary bypass		
33468	Tricuspid valve repositioning and plication for Ebstein anomaly		
33470	Valvotomy, pulmonary valve, closed heart; transventricular		
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery		
33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass		
33475	Replacement, pulmonary valve		
33477	Implant tcvt pulm vlv perq		
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)		
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch		
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch		

### ***Atrial Septal and Ventricular Septal Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure		
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair		
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair		
33670	Repair of complete atrioventricular canal, with or without prosthetic valve		
33675	Closure of multiple ventricular septal defects;		
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)		
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset		
33681	Closure of single ventricular septal defect, with or without patch;	93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)		
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset		
33732	Repair of cor triatriatum or supra-valvular mitral ring by resection of left atrial membrane		
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)		
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass		
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion		
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac		

	catheterization)		
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)		
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed		

### **Aorta/Great Vessel Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass		
33321	Suture repair of aorta or great vessels; with shunt bypass		
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass		
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass		
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass		
33404	Construction of apical-aortic conduit		
33417	Aortoplasty (gusset) for supraaortic stenosis		
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)		
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)		
33621	Transsternal insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)		
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn,		
33690	Banding of pulmonary artery		
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)		
33726	Repair of pulmonary venous stenosis		
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)		
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)		
33764	Shunt; central, with prosthetic graft		
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)		
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)		
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)		
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect		
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect		
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;		
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band		

33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect		
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction		
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);		
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band		
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect		
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction		
33786	Total repair, truncus arteriosus (Rastelli type operation)		
33788	Reimplantation of an anomalous pulmonary artery		
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)		
33802	Division of aberrant vessel (vascular ring);		
33803	Division of aberrant vessel (vascular ring); with reanastomosis		
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass		
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass		
33820	Repair of patent ductus arteriosus; by ligation	93582	Percutaneous transcatheter closure of patent ductus arteriosus
33822	Repair of patent ductus arteriosus; by division, younger than 18 years		
33824	Repair of patent ductus arteriosus; by division, 18 years and older		
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis		
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft		
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement		
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass		
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass		
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed		
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)		
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)		
33870	Transverse arch graft, with cardiopulmonary bypass		
33875	Descending thoracic aorta graft, with or without bypass		
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass		

**Electrophysiology Procedures (See Cardiology List for Additional Procedures)**

Inpatient Only Procedure	Not an Inpatient Only Procedure
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33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)		Insertion, replacement, repair, revision, removal (except by thoracotomy), or upgrade of pacemaker, icd, generator, or transvenous electrodes; codes 33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33224, 33225, 33226, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	33222	Relocation of skin pocket for pacemaker
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	33223	Relocation of skin pocket for cardioverter-defibrillator
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system		
33238	Removal of permanent transvenous electrode(s) by thoracotomy		
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy		
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass		
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass		
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)		
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass		
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass		
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)		
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)		
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)		
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass		
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass		
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass		
		92960	Cardioversion, elective, electrical conversion of arrhythmia; external
		92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)

### Pericardial Surgery

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33015	Tube pericardiostomy	33010	Pericardiocentesis; initial
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	33011	Pericardiocentesis; subsequent
33025	Creation of pericardial window or partial resection for drainage		
33030	Pericardiectomy, subtotal or complete; without		

	cardiopulmonary bypass		
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass		
33050	Resection of pericardial cyst or tumor		

### **Sternal Surgery**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
21620	Ostectomy of sternum, partial		
21627	Sternal debridement		
21630	Radical resection of sternum;		
21632	Radical resection of sternum; with mediastinal lymphadenectomy		
21740	Reconstructive repair of pectus excavatum or carinatum; open	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
21825	Open treatment of sternum fracture with or without skeletal fixation	21820	Closed treatment of sternum fracture

### **Circulatory Assist/Replacement Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable vascular hemostatic seal, mechano-electrical skin interface and subcutaneous electrodes)	0453T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface
0452T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal	0454T	Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode
0455T	Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)	0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface
0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal	0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode
0459T	Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes	0460T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode
0461T	Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device	0462T	Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable aortic counterpulsation ventricular assist system, per day
		0463T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy		
33928	Removal and replacement of total replacement heart system (artificial heart)		
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)		
33946-33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided		



	by physician; initiation or daily management, venovenous or veno-arterial; codes 33946, 33947, 33948, 33949		
	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion, reposition, or removal of peripheral or central cannula(e); percutaneous, open, sternotomy, or thoracotomy; codes 33951, 33952, 33953, 33954, 33955, 33956, 33957, 33958, 33959, 33962, 33963, 33964, 33965, 33966, 33969, 33984, 33985, 33986		
33967	Insertion of intra-aortic balloon assist device, percutaneous		
33968	Removal of intra-aortic balloon assist device, percutaneous		
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach		
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft		
33973	Insertion of intra-aortic balloon assist device through the ascending aorta		
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft		
33975	Insertion of ventricular assist device; extracorporeal, single ventricle		
33976	Insertion of ventricular assist device; extracorporeal, biventricular		
33977	Removal of ventricular assist device; extracorporeal, single ventricle		
33978	Removal of ventricular assist device; extracorporeal, biventricular		
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle		
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle		
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump		
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass		
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass		
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS		
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS		
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS		
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only		
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture		
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion		
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion		
92970	Cardioassist-method of circulatory assist; internal		
92971	Cardioassist-method of circulatory assist; external		

**Transplantation Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33930	Donor cardiectomy-pneumonectomy (including cold preservation)		
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation		
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy		
33940	Donor cardiectomy (including cold preservation)		
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation		
33945	Heart transplant, with or without recipient cardiectomy		

### **Other Cardiac Surgery**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass		
33130	Resection of external cardiac tumor		
33300	Repair of cardiac wound; without bypass		
33305	Repair of cardiac wound; with cardiopulmonary bypass		
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass		
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass		
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract		
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis		
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)		
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy		
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection		
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass		
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass		
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation		
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass		
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass		
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)		
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta		
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation		
33542	Myocardial resection (eg, ventricular aneurysmectomy)		
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection		
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)		
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by		

	construction or replacement of conduit from right or left ventricle to pulmonary artery		
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect		
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;		
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction		
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)		
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure		
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)		
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage		
33692	Complete repair tetralogy of Fallot without pulmonary atresia;		
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch		
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect		
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;		
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect		
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass		
33722	Closure of aortico-left ventricular tunnel		
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation		
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	33999	Unlisted procedure, cardiac surgery

### **Miscellaneous Surgery**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
32160	Thoracotomy; with cardiac massage	32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)

### **2019 Cardiology: Is the Procedure Medicare Inpatient Only or not?**

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### **Interventional Cardiology**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)
0483T	Transcatheter mitral valve implantation/replacement	0338T-	Transcatheter renal sympathetic denervation,

	(TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	0339T	percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral or bilateral; codes 0338T, 0339T
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	0523T	Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure)
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	0525T-0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor), electrode only, or monitor only.
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	0530T-0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor), electrode only, or monitor only
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach		
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach		
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach		
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)		
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (e.g., left thoracotomy)		
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)		
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)		
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)		
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis		
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis (es) during same session		
33967	Insertion of intra-aortic balloon assist device, percutaneous		
33968	Removal of intra-aortic balloon assist device, percutaneous		
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection		
37218	Transcatheter placement of intravascular stent(s),		Percutaneous transluminal coronary angioplasty,

	intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation		atherectomy, or stent; codes 92920, 92924, 92928, 92933, 92937, 92943
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel		Percutaneous transluminal coronary angioplasty, atherectomy, or stent; each additional branch of a major coronary artery or bypass graft; codes 92921, 92925, 92929, 92934, 92938, 92944
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel		Percutaneous transcatheter placement of drug eluting intracoronary stent, atherectomy and angioplasty; codes C9600, C9602, C9604, C9607
			Percutaneous transcatheter placement of drug eluting intracoronary stent, atherectomy and angioplasty; each additional branch of a major coronary artery or bypass graft; codes C9601, C9603, C9605, C9608
		92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)
		92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	92977	Thrombolysis, coronary; by intravenous infusion
		92986	Percutaneous balloon valvuloplasty; aortic valve
		92987	Percutaneous balloon valvuloplasty; mitral valve
		92990	Percutaneous balloon valvuloplasty; pulmonary valve
		92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
		92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)
		93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
		93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	93582	Percutaneous transcatheter closure of patent ductus arteriosus
		93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
		93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
		93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)

**Peripheral Vascular (See Vascular Surgery List for Additional Procedures)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery
		35472	Transluminal balloon angioplasty, percutaneous; aortic
		35476	Transluminal balloon angioplasty, percutaneous; venous
		36221-36228	Selective or non-selective catheter placement, thoracic aorta, common carotid, innominate artery, subclavian artery, vertebral artery, external carotid artery with angiography, includes angiography of the cervicocerebral arch, when performed; codes 36221, 36222, 36223, 36224, 36225, 36226, 36227, 36228
		36251-36254	Selective or superselective catheter placement, main renal artery, second order or higher renal artery

			branches for renal angiography, unilateral or bilateral; codes 36251, 36252, 36253, 36254
			Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft or vein, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); codes 37184, 37185, 37186, 37187, 37188
			Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous or open; codes 37205, 37206, 37207, 37208
			Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, with transluminal angioplasty or stent; codes 37220, 37221, 37222, 37223
			Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty or stent; codes 37224, 37225, 37226, 37227
			Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, with transluminal angioplasty, atherectomy, or stent; codes 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235
		37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation, initial noncoronary vessel (List separately in addition to code for primary procedure)
		37253	each additional noncoronary vessel (List separately in addition to code for primary procedure)

**Electrophysiology (See Cardiac Surgery List - Electrophysiology for Additional Procedures)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
		0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
		0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
		0269T-0271T	Revision or removal of carotid sinus baroreflex activation device; total system, lead only, or pulse generator only (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed); codes 0269T, 0270T, 0271T
		0272T-0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with or without programming; codes 0272T, 0273T
		0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
		0409T-0418T	Insertion, replacement, removal, reposition, relocation, or interrogation of permanent cardiac contractility modulation system, including contractility evaluation

			when performed, and programming of sensing and therapeutic parameters; pulse generator, electrodes, skin pocket; codes 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T
		0515T-0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (electrode and generator), electrode only, or generator only
		0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing
		0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)
		0520T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter), including placement of a new electrode
		33206-33264	Insertion, replacement, repair, revision, removal, or upgrade of pacemaker, icd, generator, transvenous electrodes, or skin pocket; codes 33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33222, 33223, 33224, 33225, 33226, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264
		33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed
		33271-33273	Insertion or removal of, or repositioning of previously implanted, subcutaneous implantable defibrillator electrode; codes 33271-33273
		33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
		33275	Transcatheter removal of permanent leadless pacemaker, right ventricular
		33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
		33286	Removal, subcutaneous cardiac rhythm monitor
		92953	Temporary transcutaneous pacing
		92960	Cardioversion, elective, electrical conversion of arrhythmia; external
		92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)
		93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system
		93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system
		93600	Bundle of His recording
		93602	Intra-atrial recording
		93603	Right ventricular recording
		93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for

			primary procedure)
		93610	Intra-atrial pacing
		93612	Intraventricular pacing
		93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
		93615	Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
		93616	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
		93618	Induction of arrhythmia by electrical pacing
		93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia
		93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording
		93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)
		93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
		93623	Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
		93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
		93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
		93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement;
		93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator
		93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
		93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)
		93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
		93653	Comprehensive electrophysiologic evaluation



			including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
		93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed
		93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)
		93656	Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation
		93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
		93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
		93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)

### **Diagnostic Cardiology**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment
		0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT
		0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
		0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant

			data, analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model
		76825-76828	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; with or without doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete, follow-up, or repeat study; codes 76825, 76826, 76827, 76828
		93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
		93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study
		93306-93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, with or without spectral Doppler echocardiography, with or without color flow Doppler echocardiography; complete, follow-up, or limited study; codes 93306, 93307, 93308
		93312-93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement; with or without image acquisition, interpretation and report; codes 93312, 93313
		93315-93316	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement; with or without image acquisition, interpretation and report; codes 93315, 93316
		93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
		93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;
		93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
		93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed
		93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
		93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed
		93454-93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with or without catheter placement(s) in bypass graft(s); with or without intraprocedural injection(s) for bypass graft angiography; with or without right heart catheterization; with or without intraprocedural injection(s) for left ventriculography; codes 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461
		93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
		93505	Endomyocardial biopsy
		93530	Right heart catheterization, for congenital cardiac anomalies

		93531	Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
		93532	Combined right heart catheterization and transeptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
		93533	Combined right heart catheterization and transeptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
		93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
		C8921 - C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; codes C8921, C8922
			Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, complete or limited, with or without spectral or color doppler echocardiography; codes C8923, C8924, C8929
		C8925	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, real time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report
		C8926	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
		C8927	Transesophageal echocardiography (tee) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
			Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; with or without performance of continuous electrocardiographic monitoring, with or without physician supervision; codes C8928, C8930

### Miscellaneous

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)

**2019 Otolaryngology (Ear, Nose & Throat – “ENT”) Procedures: Is the Procedure Medicare Inpatient Only or not?**

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**See also Oral and Maxillofacial Surgery (OMFS) List for Additional Facial and Oral Procedures**  
**For Peripheral Nervous System Procedures of the Face and Neck, see also Plastic Surgery List**

**Neck Procedures, including Lymph Node Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
		21550	Biopsy, soft tissue of neck or thorax
		21552-21556	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous or subfascial (eg, intramuscular); codes 21552, 21554, 21555, 21556
		21557-21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; codes 21557, 21558
		21685	Hyoid myotomy and suspension
21705	Division of scalenus anticus; with resection of cervical rib	21700	Division of scalenus anticus; without resection of cervical rib
		21720	Division of sternocleidomastoid for torticollis, open operation; without cast application
		21725	Division of sternocleidomastoid for torticollis, open operation; with cast application
		21899	Unlisted procedure, neck or thorax
38380	Suture and/or ligation of thoracic duct; cervical approach	38500	Biopsy or excision of lymph node(s); open, superficial
		38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
		38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
		38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
		38542	Dissection, deep jugular node(s)
		38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
		38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
		38700	Suprahyoid lymphadenectomy
38724	Cervical lymphadenectomy (modified radical neck dissection)	38720	Cervical lymphadenectomy (complete)
		38792	Injection procedure; radioactive tracer for identification of sentinel node

**Nasal Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		30100	Biopsy, intranasal
		30110	Excision, nasal polyp(s), simple
		30115	Excision, nasal polyp(s), extensive
		30117	Excision or destruction (eg, laser), intranasal lesion; internal approach
		30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
		30120	Excision or surgical planing of skin of nose for rhinophyma
		30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
		30125	Excision dermoid cyst, nose; complex, under bone or cartilage
		30130	Excision inferior turbinate, partial or complete, any method

		30140	Submucous resection inferior turbinate, partial or complete, any method
		30150	Rhinectomy; partial
		30160	Rhinectomy; total
		30200	Injection into turbinate(s), therapeutic
		30210	Displacement therapy (Proetz type)
		30220	Insertion, nasal septal prosthesis (button)
		30300	Removal foreign body, intranasal; office type procedure
		30310	Removal foreign body, intranasal; requiring general anesthesia
		30320	Removal foreign body, intranasal; by lateral rhinotomy
		30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
		30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
		30420	Rhinoplasty, primary; including major septal repair
		30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
		30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
		30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
		30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
		30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
		30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
		30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
		30540	Repair choanal atresia; intranasal
		30545	Repair choanal atresia; transpalatine
		30560	Lysis intranasal synechia
		30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
		30600	Repair fistula; oronasal
		30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
		30630	Repair nasal septal perforations
		30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
		30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
		30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method
		30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
		30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
		30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
		30915	Ligation arteries; ethmoidal
		30920	Ligation arteries; internal maxillary artery, transantral
		30930	Fracture nasal inferior turbinate(s), therapeutic
		30999	Unlisted procedure, nose
		C9749	Repair of nasal vestibular lateral wall stenosis with implant(s)

### Sinus Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)

		31002	Lavage by cannulation; sphenoid sinus
		31020	Sinusotomy, maxillary (antrotomy); intranasal
		31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
		31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
		31040	Pterygomaxillary fossa surgery, any approach
		31050	Sinusotomy, sphenoid, with or without biopsy;
		31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
		31070	Sinusotomy frontal; external, simple (trephine operation)
		31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
		31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
		31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
		31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision
		31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
		31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
		31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
		31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
		31200	Ethmoidectomy; intranasal, anterior
		31201	Ethmoidectomy; intranasal, total
		31205	Ethmoidectomy; extranasal, total
31225	Maxillectomy; without orbital exenteration	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
31230	Maxillectomy; with orbital exenteration (en bloc)	31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
		31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
		31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
		31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
		31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
		31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection
		31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
		31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
		31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
		31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
		31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
		31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
		31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus
		31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
		31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
		31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31290	Nasal/sinus endoscopy, surgical, with repair of	31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy;

	cerebrospinal fluid leak; ethmoid region		with removal of tissue from the sphenoid sinus
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression
		31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
		31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression
		31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
		31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)
		31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)
		31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)
		31299	Unlisted procedure, accessory sinuses

### **Laryngeal and Tracheal Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31360	Laryngectomy; total, without radical neck dissection		
31365	Laryngectomy; total, with radical neck dissection		
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection		
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection		
31370	Partial laryngectomy (hemilaryngectomy); horizontal		
31375	Partial laryngectomy (hemilaryngectomy); laterovertical		
31380	Partial laryngectomy (hemilaryngectomy); anterovertical		
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical		
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction		
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	31400	Arytenoidectomy or arytenoidopexy, external approach
		31420	Epiglottidectomy
		31500	Intubation, endotracheal, emergency procedure
		31502	Tracheotomy tube change prior to establishment of fistula tract
		31505-31513	Laryngoscopy, indirect; diagnostic, with biopsy, with removal of foreign body, with removal of lesion, or with vocal cord injection; codes 31505, 31510, 31511, 31512, 31513
		31515-31529	Laryngoscopy direct, with or without tracheoscopy; for aspiration, diagnostic with or without operating microscope or telescope, with insertion of obturator, or with dilation initial or subsequent; codes 31515, 31520, 31525, 31526, 31527, 31528, 31529
		31530-31531	Laryngoscopy, direct, operative, with foreign body removal; with or without operating microscope or telescope; codes 31530, 31531
		31535-31536	Laryngoscopy, direct, operative, with biopsy; with or without operating microscope or telescope; codes 31535, 31536
		31540-31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with or without operating microscope or telescope
		31545-31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s) or graft(s) (including obtaining autograft); codes 31545, 31546
		31551-31554	Laryngoplasty; for laryngeal stenosis, with graft, with or without indwelling stent placement; codes 31551, 31552, 31553, 31554
		31560-	Laryngoscopy, direct, operative, with

		31561	arytenoidectomy; with or without operating microscope or telescope; codes 31560, 31561
		31570-31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with or without operating microscope or telescope; codes 31570, 31571
		31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral
		31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenervation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral
		31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
		31575-31578	Laryngoscopy, flexible fiberoptic; diagnostic, with biopsy, with removal of foreign body, or with removal of lesion; codes 31575, 31576, 31577, 31578
		31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
		31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal
		31584	Laryngoplasty; with open reduction of fracture
		31587	Laryngoplasty, cricoid split
		31590	Laryngeal reinnervation by neuromuscular pedicle
		31591	Laryngoplasty, medialization, unilateral
		31592	Cricotracheal resection
		31599	Unlisted procedure, larynx
		31600	Tracheostomy, planned (separate procedure);
		31601	Tracheostomy, planned (separate procedure); younger than 2 years
		31603	Tracheostomy, emergency procedure; transtracheal
		31605	Tracheostomy, emergency procedure; cricothyroid membrane
		31610	Tracheostomy, fenestration procedure with skin flaps
		31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
		31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
		31613	Tracheostoma revision; simple, without flap rotation
		31614	Tracheostoma revision; complex, with flap rotation
		31615	Tracheobronchoscopy through established tracheostomy incision
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	31720	Catheter aspiration (separate procedure); nasotracheal
		31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31760	Tracheoplasty; intrathoracic	31750	Tracheoplasty; cervical
31766	Carinal reconstruction		
31770	Bronchoplasty; graft repair		
31775	Bronchoplasty; excision stenosis and anastomosis		
31780	Excision tracheal stenosis and anastomosis; cervical		
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	31785	Excision of tracheal tumor or carcinoma; cervical
31786	Excision of tracheal tumor or carcinoma; thoracic		
31800	Suture of tracheal wound or injury; cervical		
31805	Suture of tracheal wound or injury; intrathoracic	31820	Surgical closure tracheostomy or fistula; without plastic repair
		31825	Surgical closure tracheostomy or fistula; with plastic repair
		31830	Revision of tracheostomy scar
		31899	Unlisted procedure, trachea, bronchi

### Salivary Gland (including Parotid) Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		42300	Drainage of abscess; parotid, simple
		42305	Drainage of abscess; parotid, complicated
		42310	Drainage of abscess; submaxillary or sublingual, intraoral
		42320	Drainage of abscess; submaxillary, external



		42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
		42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
		42340	Sialolithotomy; parotid, extraoral or complicated intraoral
		42400	Biopsy of salivary gland; needle
		42405	Biopsy of salivary gland; incisional
		42408	Excision of sublingual salivary cyst (ranula)
		42409	Marsupialization of sublingual salivary cyst (ranula)
		42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
		42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
		42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
		42440	Excision of submandibular (submaxillary) gland
		42450	Excision of sublingual gland
		42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
		42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
		42507	Parotid duct diversion, bilateral (Wilke type procedure);
		42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
		42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
		42600	Closure salivary fistula
		42650	Dilation salivary duct
		42660	Dilation and catheterization of salivary duct, with or without injection
		42665	Ligation salivary duct, intraoral
		42699	Unlisted procedure, salivary glands or ducts

### Pharyngeal Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		42700	Incision and drainage abscess; peritonsillar
		42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
		42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
		42800	Biopsy; oropharynx
		42804	Biopsy; nasopharynx, visible lesion, simple
		42806	Biopsy; nasopharynx, survey for unknown primary lesion
		42808	Excision or destruction of lesion of pharynx, any method
		42809	Removal of foreign body from pharynx
		42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
		42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
		42820	Tonsillectomy and adenoidectomy; younger than age 12
		42821	Tonsillectomy and adenoidectomy; age 12 or over
		42825	Tonsillectomy, primary or secondary; younger than age 12
		42826	Tonsillectomy, primary or secondary; age 12 or over
		42830	Adenoidectomy, primary; younger than age 12
		42831	Adenoidectomy, primary; age 12 or over
		42835	Adenoidectomy, secondary; younger than age 12
		42836	Adenoidectomy, secondary; age 12 or over
		42842	Radical resection of tonsil, tonsillar pillars, and/or

			retromolar trigone; without closure
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
		42860	Excision of tonsil tags
		42870	Excision or destruction lingual tonsil, any method (separate procedure)
		42890	Limited pharyngectomy
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
		42900	Suture pharynx for wound or injury
42953	Pharyngoesophageal repair	42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
		42955	Pharyngostomy (fistulization of pharynx, external for feeding)
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
		42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery
		42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
		42999	Unlisted procedure, pharynx, adenoids, or tonsils

### ***Ear, Audiovestibular, and Temporal Bone Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		69000	Drainage external ear, abscess or hematoma; simple
		69005	Drainage external ear, abscess or hematoma; complicated
		69020	Drainage external auditory canal, abscess
		69100	Biopsy external ear
		69105	Biopsy external auditory canal
		69110	Excision external ear; partial, simple repair
		69120	Excision external ear; complete amputation
		69140	Excision exostosis(es), external auditory canal
		69145	Excision soft tissue lesion, external auditory canal
69155	Radical excision external auditory canal lesion; with neck dissection	69150	Radical excision external auditory canal lesion; without neck dissection
		69200	Removal foreign body from external auditory canal; without general anesthesia
		69205	Removal foreign body from external auditory canal; with general anesthesia
		69210	Removal impacted cerumen requiring instrumentation, unilateral
		69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)
		69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)
		69300	Otoplasty, protruding ear, with or without size reduction
		69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
		69320	Reconstruction external auditory canal for congenital atresia, single stage
		69399	Unlisted procedure, external ear
		69420	Myringotomy including aspiration and/or eustachian tube inflation
		69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
		69424	Ventilating tube removal requiring general anesthesia
		69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia

		69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
		69440	Middle ear exploration through postauricular or ear canal incision
		69450	Tympanolysis, transcanal
		69501	Transmastoid antrotomy (simple mastoidectomy)
		69502	Mastoidectomy; complete
		69505	Mastoidectomy; modified radical
		69511	Mastoidectomy; radical
69535	Resection temporal bone, external approach	69530	Petrous apicectomy including radical mastoidectomy
		69540	Excision aural polyp
		69550	Excision aural glomus tumor; transcanal
69554	Excision aural glomus tumor; extended (extratemporal)	69552	Excision aural glomus tumor; transmastoid
		69601-69605	Revision mastoidectomy; resulting in complete mastoidectomy, modified radical mastoidectomy, radical mastoidectomy, tympanoplasty, with or without apicectomy; codes 69601, 69602, 69603, 69604, 69605
		69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
		69620	Myringoplasty (surgery confined to drumhead and donor area)
		69631-69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with or without ossicular chain reconstruction (eg, postfenestration), with or without synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]); codes 69631, 69632, 69633
		69635-69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with or without ossicular chain reconstruction, with or without synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]); codes 69635, 69636, 69637
		69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with or without ossicular chain reconstruction
		69642-69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with or without ossicular chain reconstruction, with or without intact or reconstructed wall, including radical or complete; codes 69642, 69643, 69644, 69645, 69646
		69650	Stapes mobilization
		69660-69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with or without footplate drill out; codes 69660, 69661
		69662	Revision of stapedectomy or stapedotomy
		69666	Repair oval window fistula
		69667	Repair round window fistula
		69670	Mastoid obliteration (separate procedure)
		69676	Tympanic neurectomy
		69700	Closure postauricular fistula, mastoid (separate procedure)
		69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
		69714-69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with or without mastoidectomy; codes 69714, 69715
		69717-69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with or without mastoidectomy; codes 69717, 69718
		69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
		69725	Decompression facial nerve, intratemporal; including

			medial to geniculate ganglion
		69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
		69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
		69799	Unlisted procedure, middle ear
		69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal
		69805	Endolymphatic sac operation; without shunt
		69806	Endolymphatic sac operation; with shunt
		69905	Labyrinthectomy; transcanal
		69910	Labyrinthectomy; with mastoidectomy
		69915	Vestibular nerve section, translabyrinthine approach
		69930	Cochlear device implantation, with or without mastoidectomy
		69949	Unlisted procedure, inner ear
69950	Vestibular nerve section, transcranial approach	69955	Total facial nerve decompression and/or repair (may include graft)
		69960	Decompression internal auditory canal
		69970	Removal of tumor, temporal bone
		69979	Unlisted procedure, temporal bone, middle fossa approach
		C9745	Nasal endoscopy, surgical; balloon dilation of eustachian tube

### ***Implantable Neurostimulator for Sleep Apnea***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
		0425T-0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead, stimulation lead, or pulse generator; codes 0425T, 0426T, 0427T
		0428T-0430T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator, sensing lead, or stimulation lead; codes 0428T, 0429T, 0430T
		0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
		0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
		0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only
		0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
		0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
		0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study
		0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
		0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
		0468T	Removal of chest wall respiratory sensor electrode or electrode array

**2019 General Surgery: Is the Surgery Medicare Inpatient Only or not?**

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**For Additional Breast Procedures - see Plastic Surgery List**

**For Additional Wound and Ulcer Care Procedures - see Plastic Surgery List**

**For Bariatric Surgery Procedures – see Bariatric Surgery List**

**Esophagus (Including Upper Endoscopy Based Procedures)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
43045	Esophagotomy, thoracic approach, with removal of foreign body	43020	Esophagotomy, cervical approach, with removal of foreign body
43100	Excision of lesion, esophagus, with primary repair; cervical approach	43030	Cricopharyngeal myotomy
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach		
	Total or near total esophagectomy; codes 43107, 43108, 43112, 43113, 43124		
	Partial esophagectomy; codes 43116, 43117, 43118, 43121, 43122, 43123, 43124		
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
		43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
		43191-43196	Esophagoscopy, rigid, transoral; diagnostic or with injection, biopsy, foreign body removal, balloon dilation, guidewire insertion; codes 43191, 43192, 43193, 43194, 43195, 43196
		43197-43198	Esophagoscopy, flexible, transnasal; diagnostic or with biopsy; codes 43197, 43198
		43200-43232	Esophagoscopy, rigid or flexible; diagnostic or therapeutic; codes 43200, 43201, 43202, 43204, 43205, 43206, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43220, 43226, 43227, 43229, 43231, 43232
			Esophagogastroduodenoscopy, flexible, transoral; diagnostic or therapeutic; codes 43233, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43252, 43253, 43254, 43255, 43257, 43259, 43266, 43270
			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic or therapeutic; codes 43260, 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
		43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
		43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43300-43314	Esophagoplasty (plastic repair or reconstruction); codes 43300, 43305, 43310, 43312, 43313, 43314	43285	Removal of esophageal sphincter augmentation device
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	43289	Unlisted laparoscopy procedure, esophagus
43325-43328	Esophagogastric fundoplasty; codes 43325, 43327, 43328		
43330	Esophagomyotomy (Heller type); abdominal approach		

43331	Esophagomyotomy (Heller type); thoracic approach		
43332-43337	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy or thoracotomy or thoracoabdominal incision; codes 43332, 43333, 43334, 43335, 43336, 43337		
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)		
43340-43341	Esophagojejunostomy (without total gastrectomy); codes 43340, 43341		
43351-43352	Esophagostomy, fistulization of esophagus, external; codes 43351, 43352		
43360-43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; codes 43360, 43361		
43400	Ligation, direct, esophageal varices		
43401	Transection of esophagus with repair, for esophageal varices		
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation		
	Suture of esophageal wound or injury; codes 43410, 43415	43420	Closure of esophagostomy or fistula; cervical approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	43453	Dilation of esophagus over guide wire
43496	Free jejunum transfer with microvascular anastomosis	43499	Unlisted procedure, esophagus

### Diaphragm

Inpatient Only Procedure		Not an Inpatient Only Procedure	
39501	Repair, laceration of diaphragm, any approach		
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia		
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute		
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic		
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic		
39560	Resection, diaphragm; with simple repair (eg, primary suture)		
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)		
39599	Unlisted procedure, diaphragm		

### Stomach

Inpatient Only Procedure		Not an Inpatient Only Procedure	
43500	Gastrotomy; with exploration or foreign body removal		
43501	Gastrotomy; with suture repair of bleeding ulcer		
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)		
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)		
43605	Biopsy of stomach, by laparotomy		
43610	Excision, local; ulcer or benign tumor of stomach		
43611	Excision, local; malignant tumor of stomach		
43620-43622	Gastrectomy, total; codes 43620, 43621, 43622		
43631-43635	Gastrectomy, partial, distal; codes 43631, 43632, 43633, 43634, 43635		
43640	Vagotomy including pyloroplasty, with or without gastrotomy; truncal or selective	43651	Laparoscopy, surgical; transection of vagus nerves, truncal
43641	Vagotomy including pyloroplasty, with or without gastrotomy; parietal cell (highly selective)	43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)

43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	43659	Unlisted laparoscopy procedure, stomach
43800	Pyloroplasty		
43810	Gastroduodenostomy		
43820	Gastrojejunostomy; without vagotomy		
43825	Gastrojejunostomy; with vagotomy, any type	43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	43831	Gastrostomy, open; neonatal, for feeding
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury		
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy		
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy		
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy		
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	43870	Closure of gastrostomy, surgical
43880	Closure of gastrocolic fistula	43999	Unlisted procedure, stomach

### **Small Intestine**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)		
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal		
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal		
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)		
44025	Colotomy, for exploration, biopsy(s), or foreign body removal		
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy		
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)		
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies		
44120-44128	Enterectomy, resection of small intestine; codes 44120, 44121, 44125, 44126, 44127, 44128		
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis		
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	44238	Unlisted laparoscopy procedure, intestine (except rectum)
44310	Ileostomy or jejunostomy, non-tube		
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
		44360-44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, with or without ileum; diagnostic or therapeutic; codes 44360, 44361, 44364, 44365, 44366, 44369, 44370, 44372, 44373, 44376, 44377, 44378, 44379

		44380-44384	Ileoscopy, through stoma; diagnostic, with biopsy, with transendoscopic balloon dilation, or with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed); codes 44380, 44381, 44382, 44384
		44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations		
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction		
44620	Closure of enterostomy, large or small intestine;		
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)		
44640	Closure of intestinal cutaneous fistula		
44650	Closure of enteroenteric or enterocolic fistula		
44660	Closure of enterovesical fistula; without intestinal or bladder resection		
44661	Closure of enterovesical fistula; with intestine and/or bladder resection		
44680	Intestinal plication (separate procedure)		
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)		
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	44799	Unlisted procedure, intestine

### ***Large Intestine (Including Lower Endoscopy Based Procedures)***

<b>Inpatient Only Procedure</b>		<b>Not an Inpatient Only Procedure</b>	
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
	Colectomy, partial; codes 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44160		
	Colectomy, total, abdominal; codes 44150, 44151, 44155, 44156, 44157, 44158		
44188	Laparoscopy, surgical, colostomy or skin level cecostomy		
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis		
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy		
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)		
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)		
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy		
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy		
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed		
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy		



44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy		
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	44238	Unlisted laparoscopy procedure, intestine (except rectum)
44316	Continent ileostomy (Kock procedure) (separate procedure)		
44320	Colostomy or skin level cecostomy;		
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)		
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	44388-44408	Colonoscopy through stoma; diagnostic or therapeutic; codes 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy		
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy		
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction		
44620	Closure of enterostomy, large or small intestine;		
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	44799	Unlisted procedure, intestine
44640	Closure of intestinal cutaneous fistula	45300-45327	Proctosigmoidoscopy, rigid; diagnostic or therapeutic; codes 45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321, 45327
44650	Closure of enteroenteric or enterocolic fistula	45330-45350	Sigmoidoscopy, flexible; diagnostic or therapeutic; codes 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
44660	Closure of enterovesical fistula; without intestinal or bladder resection		Colonoscopy, flexible; diagnostic or therapeutic; codes 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	45399	Unlisted procedure, colon
44680	Intestinal plication (separate procedure)	G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen

## Appendix

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44900	Incision and drainage of appendiceal abscess; open	44950	Appendectomy;
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
		44970	Laparoscopy, surgical, appendectomy
		44979	Unlisted laparoscopy procedure, appendix

## Anus/Rectum

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)
		0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
		0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence

45110	Proctectomy; complete, combined abdominoperineal, with colostomy	45005	Incision and drainage of submucosal abscess, rectum
45111	Proctectomy; partial resection of rectum, transabdominal approach	45020	Incision and drainage of deep supralelevator, pelvic, or retrorectal abscess
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	45108	Anorectal myomectomy
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach		
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)		
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed		
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)		
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies		
45123	Proctectomy, partial, without anastomosis, perineal approach		
45130	Excision of rectal procidentia, with anastomosis; perineal approach		
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach		
45136	Excision of ileoanal reservoir with ileostomy	45150	Division of stricture of rectum
		45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
		45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
		45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed		
45400	Laparoscopy, surgical; proctopexy (for prolapse)		
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	45499	Unlisted laparoscopy procedure, rectum
45540	Proctopexy (eg, for prolapse); abdominal approach	45500	Proctoplasty; for stenosis
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	45505	Proctoplasty; for prolapse of mucous membrane
45562	Exploration, repair, and presacral drainage for rectal injury;	45520	Perirectal injection of sclerosing solution for prolapse
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	45541	Proctopexy (eg, for prolapse); perineal approach
45800	Closure of rectovesical fistula;	45560	Repair of rectocele (separate procedure)
45805	Closure of rectovesical fistula; with colostomy		
45820	Closure of rectourethral fistula;		
45825	Closure of rectourethral fistula; with colostomy	45900	Reduction of procidentia (separate procedure) under anesthesia
		45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
		45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
		45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
		45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
		45999	Unlisted procedure, rectum
		46040	Incision and drainage of ischioanal and/or perirectal abscess (separate procedure)
		46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia

		46050	Incision and drainage, perianal abscess, superficial
		46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
		46070	Incision, anal septum (infant)
		46080	Sphincterotomy, anal, division of sphincter (separate procedure)
		46083	Incision of thrombosed hemorrhoid, external
		46200	Fissurectomy, including sphincterotomy, when performed
		46220	Excision of single external papilla or tag, anus
		46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
		46230	Excision of multiple external papillae or tags, anus
		46250-46262	Hemorrhoidectomy - codes 46250, 46255, 46257, 46258, 46260, 46261, 46262
		46270-46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy) - codes 46270, 46275, 46280, 46285
		46288	Closure of anal fistula with rectal advancement flap
		46320	Excision of thrombosed hemorrhoid, external
		46500	Injection of sclerosing solution, hemorrhoids
		46505	Chemodenervation of internal anal sphincter
		46600-46615	Anoscopy; diagnostic or therapeutic; codes 46600, 46601, 46604, 46606, 46607, 46608, 46610, 46611, 46612, 46614, 46615
46705	Anoplasty, plastic operation for stricture; infant	46700	Anoplasty, plastic operation for stricture; adult
		46706	Repair of anal fistula with fibrin glue
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach		
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)		
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula		
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach		
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches		
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach		
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches		
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach		
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;		
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps		
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
		46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse
		46754	Removal of Thiersch wire or suture, anal canal
		46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
		46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
		46900-46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple or extensive; chemical, electrodesiccation, cryosurgery, laser surgery, surgical excision; codes 46900, 46910, 46916, 46917, 46922, 46924
		46930	Destruction of internal hemorrhoid(s) by thermal

			energy (eg, infrared coagulation, cautery, radiofrequency)
		46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
		46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
		46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
		46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
		46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
		46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
		46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
		46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
		46999	Unlisted procedure, anus
		C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy

### **Abdominal Devices, Tubes, and Catheters (except Bariatric or Biliary)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)
		0393T	Removal of esophageal sphincter augmentation device
		43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
		43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
		43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
		43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)
		43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
		43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
		43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
		43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
		43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
		43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
		43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or

			inductive coupling
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	44500	Introduction of long gastrointestinal tube (e.g., Miller-Abbott)
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	46020	Placement of seton
48000	Placement of drains, peripancreatic, for acute pancreatitis;	46030	Removal of anal seton, other marker
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
		49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous
		49406-49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal; percutaneous, transvaginal, or transrectal; codes 49406, 49407
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
		49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
		49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
		49421	Insertion of tunneled intraperitoneal catheter for dialysis, open
		49422	Removal of tunneled intraperitoneal catheter
		49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
		49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425	Insertion of peritoneal-venous shunt	49426	Revision of peritoneal-venous shunt
49428	Ligation of peritoneal-venous shunt	49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
		49429	Removal of peritoneal-venous shunt
		49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
		49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
		49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic

			guidance including contrast injection(s), image documentation and report
		49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
		49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report

### Liver

Inpatient Only Procedure		Not an Inpatient Only Procedure	
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	47000	Biopsy of liver, needle; percutaneous
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47100	Biopsy of liver, wedge		
47120	Hepatectomy, resection of liver; partial lobectomy		
47122	Hepatectomy, resection of liver; trisegmentectomy		
47125	Hepatectomy, resection of liver; total left lobectomy		
47130	Hepatectomy, resection of liver; total right lobectomy		
47300	Marsupialization of cyst or abscess of liver		
47350-47362	Management of liver hemorrhage; codes 47350, 47360, 47361, 47362	47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	47379	Unlisted laparoscopic procedure, liver
		47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
		47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
		47399	Unlisted procedure, liver

### Gallbladder/Biliary

47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus		
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty		
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty		
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)		
47480	Cholecystotomy, open, with exploration, drainage, or removal of calculus (separate procedure)	47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
		47531-47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or

			fluoroscopy) and all associated radiological supervision and interpretation; new or existing access (eg, percutaneous transhepatic cholangiogram); codes 47531, 47532
		47533-47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external or internal-external; codes 47533, 47534
		47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
		47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
		47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
		47538-47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new or existing access, with or without placement of separate biliary drainage catheter; codes 47538, 47539, 47540
		47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access
		47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)
		47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)
		47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	47552-47556	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic or therapeutic; codes 47552, 47553, 47554, 47555, 47556
		47562	Laparoscopy, surgical; cholecystectomy
		47563	Laparoscopy, surgical; cholecystectomy with cholangiography
		47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	Laparoscopy, surgical; cholecystoenterostomy	47579	Unlisted laparoscopy procedure, biliary tract
	Cholecystectomy; including codes 47600, 47605, 47610, 47612, 47620		

47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography		
47701	Portoenterostomy (eg, Kasai procedure)		
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic		
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic		
47715	Excision of choledochal cyst		
47720	Cholecystoenterostomy; direct		
47721	Cholecystoenterostomy; with gastroenterostomy		
47740	Cholecystoenterostomy; Roux-en-Y		
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy		
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract		
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract		
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract		
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract		
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis		
47801	Placement of choledochal stent		
47802	U-tube hepaticoenterostomy		
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	47999	Unlisted procedure, biliary tract

### Pancreas

Inpatient Only Procedure		Not an Inpatient Only Procedure	
48000	Placement of drains, peripancreatic, for acute pancreatitis;		
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy		
48020	Removal of pancreatic calculus		
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	48102	Biopsy of pancreas, percutaneous needle
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis		
48120	Excision of lesion of pancreas (eg, cyst, adenoma)		
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy		
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy		
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)		
48148	Excision of ampulla of Vater		
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy		
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy		
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy		
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy		
48155	Pancreatectomy, total		
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)		



48500	Marsupialization of pancreatic cyst		
48510	External drainage, pseudocyst of pancreas; open		
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct		
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y		
48545	Pancreatorrhaphy for injury		
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	48999	Unlisted procedure, pancreas
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)		
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion		
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion		Note: Most laparoscopic pancreatic procedures do not have specific CPT or HCPCS code assignments as of Dec 2014 except lap islet cell transplantation (see left). Some coders use the above unlisted 48999 or 49329 for other lap pancreas procedures.
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion		

### **Spleen**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
38100	Splenectomy; total (separate procedure)		
38101	Splenectomy; partial (separate procedure)		
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	38120	Laparoscopy, surgical, splenectomy
38115	Repair of ruptured spleen (splenorhaphy) with or without partial splenectomy	38129	Unlisted laparoscopy procedure, spleen

### **Other Abdominal Procedures (Including Retroperitoneal, Excluding Abdominal Wall)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44820	Excision of lesion of mesentery (separate procedure)		
44850	Suture of mesentery (separate procedure)		
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	45000	Transrectal drainage of pelvic abscess
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof		
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		
49002	Reopening of recent laparotomy		
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)		
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49060	Drainage of retroperitoneal abscess, open	49084	Peritoneal lavage, including imaging guidance, when performed
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	49185	Sclerotox fluid collection
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter		
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary		

	tumors; largest tumor greater than 10.0 cm diameter		
49215	Excision of presacral or sacrococcygeal tumor		
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)		
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
		49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
		49321	Laparoscopy, surgical; with biopsy (single or multiple)
		49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
		49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
		49324	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
		49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
		49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
		49400	Injection of air or contrast into peritoneal cavity (separate procedure)
		49402	Removal of peritoneal foreign body from peritoneal cavity
		49999	Unlisted procedure, abdomen, peritoneum and omentum

***Hernia Surgery (for Hiatal, see Esophagus) (for Diaphragmatic, see Diaphragm)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
			Repair, inguinal, incisional, ventral, epigastric, umbilical, spigelian, lumbar, and femoral hernias; codes 49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557, 49560, 49561, 49565, 49566, 49570, 49572, 49580, 49582, 49585, 49587, 49590
		49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	49600	Repair of small omphalocele, with primary closure
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room		
49610	Repair of omphalocele (Gross type operation); first stage		
49611	Repair of omphalocele (Gross type operation); second stage		
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	49650-49659	Laparoscopy, surgical; repair inguinal, ventral, umbilical, spigelian, epigastric, incisional hernias; codes 49650, 49651, 49652, 49653, 49654, 49655, 49656, 49657, 49659
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)		
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)		
49906	Free omental flap with microvascular anastomosis	49999	Unlisted procedure, abdomen, peritoneum and omentum

***Other Abdominal Wall Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0437T	Implantation of non-biologic or synthetic implant (e.g.,

			polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
		22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
		22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater

### **Fasciotomy Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		24495	Decompression fasciotomy, forearm, with brachial artery exploration
		25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
		25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
		25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
		25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
		26035	Decompression fingers and/or hand, injection injury (eg, grease gun)
		26037	Decompressive fasciotomy, hand (excludes 26035)
		26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
		26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
27025	Fasciotomy, hip or thigh, any type	27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
		27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
		27305	Fasciotomy, iliotibial (tenotomy), open
		27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
		27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
		27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;
		27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
		27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only
		27601	Decompression fasciotomy, leg; posterior compartment(s) only
		27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)

		27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
		27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
		27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
		28008	Fasciotomy, foot and/or toe
		29893	Endoscopic plantar fasciotomy

**Debridement Procedures, with or without Burn Care**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
		11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
		11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
		11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
		11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11720	Debridement of nail(s) by any method(s); 1 to 5
		11721	Debridement of nail(s) by any method(s); 6 or more
		16020-16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; codes 16020, 16025, 16030
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	16035	Escharotomy; initial incision
		97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
		97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris,

			biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

**Mastectomy Procedures (See Plastic Surgery List for Other Breast Procedures)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		19300	Mastectomy for gynecomastia
		19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
		19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
		19303	Mastectomy, simple, complete
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	19304	Mastectomy, subcutaneous
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

**Other Soft Tissue/Musculoskeletal Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		10005-10012	Fine needle aspiration, including ultrasound, fluoroscopic, CT, or MR guidance, including first and additional lesions
		10004, 10021	Fine needle aspiration; without imaging guidance, first and additional lesions
		10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous
		10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
		10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
		10080	Incision and drainage of pilonidal cyst; simple
		10081	Incision and drainage of pilonidal cyst; complicated
		10120	Incision and removal of foreign body, subcutaneous tissues; simple
		10121	Incision and removal of foreign body, subcutaneous tissues; complicated
		10140	Incision and drainage of hematoma, seroma or fluid collection
		10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
		10180	Incision and drainage, complex, postoperative wound infection
		20100	Exploration of penetrating wound (separate procedure); neck
		20101	Exploration of penetrating wound (separate procedure); chest
		20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
		20103	Exploration of penetrating wound (separate procedure); extremity
		20200	Biopsy, muscle; superficial

		20205	Biopsy, muscle; deep
		20206	Biopsy, muscle, percutaneous needle
		20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
		20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
		20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
		20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)
		20250	Biopsy, vertebral body, open; thoracic
		20251	Biopsy, vertebral body, open; lumbar or cervical
		20500	Injection of sinus tract; therapeutic (separate procedure)
		20520	Removal of foreign body in muscle or tendon sheath; simple
		20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
		20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
		22999	Unlisted procedure, abdomen, musculoskeletal system
		27323	Biopsy, soft tissue of thigh or knee area; superficial
		27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
		27326	Neurectomy, popliteal (gastrocnemius)
		27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
		27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
		27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm
		27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
		27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
		27603	Incision and drainage, leg or ankle; deep abscess or hematoma
		27604	Incision and drainage, leg or ankle; infected bursa
		27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
		27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
		27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle
		27613	Biopsy, soft tissue of leg or ankle area; superficial
		27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
		27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
		27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
		27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
		27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
		27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
		27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater

## Endocrine

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
		0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision

		0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
		60000	Incision and drainage of thyroglossal duct cyst, infected
		60100	Biopsy thyroid, percutaneous core needle
		60200	Excision of cyst or adenoma of thyroid, or transection of isthmus
		60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
		60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
		60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
		60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
		60240	Thyroidectomy, total or complete
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	60271	Thyroidectomy, including substernal thyroid; cervical approach
		60280	Excision of thyroglossal duct cyst or sinus;
		60281	Excision of thyroglossal duct cyst or sinus; recurrent
		60300	Aspiration and/or injection, thyroid cyst
		60500	Parathyroidectomy or exploration of parathyroid(s);
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration
		60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	60520	Thymectomy, partial or total; transcervical approach (separate procedure)
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)		
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);		
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor		
60600	Excision of carotid body tumor; without excision of carotid artery		
60605	Excision of carotid body tumor; with excision of carotid artery		
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	60659	Unlisted laparoscopy procedure, endocrine system
		60699	Unlisted procedure, endocrine system

### **Lymphatic System**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		38300	Drainage of lymph node abscess or lymphadenitis; simple
		38305	Drainage of lymph node abscess or lymphadenitis; extensive
		38308	Lymphangiomyotomy or other operations on lymphatic channels
38380	Suture and/or ligation of thoracic duct; cervical approach	38500	Biopsy or excision of lymph node(s); open, superficial
38381	Suture and/or ligation of thoracic duct; thoracic approach	38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38382	Suture and/or ligation of thoracic duct; abdominal approach	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
		38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
		38525	Biopsy or excision of lymph node(s); open, deep

			axillary node(s)
		38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)
		38531	Biopsy or excision of lymph node(s); open, inguofemoral node(s)
		38542	Dissection, deep jugular node(s)
		38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
		38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
		38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
		38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
		38589	Unlisted laparoscopy procedure, lymphatic system
		38700	Suprahyoid lymphadenectomy
38724	Cervical lymphadenectomy (modified radical neck dissection)	38720	Cervical lymphadenectomy (complete)
		38740	Axillary lymphadenectomy; superficial
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	38745	Axillary lymphadenectomy; complete
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	38760	Inguofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	Inguofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	38792	Injection procedure; radioactive tracer for identification of sentinel node
		38999	Unlisted procedure, hemic or lymphatic system

### Miscellaneous

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
		36470	Injection of sclerosing solution; single vein
		36471	Injection of sclerosing solution; multiple veins, same leg
		C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (eg, fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple
		C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance

**2019 Neurosurgery: Is the Surgery Medicare Inpatient Only or not?**



Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

**Note: For Spine Procedures, Refer to Spine Surgery List**

**CSF: Aspiration, Diversion, or Shunt Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
		61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
		61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
		61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
		61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
		61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
62180	Ventriculocisternostomy (Torkildsen type operation)	61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular		
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	62194	Replacement or irrigation, subarachnoid/subdural catheter
62200	Ventriculocisternostomy, third ventricle;		
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method		
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular		
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	62225	Replacement or irrigation, ventricular catheter
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	62252	Reprogramming of programmable cerebrospinal shunt

**Electrode Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)		
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring		
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring		
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)		
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring		
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical		
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical		
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative		

	microelectrode recording; first array		
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	61880	Revision or removal of intracranial neurostimulator electrodes
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	61888	Revision or removal of cranial neurostimulator pulse generator or receiver
		63650	Percutaneous implantation of neurostimulator electrode array, epidural
		63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
			Removal (63661) or Revision (63663) of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
			Removal (63662) or Revision (63664) of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
		63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
		63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
		64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
		64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
		64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
		64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
		64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
		64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
		64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
		64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
		64580	Incision for implantation of neurostimulator electrode array; neuromuscular
		64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
		64585	Revision or removal of peripheral neurostimulator electrode array

### Skull Defect Repair Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
61550	Craniectomy for craniosynostosis; single cranial suture		

61552	Craniectomy for craniosynostosis; multiple cranial sutures		
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap		
61557	Craniotomy for craniosynostosis; bifrontal bone flap		
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts		
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)		
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	62000	Elevation of depressed skull fracture; simple, extradural
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain		
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea		
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty		
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)		
62120	Repair of encephalocele, skull vault, including cranioplasty		
62121	Craniotomy for repair of encephalocele, skull base		
62140	Cranioplasty for skull defect; up to 5 cm diameter		
62141	Cranioplasty for skull defect; larger than 5 cm diameter		
62142	Removal of bone flap or prosthetic plate of skull		
62143	Replacement of bone flap or prosthetic plate of skull		
62145	Cranioplasty for skull defect with reparative brain surgery		
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter		
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter		
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)		

### **Stereotactic Brain Procedures**

<b>Inpatient Only Procedure</b>		<b>Not an Inpatient Only Procedure</b>	
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)		
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;		
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance		
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
		61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol,

			thermal, electrical, radiofrequency); gasserian ganglion
		61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
		61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
		61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
		61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
		61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
		61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array		
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)		
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)
		77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
		77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
		77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

### **Vascular Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural		
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft		
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural		

61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft		
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural		
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft		
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)		
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus		
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural		
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft		
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed		
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)		
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory		
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)		
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple		
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex		
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple		
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex		
61690	Surgery of intracranial arteriovenous malformation; dural, simple		
61692	Surgery of intracranial arteriovenous malformation; dural, complex		
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation		
61698	Surgery of complex intracranial aneurysm, intracranial		

	approach; vertebrobasilar circulation		
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation		
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation		
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)		
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery		
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis		
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter		
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries		

### Other Neurosurgical Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20661	Application of halo, including removal; cranial		
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)		
61105	Twist drill hole for subdural or ventricular puncture		
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma		
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)		
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion		
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst		
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst		
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural		
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral		
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery		
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral		
61304	Craniectomy or craniotomy, exploratory; supratentorial		
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)		
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural		
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral		
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural		
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar		
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)		
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial		
61321	Craniectomy or craniotomy, drainage of intracranial		

	abscess; infratentorial		
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy		
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	61330	Decompression of orbit only, transcranial approach
61333	Exploration of orbit (transcranial approach); with removal of lesion		
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)		
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)		
61345	Other cranial decompression, posterior fossa		
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion		
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves		
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves		
61500	Craniectomy; with excision of tumor or other bone lesion of skull		
61501	Craniectomy; for osteomyelitis		
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma		
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial		
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial		
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial		
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)		
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull		
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma		
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor		
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull		
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess		
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst		
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;		
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy		
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring		
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring		
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery		
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)		
61536	Craniotomy with elevation of bone flap; for excision of		

	cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)		
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery		
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery		
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery		
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery		
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum		
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy		
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus		
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma		
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach		
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic		
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression		
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression		
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy		
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery		
61570	Craniectomy or craniotomy; with excision of foreign body from brain		
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain		
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;		
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)		
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration		
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy		
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa		
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa		
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration		
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration		



61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft		
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery		
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery		
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe		
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization		
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery		
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization		
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus		
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural		
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft		
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural		
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft		
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural		
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft		
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural		
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft		
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)		
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of		

	external ventricular catheter for drainage		
62163	Neuroendoscopy, intracranial; with retrieval of foreign body		
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage		
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach		Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; codes: 62263, 62264

### 2019 OB GYN: Is the Surgery Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

#### Perineum/Vulva

Inpatient Only Procedure		Not an Inpatient Only Procedure	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	56405	Incision and drainage of vulva or perineal abscess
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	56420	Incision and drainage of Bartholin's gland abscess
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	56440	Marsupialization of Bartholin's gland cyst
		56441	Lysis of labial adhesions
		56442	Hymenotomy, simple incision
		56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56630	Vulvectomy, radical, partial;	56620	Vulvectomy simple; partial
56631	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy	56625	Vulvectomy simple; complete
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy		
56633	Vulvectomy, radical, complete;		
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy		
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy		
56640	Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy	56700	Partial hymenectomy or revision of hymenal ring
		56740	Excision of Bartholin's gland or cyst
		56800	Plastic repair of introitus
		56805	Clitoroplasty for intersex state
		56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
		56820	Colposcopy of the vulva;
		56821	Colposcopy of the vulva; with biopsy(s)

#### Vagina

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		57000	Colpotomy; with exploration
		57010	Colpotomy; with drainage of pelvic abscess
		57020	Colpocentesis (separate procedure)
		57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum
		57023	Incision and drainage of vaginal hematoma; non-

			obstetrical (eg, post-trauma, spontaneous bleeding)
		57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		57100	Biopsy of vaginal mucosa; simple (separate procedure)
		57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57110	Vaginectomy, complete removal of vaginal wall;	57106	Vaginectomy, partial removal of vaginal wall;
		57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)		
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
		57120	Colpocleisis (Le Fort type)
		57130	Excision of vaginal septum
		57135	Excision of vaginal cyst or tumor
		57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
		57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
		57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
		57160	Fitting and insertion of pessary or other intravaginal support device
		57170	Diaphragm or cervical cap fitting with instructions
		57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
		57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
		57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
		57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
		57230	Plastic repair of urethrocele
		57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
		57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
		57260	Combined anteroposterior colporrhaphy;
		57265	Combined anteroposterior colporrhaphy; with enterocele repair
57270	Repair of enterocele, abdominal approach (separate procedure)	57268	Repair of enterocele, vaginal approach (separate procedure)
57280	Colpopexy, abdominal approach	57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
		57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
		57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
		57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
		57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
		57288	Sling operation for stress incontinence (eg, fascia or synthetic)
		57289	Pereyra procedure, including anterior colporrhaphy
		57291	Construction of artificial vagina; without graft
		57292	Construction of artificial vagina; with graft
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57305	Closure of rectovaginal fistula; abdominal approach	57300	Closure of rectovaginal fistula; vaginal or transanal approach
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy		
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	57310	Closure of urethrovaginal fistula;

57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	57320	Closure of vesicovaginal fistula; vaginal approach
		57330	Closure of vesicovaginal fistula; transvesical and vaginal approach
		57335	Vaginoplasty for intersex state
		57400	Dilation of vagina under anesthesia (other than local)
		57410	Pelvic examination under anesthesia (other than local)
		57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
		57420	Colposcopy of the entire vagina, with cervix if present;
		57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
		57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
		57425	Laparoscopy, surgical, colpexy (suspension of vaginal apex)
		57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach

### **Cervix**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		57452	Colposcopy of the cervix including upper/adjacent vagina;
		57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
		57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
		57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
		57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
		57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
		57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
		57505	Endocervical curettage (not done as part of a dilation and curettage)
		57510	Cautery of cervix; electro or thermal
		57511	Cautery of cervix; cryocautery, initial or repeat
		57513	Cautery of cervix; laser ablation
		57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
		57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57540	Excision of cervical stump, abdominal approach;		
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	57550	Excision of cervical stump, vaginal approach;
		57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
		57556	Excision of cervical stump, vaginal approach; with repair of enterocele
		57558	Dilation and curettage of cervical stump
		57700	Cerclage of uterine cervix, nonobstetrical
		57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
		57800	Dilation of cervical canal, instrumental (separate procedure)

### **Uterine/Endometrial**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
		0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
		0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
		58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
		58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach		
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);		
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)		
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)		
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)		
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)		
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	58260	Vaginal hysterectomy, for uterus 250 g or less;
		58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele		
58285	Vaginal hysterectomy, radical (Schauta type operation)	58290	Vaginal hysterectomy, for uterus greater than 250 g;
		58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
		58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
		58301	Removal of intrauterine device (IUD)
		58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
		58346	Insertion of Heyman capsules for clinical brachytherapy
		58353	Endometrial ablation, thermal, without hysteroscopic

			guidance
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy		
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)		
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
		58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
		58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
		58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
		58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
		58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
		58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
		58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58555	Hysteroscopy, diagnostic (separate procedure)
		58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
		58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
		58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
		58561	Hysteroscopy, surgical; with removal of leiomyomata
		58562	Hysteroscopy, surgical; with removal of impacted foreign body
		58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
		58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
		58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
		58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
		58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
		58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58578	Unlisted laparoscopy procedure, uterus
		58579	Unlisted hysteroscopy procedure, uterus

### **Fallopian Tube/Ovary**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		58350	Chromotubation of oviduct, including materials

58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58740	Lysis of adhesions (salpingolysis, ovariolysis)	58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58750	Tubotubal anastomosis	58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58752	Tubouterine implantation	58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58760	Fimbrioplasty	58672	Laparoscopy, surgical; with fimbrioplasty
		58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
		58674	Laparoscopy, surgical, ablation of uterine fibroids, including intraoperative ultrasound guidance and monitoring, radiofrequency
		58679	Unlisted laparoscopy procedure, oviduct, ovary
		58770	Salpingostomy (salpingoneostomy)
		58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
		58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58822	Drainage of ovarian abscess; abdominal approach	58820	Drainage of ovarian abscess; vaginal approach, open
58825	Transposition, ovary(s)	58900	Biopsy of ovary, unilateral or bilateral (separate procedure)
		58920	Wedge resection or bisection of ovary, unilateral or bilateral
58940	Oophorectomy, partial or total, unilateral or bilateral;	58925	Ovarian cystectomy, unilateral or bilateral
		58999	Unlisted procedure, female genital system (nonobstetrical)

### Gynecologic Oncology

Inpatient Only Procedure		Not an Inpatient Only Procedure	
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy		
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;		
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy		
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)		
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection		

	for debulking;		
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy		
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;		
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy		

### **Assisted Reproductive Technology**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0058T	Cryopreservation; reproductive tissue, ovarian
		0357T	Cryopreservation; immature oocyte(s)
		58321	Artificial insemination; intra-cervical
		58322	Artificial insemination; intra-uterine
		58323	Sperm washing for artificial insemination
		58970	Follicle puncture for oocyte retrieval, any method
		58974	Embryo transfer, intrauterine
		58976	Gamete, zygote, or embryo intrafallopian transfer, any method
		59866	Multifetal pregnancy reduction(s) (MPR)
		89250	Culture of oocyte(s)/embryo(s), less than 4 days;
		89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
		89253	Assisted embryo hatching, microtechniques (any method)
		89254	Oocyte identification from follicular fluid
		89255	Preparation of embryo for transfer (any method)
		89257	Sperm identification from aspiration (other than seminal fluid)
		89258	Cryopreservation; embryo(s)
		89259	Cryopreservation; sperm
		89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
		89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
		89264	Sperm identification from testis tissue, fresh or cryopreserved
		89268	Insemination of oocytes
		89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
		89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
		89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
		89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
		89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
		89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)



		89310	Semen analysis; motility and count (not including Huhner test)
		89320	Semen analysis; volume, count, motility, and differential
		89321	Semen analysis; sperm presence and motility of sperm, if performed
		89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
		89325	Sperm antibodies
		89329	Sperm evaluation; hamster penetration test
		89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
		89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
		89335	Cryopreservation, reproductive tissue, testicular
		89337	Cryopreservation, mature oocyte(s)
		89342	Storage (per year); embryo(s)
		89343	Storage (per year); sperm/semens
		89344	Storage (per year); reproductive tissue, testicular/ovarian
		89346	Storage (per year); oocyte(s)
		89352	Thawing of cryopreserved; embryo(s)
		89353	Thawing of cryopreserved; sperm/semens, each aliquot
		89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
		89356	Thawing of cryopreserved; oocytes, each aliquot
		89398	Unlisted reproductive medicine laboratory procedure

### Obstetrical/Pregnancy

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		59000	Amniocentesis; diagnostic
		59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
		59012	Cordocentesis (intrauterine), any method
		59015	Chorionic villus sampling, any method
		59020	Fetal contraction stress test
		59025	Fetal non-stress test
		59030	Fetal scalp blood sampling
		59070	Transabdominal amnioinfusion, including ultrasound guidance
		59072	Fetal umbilical cord occlusion, including ultrasound guidance
		59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
		59076	Fetal shunt placement, including ultrasound guidance
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy		
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy		
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy		
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus		
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
		59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
		59160	Curettage, postpartum
		59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
		59300	Episiotomy or vaginal repair, by other than attending
59325	Cerclage of cervix, during pregnancy; abdominal	59320	Cerclage of cervix, during pregnancy; vaginal
59350	Hysterorrhaphy of ruptured uterus	59409	Vaginal delivery only (with or without episiotomy)

			and/or forceps);
		59412	External cephalic version, with or without tocolysis
59514	Cesarean delivery only;	59414	Delivery of placenta (separate procedure)
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	59812	Treatment of incomplete abortion, any trimester, completed surgically
		59820	Treatment of missed abortion, completed surgically; first trimester
59830	Treatment of septic abortion, completed surgically	59821	Treatment of missed abortion, completed surgically; second trimester
		59840	Induced abortion, by dilation and curettage
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	59841	Induced abortion, by dilation and evacuation
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation		
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)		
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;		
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation		
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	59866	Multifetal pregnancy reduction(s) (MPR)
		59870	Uterine evacuation and curettage for hydatidiform mole
		59871	Removal of cerclage suture under anesthesia (other than local)
		59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
		59898	Unlisted laparoscopy procedure, maternity care and delivery
		59899	Unlisted procedure, maternity care and delivery

### **Miscellaneous Surgery**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
		11981	Insertion, non-biodegradable drug delivery implant
		11982	Removal, non-biodegradable drug delivery implant
		11983	Removal with reinsertion, non-biodegradable drug delivery implant
		55970	Intersex surgery; male to female
		55980	Intersex surgery; female to male

### **2019 Ophthalmology: Is the Procedure Medicare Inpatient Only or not?**

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

### **Eye Removal/Replacement Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		65091	Evisceration of ocular contents; without implant
		65093	Evisceration of ocular contents; with implant
		65101	Enucleation of eye; without implant
		65103	Enucleation of eye; with implant, muscles not attached to implant
		65105	Enucleation of eye; with implant, muscles attached to implant
		65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
		65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
		65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
		65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
		65130	Insertion of ocular implant secondary; after evisceration, in scleral shell
		65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
		65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
		65150	Reinsertion of ocular implant; with or without conjunctival graft
		65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
		65175	Removal of ocular implant
		67550	Orbital implant (implant outside muscle cone); insertion
		67560	Orbital implant (implant outside muscle cone); removal or revision

### **Anterior Segment (cornea, iris, anterior sclera, conjunctiva), excluding Glaucoma or Lens**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty
		0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
		65205	Removal of foreign body, external eye; conjunctival superficial
		65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
		65220	Removal of foreign body, external eye; corneal, without slit lamp
		65222	Removal of foreign body, external eye; corneal, with slit lamp
		65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens
		65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
		65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body
		65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
		65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
		65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera

		65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
		65410	Biopsy of cornea
		65420	Excision or transposition of pterygium; without graft
		65426	Excision or transposition of pterygium; with graft
		65430	Scraping of cornea, diagnostic, for smear and/or culture
		65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
		65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)
		65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization
		65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)
		65710	Keratoplasty (corneal transplant); anterior lamellar
		65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
		65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
		65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
		65756	Keratoplasty (corneal transplant); endothelial
		65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)
		65770	Keratoprosthesis
		65772	Corneal relaxing incision for correction of surgically induced astigmatism
		65775	Corneal wedge resection for correction of surgically induced astigmatism
		65778	Placement of amniotic membrane on the ocular surface; without sutures
		65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
		65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
		65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
		65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
		65785	Implantation of intrastomal corneal ring segments
		65920	Removal of implanted material, anterior segment of eye
		65930	Removal of blood clot, anterior segment of eye
		66130	Excision of lesion, sclera
		66225	Repair of scleral staphyloma; with graft
		66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
		66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
		66999	Unlisted procedure, anterior segment of eye
		68020	Incision of conjunctiva, drainage of cyst
		68040	Expression of conjunctival follicles (eg, for trachoma)
		68100	Biopsy of conjunctiva
		68110	Excision of lesion, conjunctiva; up to 1 cm
		68115	Excision of lesion, conjunctiva; over 1 cm
		68130	Excision of lesion, conjunctiva; with adjacent sclera
		68135	Destruction of lesion, conjunctiva
		68200	Subconjunctival injection
		68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
		68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
		68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
		68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
		68330	Repair of symblepharon; conjunctivoplasty, without graft

		68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
		68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
		68360	Conjunctival flap; bridge or partial (separate procedure)
		68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
		68371	Harvesting conjunctival allograft, living donor
		68399	Unlisted procedure, conjunctiva

**Glaucoma/Ciliary Body/Aqueous Humor/Anterior Chamber/Posterior Chamber**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork
		0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space
		0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion
		0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
		0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)
		0464T	Visual evoked potential, testing for glaucoma, with interpretation and report
		0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
		65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
		65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
		65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
		65820	Goniotomy
		65850	Trabeculotomy ab externo
		65855	Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)
		65860	Severing adhesions of anterior segment, laser technique (separate procedure)
		65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia
		65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia
		65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia
		65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions
		65900	Removal of epithelial downgrowth, anterior chamber of eye
		66020	Injection, anterior chamber of eye (separate procedure); air or liquid
		66030	Injection, anterior chamber of eye (separate procedure); medication
		66150	Fistulization of sclera for glaucoma; trephination with

			iridectomy
		66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
		66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
		66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
		66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
		66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
		66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
		66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
		66180	Aqueous shunt to extraocular reservoir with graft (eg, Molteno, Schocket, Denver-Krupin)
		66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
		66185	Revision of aqueous shunt to extraocular reservoir with graft
		66500	Iridotomy by stab incision (separate procedure); except transfixion
		66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
		66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion
		66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy
		66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
		66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
		66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
		66680	Repair of iris, ciliary body (as for iridodialysis)
		66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
		66700	Ciliary body destruction; diathermy
		66710	Ciliary body destruction; cyclophotocoagulation, transscleral
		66711	Ciliary body destruction; cyclophotocoagulation, endoscopic
		66720	Ciliary body destruction; cryotherapy
		66740	Ciliary body destruction; cyclodialysis
		66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
		66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
		66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)

### ***Lens Procedures (including Cataracts)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens
		66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
		66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
		66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
		66830	Removal of secondary membranous cataract

			(opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
		66840	Removal of lens material; aspiration technique, 1 or more stages
		66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
		66852	Removal of lens material; pars plana approach, with or without vitrectomy
		66920	Removal of lens material; intracapsular
		66930	Removal of lens material; intracapsular, for dislocated lens
		66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
		66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
		66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
		66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
		66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
		66986	Exchange of intraocular lens
		92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)

**Posterior Segment (Vitreous humor, retina, choroid, optic nerve, posterior sclera)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
		0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report
		0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
		65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
		65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
		67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
		67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
		67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
		67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
		67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
		67028	Intravitreal injection of a pharmacologic agent (separate procedure)
		67030	Discission of vitreous strands (without removal), pars

			plana approach
		67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
		67036	Vitrectomy, mechanical, pars plana approach;
		67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
		67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
		67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
		67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
		67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
		67101	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
		67105	Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal fluid
		67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
		67108	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
		67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
		67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens
		67115	Release of encircling material (posterior segment)
		67120	Removal of implanted material, posterior segment; extraocular
		67121	Removal of implanted material, posterior segment; intraocular
		67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy
		67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)
		67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
		67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
		67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
		67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
		67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy



			(includes intravenous infusion)
		67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
		67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy
		67228	Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation
		67229	Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
		67250	Scleral reinforcement (separate procedure); without graft
		67255	Scleral reinforcement (separate procedure); with graft
		67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy
		67228	Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation
		67229	Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
		67250	Scleral reinforcement (separate procedure); without graft
		67255	Scleral reinforcement (separate procedure); with graft
		67299	Unlisted procedure, posterior segment
		67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)
		G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)

### **Extraocular Muscle and Retrobulbar Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
		67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
		67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
		67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
		67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
		67318	Strabismus surgery, any procedure, superior oblique muscle
		67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
		67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
		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)
		67334	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)
		67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
		67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
		67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
		67345	Chemodenervation of extraocular muscle
		67346	Biopsy of extraocular muscle
		67399	Unlisted procedure, extraocular muscle
		67500	Retrolbulbar injection; medication (separate procedure, does not include supply of medication)
		67505	Retrolbulbar injection; alcohol
		67515	Injection of medication or other substance into Tenon's capsule

### ***Orbitotomy (Incision into orbit)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
		67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
		67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
		67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
		67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression
		67415	Fine needle aspiration of orbital contents
		67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
		67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
		67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage
		67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression
		67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
		67599	Unlisted procedure, orbit

### ***Eyelid Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
		0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
		0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
		15820	Blepharoplasty, lower eyelid;
		15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
		15822	Blepharoplasty, upper eyelid;
		15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid

		21280	Medial canthopexy (separate procedure)
		21282	Lateral canthopexy
		67700	Blepharotomy, drainage of abscess, eyelid
		67710	Severing of tarsorrhaphy
		67715	Canthotomy (separate procedure)
		67800	Excision of chalazion; single
		67801	Excision of chalazion; multiple, same lid
		67805	Excision of chalazion; multiple, different lids
		67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
		67810	Incisional biopsy of eyelid skin including lid margin
		67820	Correction of trichiasis; epilation, by forceps only
		67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
		67830	Correction of trichiasis; incision of lid margin
		67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
		67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
		67850	Destruction of lesion of lid margin (up to 1 cm)
		67875	Temporary closure of eyelids by suture (eg, Frost suture)
		67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
		67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
		67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
		67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
		67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
		67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
		67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
		67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
		67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
		67909	Reduction of overcorrection of ptosis
		67911	Correction of lid retraction
		67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
		67914	Repair of ectropion; suture
		67915	Repair of ectropion; thermocauterization
		67916	Repair of ectropion; excision tarsal wedge
		67917	Repair of ectropion; extensive (eg, tarsal strip operations)
		67921	Repair of entropion; suture
		67922	Repair of entropion; thermocauterization
		67923	Repair of entropion; excision tarsal wedge
		67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
		67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
		67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
		67938	Removal of embedded foreign body, eyelid
		67950	Canthoplasty (reconstruction of canthus)
		67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
		67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with

			adjacent tissue transfer or rearrangement; over one-fourth of lid margin
		67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
		67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
		67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
		67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
		67999	Unlisted procedure, eyelids

### **Lacrimal System (Tear) Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
		0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
		68400	Incision, drainage of lacrimal gland
		68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
		68440	Snip incision of lacrimal punctum
		68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
		68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
		68510	Biopsy of lacrimal gland
		68520	Excision of lacrimal sac (dacryocystectomy)
		68525	Biopsy of lacrimal sac
		68530	Removal of foreign body or dacryolith, lacrimal passages
		68540	Excision of lacrimal gland tumor; frontal approach
		68550	Excision of lacrimal gland tumor; involving osteotomy
		68700	Plastic repair of canaliculi
		68705	Correction of everted punctum, cautery
		68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
		68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
		68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
		68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
		68761	Closure of the lacrimal punctum; by plug, each
		68770	Closure of lacrimal fistula (separate procedure)
		68801	Dilation of lacrimal punctum, with or without irrigation
		68810	Probing of nasolacrimal duct, with or without irrigation;
		68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
		68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
		68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
		68840	Probing of lacrimal canaliculi, with or without irrigation
		68850	Injection of contrast medium for dacryocystography
		68899	Unlisted procedure, lacrimal system

### **Miscellaneous Ophthalmologic Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report

		0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)
		66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)
		92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
		92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
		92230	Fluorescein angiography with interpretation and report
		92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report
		92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
		92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
		92270	Electro-oculography with interpretation and report
		92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)
		92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)
		92499	Unlisted ophthalmological service or procedure

**2019 Oral and Maxillofacial Surgery (OMFS) Procedures: Is the Procedure Medicare Inpatient Only or not?**

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

**See also Otolaryngology (ENT) List for Additional Facial and Oropharyngeal Procedures**

**Craniofacial and Maxillofacial Reconstructive Procedures (Not due to traumatic fracture)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21076-21089	Impression and custom preparation; surgical obturator prosthesis, orbital prosthesis, interim obturator prosthesis, definitive obturator prosthesis, mandibular resection prosthesis, palatal augmentation prosthesis, palatal lift prosthesis, speech aid prosthesis, oral surgical splint, auricular prosthesis, nasal prosthesis, facial prosthesis, or other unlisted maxillofacial prosthesis; codes 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21085, 21086, 21087, 21088, 21089
		21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
		21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
		21137	Reduction forehead; contouring only
		21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft		
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft		
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone		

	grafts (includes obtaining autografts)		
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)		
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)		
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I		
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I		
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I		
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)		
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 (includes obtaining grafts); total area of bone grafting less than 40 sq cm	21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
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 (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm		
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm		
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
		21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
		21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
		21209	Osteoplasty, facial bones; reduction
		21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
		21215	Graft, bone; mandible (includes obtaining graft)
		21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
		21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
		21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
		21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete

		21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
		21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
		21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
		21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
		21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
		21270	Malar augmentation, prosthetic material
		21275	Secondary revision of orbitocraniofacial reconstruction
		21280	Medial canthopexy (separate procedure)
		21282	Lateral canthopexy
		21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
		21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
		21299	Unlisted craniofacial and maxillofacial procedure

***Mandible, Chin, and Temporomandibular Joint Procedures (Not due to traumatic fracture)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21010	Arthrotomy, temporomandibular joint
		21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
		21031	Excision of torus mandibularis
		21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21045	Excision of malignant tumor of mandible; radical resection	21044	Excision of malignant tumor of mandible;
		21046-21049	Excision of benign tumor or cyst of mandible or maxilla; requiring intra-oral or extra-oral osteotomy, with or without partial mandibulectomy (eg, locally aggressive or destructive lesion[s]); codes 21046, 21047, 21048, 21049
		21050	Condylectomy, temporomandibular joint (separate procedure)
		21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
		21070	Coronoidectomy (separate procedure)
		21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
		21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
		21121	Genioplasty; sliding osteotomy, single piece
		21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
		21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
		21125	Augmentation, mandibular body or angle; prosthetic material
		21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
		21198	Osteotomy, mandible, segmental;
		21199	Osteotomy, mandible, segmental; with genioglossus advancement
		21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)

		21242	Arthroplasty, temporomandibular joint, with allograft
		21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
		21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
		21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
		21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
		21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
		21480	Closed treatment of temporomandibular dislocation; initial or subsequent
		21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
		21490	Open treatment of temporomandibular dislocation
		29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
		29804	Arthroscopy, temporomandibular joint, surgical

### Facial Fracture Repair Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		21310	Closed treatment of nasal bone fracture without manipulation
		21315	Closed treatment of nasal bone fracture; without stabilization
		21320	Closed treatment of nasal bone fracture; with stabilization
		21325	Open treatment of nasal fracture; uncomplicated
		21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
		21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
		21336	Open treatment of nasal septal fracture, with or without stabilization
		21337	Closed treatment of nasal septal fracture, with or without stabilization
		21338	Open treatment of nasoethmoid fracture; without external fixation
		21339	Open treatment of nasoethmoid fracture; with external fixation
21343	Open treatment of depressed frontal sinus fracture	21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
		21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
		21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
		21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
		21386	Open treatment of orbital floor blowout fracture; periorbital approach
		21387	Open treatment of orbital floor blowout fracture;



			combined approach
		21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
		21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
		21400	Closed treatment of fracture of orbit, except blowout; without manipulation
		21401	Closed treatment of fracture of orbit, except blowout; with manipulation
		21406	Open treatment of fracture of orbit, except blowout; without implant
		21407	Open treatment of fracture of orbit, except blowout; with implant
		21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches		
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint		
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches		
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)		
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
		21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
		21450	Closed treatment of mandibular fracture; without manipulation
		21451	Closed treatment of mandibular fracture; with manipulation
		21452	Percutaneous treatment of mandibular fracture, with external fixation
		21453	Closed treatment of mandibular fracture with interdental fixation
		21454	Open treatment of mandibular fracture with external fixation
		21461	Open treatment of mandibular fracture; without interdental fixation
		21462	Open treatment of mandibular fracture; with interdental fixation
		21465	Open treatment of mandibular condylar fracture
		21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
		21499	Unlisted musculoskeletal procedure, head

### Lip Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		40490	Biopsy of lip
		40500	Vermilionectomy (lip shave), with mucosal advancement
		40510	Excision of lip; transverse wedge excision with primary closure
		40520	Excision of lip; V-excision with primary direct linear closure
		40525	Excision of lip; full thickness, reconstruction with local

			flap (eg, Estlander or fan)
		40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
		40530	Resection of lip, more than one-fourth, without reconstruction
		40650	Repair lip, full thickness; vermilion only
		40652	Repair lip, full thickness; up to half vertical height
		40654	Repair lip, full thickness; over one-half vertical height, or complex
		40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
		40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
		40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
		40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
		40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
		40799	Unlisted procedure, lips

### **Tongue Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		41100	Biopsy of tongue; anterior two-thirds
		41105	Biopsy of tongue; posterior one-third
		41108	Biopsy of floor of mouth
		41110	Excision of lesion of tongue without closure
		41112	Excision of lesion of tongue with closure; anterior two-thirds
		41113	Excision of lesion of tongue with closure; posterior one-third
		41114	Excision of lesion of tongue with closure; with local tongue flap
		41115	Excision of lingual frenum (frenectomy)
		41116	Excision, lesion of floor of mouth
41130	Glossectomy; hemiglossectomy	41120	Glossectomy; less than one-half tongue
41135	Glossectomy; partial, with unilateral radical neck dissection		
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection		
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection		
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection		
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
		41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue
		41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex
		41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
		41512	Tongue base suspension, permanent suture technique
		41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
		41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
		41599	Unlisted procedure, tongue, floor of mouth

### **Palate/Uvula Procedures**

Inpatient Only Procedure	Not an Inpatient Only Procedure
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		42000	Drainage of abscess of palate, uvula
		42100	Biopsy of palate, uvula
		42104	Excision, lesion of palate, uvula; without closure
		42106	Excision, lesion of palate, uvula; with simple primary closure
		42107	Excision, lesion of palate, uvula; with local flap closure
		42120	Resection of palate or extensive resection of lesion
		42140	Uvulectomy, excision of uvula
		42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
		42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
		42180	Repair, laceration of palate; up to 2 cm
		42182	Repair, laceration of palate; over 2 cm or complex
		42200	Palatoplasty for cleft palate, soft and/or hard palate only
		42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
		42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
		42215	Palatoplasty for cleft palate; major revision
		42220	Palatoplasty for cleft palate; secondary lengthening procedure
		42225	Palatoplasty for cleft palate; attachment pharyngeal flap
		42226	Lengthening of palate, and pharyngeal flap
		42227	Lengthening of palate, with island flap
		42235	Repair of anterior palate, including vomer flap
		42260	Repair of nasolabial fistula
		42280	Maxillary impression for palatal prosthesis
		42281	Insertion of pin-retained palatal prosthesis
		42299	Unlisted procedure, palate, uvula
		C9727	Insertion of implants into the soft palate; minimum of three implants

### **Other Oral Surgery Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
		40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
		40804	Removal of embedded foreign body, vestibule of mouth; simple
		40805	Removal of embedded foreign body, vestibule of mouth; complicated
		40806	Incision of labial frenum (frenotomy)
		40808	Biopsy, vestibule of mouth
		40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
		40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
		40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
		40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
		40818	Excision of mucosa of vestibule of mouth as donor graft
		40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)
		40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
		40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
		40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
		40840	Vestibuloplasty; anterior
		40842	Vestibuloplasty; posterior, unilateral

		40843	Vestibuloplasty; posterior, bilateral
		40844	Vestibuloplasty; entire arch
		40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
		40899	Unlisted procedure, vestibule of mouth
		41000-41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual, sublingual –superficial or deep, supramylohyoid, submental, submandibular, or masticator space; codes 41000, 41005, 41006, 41007, 41008, 41009
		41010	Incision of lingual frenum (frenotomy)
		41015-41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual, submental, submandibular, or masticator space; codes 41015, 41016, 41017, 41018

**Dental Procedures Covered by Medicare (Note: Most Common Dental Care is Non-Covered)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures
		41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues
		41806	Removal of embedded foreign body from dentoalveolar structures; bone
		41820	Gingivectomy, excision gingiva, each quadrant
		41821	Operculectomy, excision pericoronal tissues
		41822	Excision of fibrous tuberosities, dentoalveolar structures
		41823	Excision of osseous tuberosities, dentoalveolar structures
		41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
		41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
		41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
		41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
		41830	Alveolectomy, including curettage of osteitis or sequestrectomy
		41850	Destruction of lesion (except excision), dentoalveolar structures
		41870	Periodontal mucosal grafting
		41872	Gingivoplasty, each quadrant (specify)
		41874	Alveoloplasty, each quadrant (specify)
		41899	Unlisted procedure, dentoalveolar structures
		D0150	Comprehensive oral evaluation - new or established patient
		D1510	Space maintainer-fixed unilateral
		D1516- D1517	Space maintainer – fixed – bilateral, maxillary or mandibular
		D1520	Space maintainer-removable unilateral
		D1526- D1527	Space maintainer – removable – bilateral, maxillary or mandibular
		D1550	Recementation of space maintainer
		D3460	Endodontic endosseous implant
		D4260	Osseous surgery (including flap entry and closure) - four or more contiguous...
		D4263	Bone replacement graft - first site in quadrant
		D4264	Bone replacement graft - each additional site in quadrant
		D4268	Surgical revision procedure, per tooth
		D4270	Pedicle soft tissue graft procedure
		D4273	Subepithelial connective tissue graft procedures, per tooth
		D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis
		D4381	Localized delivery of antimicrobial agents via a controlled release vehicle...
		D5911	Facial moulage (sectional)

	D5912	Facial moulage (complete)
	D5983	Radiation carrier
	D5984	Radiation shield
	D5985	Radiation cone locator
	D5987	Commissure splint
	D6920	Connector bar
	D7111	Extraction, coronal remnants - deciduous tooth
	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal...
	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal fla...
	D7220	Removal of impacted tooth-soft tissue
	D7230	Removal of impacted tooth-partially bony
	D7240	Removal of impacted tooth-completely bony
	D7241	Removal of impacted tooth-completely bony, with unusual surgical complicati...
	D7250	Surgical removal of residual tooth roots (cutting procedure)
	D7260	Oral antral fistula closure
	D7261	Primary closure of a sinus perforation
	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
	D7940	Osteoplasty-for orthognathic deformities
	D9630	Other drugs and/or medicaments, by report
	D9930	Treatment of complications (postsurgical) - unusual circumstances, by repor...
	D9944- D9946	Occlusal guards, hard or soft appliance, full or partial arch
	D9950	Occlusion analysis-mounted case
	D9951	Occlusal adjustment-limited
	D9952	Occlusal adjustment-complete

### Miscellaneous OMFS Procedures

Inpatient Only Procedure	Not an Inpatient Only Procedure
	21011-21014 Excision, tumor, soft tissue of face or scalp, subcutaneous or subfascial (eg, subgaleal, intramuscular); codes 21011, 21012, 21013, 21014
	21015-21016 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; codes 21015, 21016
	21026 Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
	21029 Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
	21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
	21032 Excision of maxillary torus palatinus
	21034 Excision of malignant tumor of maxilla or zygoma
	21497 Interdental wiring, for condition other than fracture
	41019 Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

### 2019 Ortho Upper and Lower Extremity Surgery: Is the Surgery Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

### Arthroscopic Surgery

Inpatient Only Procedure	Not an Inpatient Only Procedure
	29805-29828 Arthroscopy, shoulder, codes 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
	29830-29838 Arthroscopy, elbow, codes 29830, 29834, 29835, 29836, 29837, 29838

		29840-29847	Arthroscopy, wrist, codes 29840, 29843, 29844, 29845, 29846, 29847
		29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
			Arthroscopy, hip, codes 29860, 29861, 29862, 29863, 29914, 29915, 29916
			Arthroscopy, knee, codes 29850, 29851, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
		29891-29899	Arthroscopy, ankle, codes 29891, 29892, 29894, 29895, 29897, 29898, 29899
		29893	Endoscopic plantar fasciotomy
		29900-29902	Arthroscopy, metacarpophalangeal joint, codes 29900, 29901, 29902
		29904-29907	Arthroscopy, subtalar joint, codes 29904, 29905, 29906, 29907
		29999	Unlisted procedure, arthroscopy

### **Shoulder/Humerus/Elbow – Excluding Arthroscopic**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation		
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation		
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation		
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation		
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation		
		23000-23190	Proximal humerus, shoulder, or shoulder girdle procedures represented by codes 23000, 23020, 23030, 23031, 23035, 23040, 23044, 23065, 23066, 23071, 23073, 23075, 23076, 23077, 23078, 23100, 23101, 23105, 23106, 23107, 23120, 23125, 23130, 23140, 23145, 23146, 23150, 23155, 23156, 23170, 23172, 23174, 23180, 23182, 23184, 23190
23200	Radical resection of tumor; clavicle	23195	Resection, humeral head
23210	Radical resection of tumor; scapula		
23220	Radical resection of tumor, proximal humerus	23330	Removal of foreign body, shoulder; subcutaneous
		23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	23334	Removal of prosthesis, includes débridement and synovectomy when performed; humeral or glenoid component
		23395-23466	Shoulder procedures represented by codes 23395, 23397, 23400, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral <b>and</b> glenoid component	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral <b>or</b> glenoid component
23900	Interthoracoscapular amputation (forequarter)	23480-23802	Proximal humerus, shoulder, or shoulder girdle procedures represented by codes 23480, 23485, 23490, 23491, 23500, 23505, 23515, 23520, 23525, 23530, 23532, 23540, 23545, 23550, 23552, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23650, 23655, 23660, 23665, 23670, 23675, 23680, 23700, 23800, 23802
23920	Disarticulation of shoulder;	23921	Disarticulation of shoulder; secondary closure or scar revision
		23930-	Upper arm and elbow procedures represented by

		24582	codes 23930, 23931, 23935, 24000, 24006, 24065, 24066, 24071, 24073, 24075, 24076, 24077, 24079, 24100, 24101, 24102, 24105, 24110, 24115, 24116, 24120, 24125, 24126, 24130, 24134, 24136, 24138, 24140, 24145, 24147, 24149, 24150, 24152, 24155, 24160, 24164, 24200, 24201, 24300, 24301, 24305, 24310, 24320, 24330, 24331, 24332, 24340, 24341, 24342, 24343, 24344, 24345, 24346, 24357, 24358, 24359, 24360, 24361, 24362, 24363, 24365, 24366, 24370, 24371, 24400, 24410, 24420, 24430, 24435, 24470, 24495, 24498, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582
24900	Amputation, arm through humerus; with primary closure	24586-24802	Elbow procedures represented by codes 24586, 24587, 24600, 24605, 24615, 24620, 24635, 24640, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 24800, 24802
24920	Amputation, arm through humerus; open, circular (guillotine)	24925	Amputation, arm through humerus; secondary closure or scar revision
24930	Amputation, arm through humerus; re-amputation		
24931	Amputation, arm through humerus; with implant	24935	Stump elongation, upper extremity
24940	Cineplasty, upper extremity, complete procedure		

### Forearm/Wrist/Hand – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		25000-25830	Forearm or wrist procedures represented by codes 25000, 25001, 25020, 25023, 25024, 25025, 25028, 25031, 25035, 25040, 25065, 25066, 25071, 25073, 25075, 25076, 25077, 25078, 25085, 25100, 25101, 25105, 25107, 25109, 25110, 25111, 25112, 25115, 25116, 25118, 25119, 25120, 25125, 25126, 25130, 25135, 25136, 25145, 25150, 25151, 25170, 25210, 25215, 25230, 25240, 25248, 25250, 25251, 25259, 25260, 25263, 25265, 25270, 25272, 25274, 25275, 25280, 25290, 25295, 25300, 25301, 25310, 25312, 25315, 25316, 25320, 25332, 25335, 25337, 25350, 25355, 25360, 25365, 25370, 25375, 25390, 25391, 25392, 25393, 25394, 25400, 25405, 25415, 25420, 25425, 25426, 25430, 25431, 25440, 25441, 25442, 25443, 25444, 25445, 25446, 25447, 25449, 25450, 25455, 25490, 25491, 25492, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25606, 25607, 25608, 25609, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25660, 25670, 25671, 25675, 25676, 25680, 25685, 25690, 25695, 25800, 25805, 25810, 25820, 25825, 25830
25900	Amputation, forearm, through radius and ulna;		
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25915	Krukenberg procedure (converts forearm stump into a pincer)	25909	Amputation, forearm, through radius and ulna; re-amputation
25920	Disarticulation through wrist;	25922	Disarticulation through wrist; secondary closure or scar revision
25924	Disarticulation through wrist; re-amputation		
25927	Transmetacarpal amputation;	25929	Transmetacarpal amputation; secondary closure or scar revision
		25931	Transmetacarpal amputation; re-amputation
		26010-26548	Hand or finger procedures represented by codes 26010, 26011, 26020, 26025, 26030, 26034, 26035, 26037, 26040, 26045, 26055, 26060, 26070, 26075, 26080, 26100, 26105, 26110, 26111, 26113, 26115, 26116, 26117, 26118, 26121, 26123, 26130, 26135, 26140, 26145, 26160, 26170, 26180, 26185, 26200, 26205, 26210, 26215, 26230, 26235, 26236, 26250, 26260, 26262, 26320, 26340, 26341, 26350, 26352, 26356, 26357, 26358, 26370, 26372, 26373, 26390, 26392, 26410, 26412, 26415, 26416, 26418, 26420, 26426, 26428, 26432, 26433, 26434, 26437, 26440, 26442, 26445, 26449, 26450, 26455, 26460, 26471,

			26474, 26476, 26477, 26478, 26479, 26480, 26483, 26485, 26489, 26490, 26492, 26494, 26496, 26497, 26498, 26499, 26500, 26502, 26508, 26510, 26516, 26517, 26518, 26520, 26525, 26530, 26531, 26535, 26536, 26540, 26541, 26542, 26545, 26546, 26548
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	26550	Pollicization of a digit (creating thumb from existing digit)
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single		
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	26555	Transfer, finger to another position without microvascular anastomosis
26556	Transfer, free toe joint, with microvascular anastomosis	26560-26862	Hand or finger procedures represented by codes 26560, 26561, 26562, 26565, 26567, 26568, 26580, 26587, 26590, 26591, 26593, 26596, 26600, 26605, 26607, 22608, 26615, 26641, 26645, 26650, 26665, 26670, 26675, 26676, 26685, 26686, 26700, 26705, 26706, 26715, 26720, 26725, 26727, 26735, 26740, 26742, 26746, 26750, 26755, 26756, 26765, 26770, 26775, 26776, 26785, 26820, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26862
		26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
		26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
		26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)

### ***Pelvis/Hip – Excluding Arthroscopic***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20956	Bone graft with microvascular anastomosis; iliac crest		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe		
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest		
		26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	26991	Incision and drainage, pelvis or hip joint area; infected bursa
		27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
		27001	Tenotomy, adductor of hip, open
27005	Tenotomy, hip flexor(s), open (separate procedure)	27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27025	Fasciotomy, hip or thigh, any type	27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27030	Arthrotomy, hip, with drainage (eg, infection)	27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
		27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
		27040	Biopsy, soft tissue of pelvis and hip area; superficial
		27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
		27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
		27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
		27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm



		27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
		27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
		27050	Arthrotomy, with biopsy; sacroiliac joint
27054	Arthrotomy with synovectomy, hip joint	27052	Arthrotomy, with biopsy; hip joint
		27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
		27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
		27060	Excision; ischial bursa
		27062	Excision; trochanteric bursa or calcification
		27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
		27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)		
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis		
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum		
27077	Radical resection of tumor; innominate bone, total		
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	27080	Coccygectomy, primary
		27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
27090	Removal of hip prosthesis; (separate procedure)	27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	27097	Release or recession, hamstring, proximal
		27098	Transfer, adductor to ischium
		27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
		27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
		27110	Transfer iliopsoas; to greater trochanter of femur
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	27111	Transfer iliopsoas; to femoral neck
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)		
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)		
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft		
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft		
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft		
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)		
27146	Osteotomy, iliac, acetabular or innominate bone;		
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip		
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy		

27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip		
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)		
27161	Osteotomy, femoral neck (separate procedure)		
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast		
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)		
27175	Treatment of slipped femoral epiphysis; by traction, without reduction		
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ		
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)		
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation		
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur		
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
		27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
		27200	Closed treatment of coccygeal fracture
		27202	Open treatment of coccygeal fracture
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation		
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation		
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction		
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage		
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	27246	Closed treatment of greater trochanteric fracture, without manipulation
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	27250	Closed treatment of hip dislocation, traumatic; without anesthesia
27253	Open treatment of hip dislocation, traumatic, without internal fixation	27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia

27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
		27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);		
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
		27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	27267	Closed treatment of femoral fracture, proximal end, head; without manipulation
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	27275	Manipulation, hip joint, requiring general anesthesia
27280	Arthrodesis, sacroiliac joint (including obtaining graft)		
27282	Arthrodesis, symphysis pubis (including obtaining graft)		
27284	Arthrodesis, hip joint (including obtaining graft);		
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy		
27290	Interpelviabdominal amputation (hindquarter amputation)	27299	Unlisted procedure, pelvis or hip joint
27295	Disarticulation of hip	G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)

### Thigh/Knee – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
		27305-27350	Thigh or knee procedures, represented by codes: 27305, 27306, 27307, 27310, 27323, 27324, 27325, 27326, 27327, 27328, 27329, 27330, 27331, 27332, 27333, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27350
		27355	Excision or curettage of bone cyst or benign tumor of femur;
		27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
		27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
		27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, femur or knee	27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
		27372-27435	Thigh or knee procedure, presented by codes: 27372, 27380, 27381, 27385, 27386, 27390, 27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435
		27437	Arthroplasty, patella; without prosthesis
		27438	Arthroplasty, patella; with prosthesis
		27440	Arthroplasty, knee, tibial plateau;
		27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
		27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
		27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy

27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27448	Osteotomy, femur, shaft or supracondylar; without fixation	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27450	Osteotomy, femur, shaft or supracondylar; with fixation		
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)		
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure		
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure		
27465	Osteoplasty, femur; shortening [excluding 64876, Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)]		
27466	Osteoplasty, femur; lengthening		
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer		
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)		
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
		27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
		27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee		
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	27496-27499	Decompression fasciotomy, thigh and/or knee, 1 or more compartments, with or without debridement of nonviable muscle and/or nerve. Codes: 27496, 27497, 27498, 27499
		27500	Closed treatment of femoral shaft fracture, without manipulation
		27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
		27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
		27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed		
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	27516	Closed treatment of distal femoral epiphyseal separation; without manipulation
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction

		27520	Closed treatment of patellar fracture, without manipulation
		27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
		27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	27550	Closed treatment of knee dislocation; without anesthesia
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	27552	Closed treatment of knee dislocation; requiring anesthesia
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair		
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	27560	Closed treatment of patellar dislocation; without anesthesia
		27562	Closed treatment of patellar dislocation; requiring anesthesia
		27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
27580	Arthrodesis, knee, any technique	27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27590	Amputation, thigh, through femur, any level;		
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast		
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	Amputation, thigh, through femur, any level; re-amputation		
27598	Disarticulation at knee	27599	Unlisted procedure, femur or knee

### Lower Leg/Ankle – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20838	Replantation, foot, complete amputation	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization
20955	Bone graft with microvascular anastomosis; fibula		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	27600-27638	Lower leg procedures, represented by codes: 27600, 27601, 27602, 27603, 27604, 27605, 27606, 27607, 27610, 27612, 27613, 27614, 27615, 27616, 27618, 27619, 27620, 27625, 27626, 27630, 27632, 27634, 27635, 27637, 27638
27645	Radical resection of tumor; tibia	27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
27646	Radical resection of tumor; fibula	27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
		27647	Radical resection of tumor; talus or calcaneus
		27650-27698	Lower leg procedures, represented by codes: 27650, 27652, 27654, 27656, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27695, 27696, 27698
27702	Arthroplasty, ankle; with implant (total ankle)	27700	Arthroplasty, ankle;
27703	Arthroplasty, ankle; revision, total ankle	27704	Removal of ankle implant
		27705	Osteotomy; tibia
		27707	Osteotomy; fibula
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	27709	Osteotomy; tibia and fibula
27715	Osteoplasty, tibia and fibula, lengthening or shortening	27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)

27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	27722	Repair of nonunion or malunion, tibia; with sliding graft
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	27726	Repair of fibula nonunion and/or malunion with internal fixation
27727	Repair of congenital pseudarthrosis, tibia		Lower leg or ankle procedures, represented by codes: 27730, 27732, 27734, 27740, 27742, 27745, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27767, 27768, 27769, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 27829, 27830, 27831, 27832, 27840, 27842, 27846, 27848, 27860, 27870, 27871, 27892, 27893, 27894, 27899, 28430, 28435, 28436, 28445, 28446
27880	Amputation, leg, through tibia and fibula;		
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast		
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	Amputation, leg, through tibia and fibula; re-amputation		
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	27889	Ankle disarticulation

### Foot – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20838	Replantation, foot, complete amputation	0510T	Removal of sinus tarsi implant
20957	Bone graft with microvascular anastomosis; metatarsal	0511T	Removal and reinsertion of sinus tarsi implant
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
		28001-28760	Foot procedures represented by codes: 28001, 28002, 28003, 28005, 28008, 28010, 28011, 28020, 28022, 28024, 28035, 28039, 28041, 28043, 28045, 28046, 28047, 28050, 28052, 28054, 28055, 28060, 28062, 28070, 28072, 28080, 28086, 28088, 28090, 28092, 28100, 28102, 28103, 28104, 28106, 28107, 28108, 28110, 28111, 28112, 28113, 28114, 28116, 28118, 28119, 28120, 28122, 28124, 28126, 28130, 28140, 28150, 28153, 28160, 28171, 28173, 28175, 28190, 28192, 28193, 28200, 28208, 28210, 28220, 28222, 28225, 28226, 28230, 28232, 28234, 28238, 28240, 28250, 28260, 28261, 28262, 28264, 28270, 28272, 28280, 28285, 28286, 28288, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28300, 28302, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28312, 28313, 28315, 28320, 28322, 28340, 28341, 28344, 28345, 28360, 28400, 28405, 28406, 28415, 28420, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485, 28490, 28495, 28496, 28505, 28510, 28515, 28525, 28530, 28531, 28540, 28545, 28546, 28555, 28570, 28575, 28576, 28585, 28600, 28605, 28606, 28615, 28630, 28635, 28636, 28645, 28660, 28665, 28666, 28675, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	28805	Amputation, foot; transmetatarsal
		28810	Amputation, metatarsal, with toe, single
		28820	Amputation, toe; metatarsophalangeal joint
		28825	Amputation, toe; interphalangeal joint
		28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia
		28899	Unlisted procedure, foot or toes

### Miscellaneous Orthopaedic Surgery

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
		0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
		0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
		20200	Biopsy, muscle; superficial
		20205	Biopsy, muscle; deep
		20206	Biopsy, muscle, percutaneous needle
		20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
		20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
		20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
		20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)
		20250	Biopsy, vertebral body, open; thoracic
		20251	Biopsy, vertebral body, open; lumbar or cervical
		20500	Injection of sinus tract; therapeutic (separate procedure)
		20520	Removal of foreign body in muscle or tendon sheath; simple
		20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
		20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
		20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
		20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
		20551	Injection(s); single tendon origin/insertion
		20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
		20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
		20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
		20600-20604	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes); with or without ultrasound guidance; codes 20600, 20604
		20605-20606	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with or without ultrasound guidance; codes 20605, 20606
		20610-20611	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa); with or without ultrasound guidance; codes 20610, 20611
		20612	Aspiration and/or injection of ganglion cyst(s) any location
		20615	Aspiration and injection for treatment of bone cyst
		20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
		20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
		20662	Application of halo, including removal; pelvic
		20663	Application of halo, including removal; femoral
		20665	Removal of tongs or halo applied by another individual
		20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
		20680	Removal of implant; deep (eg, buried wire, pin, screw,

			metal band, nail, rod or plate)
		20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
		20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
		20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
		20694	Removal, under anesthesia, of external fixation system
		20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)
		20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each
		20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
		20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
		20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
		20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
		20982-20983	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis), percutaneous, including computed tomographic guidance; radiofrequency or cryoablation; codes 20982, 20983
		20999	Unlisted procedure, musculoskeletal system, general

### 2019 Plastic Surgery: Is the Procedure Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

***For Plastic Surgery Procedures on the Face and Neck not listed here, try the ENT or OMFS Lists***

### ***Skin Graft and other Tissue Graft Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
		15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
		15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
		15110-15115	Epidermal autograft, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children; codes 15110, 15115



		15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
		15130-15135	Dermal autograft, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children; codes 15130, 15135
		15150-15155	Tissue cultured skin autograft, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 25 sq cm or less; codes 15150, 15155
		15200-15260	Full thickness graft, free, including direct closure of donor site, trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet, nose, ears, eyelids, or lips; 20 sq cm or less; codes 15200, 15220, 15240, 15260
		15271-15277	Application of skin substitute graft to trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; codes 15271, 15273, 15275, 15277
		15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
		15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
		15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
		15770	Graft; derma-fat-fascia
		15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
		15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
		20900	Bone graft, any donor area; minor or small (eg, dowel or button)
		20902	Bone graft, any donor area; major or large
		20910	Cartilage graft; costochondral
		20912	Cartilage graft; nasal septum
20955	Bone graft with microvascular anastomosis; fibula	20920	Fascia lata graft; by stripper
20956	Bone graft with microvascular anastomosis; iliac crest	20922	Fascia lata graft; by incision and area exposure, complex or sheet
20957	Bone graft with microvascular anastomosis; metatarsal	20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	20926	Tissue grafts, other (eg, paratenon, fat, dermis)
		C5271 - C5278	Application of low cost skin substitute graft to trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits (list separately in addition to code for primary procedure); codes C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278

**Flap/Tissue Transfer Procedures (excluding breast and when flap not primary procedure)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		14000-14061	Adjacent tissue transfer or rearrangement, trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hand, feet, eyelids, nose, ears, or lips; defect up to 30 sq cm; codes 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061
		14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
		14350	Filletted finger or toe flap, including preparation of recipient site
		15570-15576	Formation of direct or tubed pedicle, with or without transfer; trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet, eyelids, nose, ears, lips, or intraoral; codes 15570, 15572, 15574, 15576

		15600-15630	Delay of flap or sectioning of flap (division and inset); at trunk, scalp, arms, legs, forehead, cheeks, chin, neck, axillae, genitalia, hands, feet, eyelids, nose, ears, or lips; codes 15600, 15610, 15620, 15630
		15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
		15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
		15734-15738	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae), trunk, upper or lower extremity; codes 15734, 15736, 15738
		15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15756	Free muscle or myocutaneous flap with microvascular anastomosis	15750	Flap; neurovascular pedicle
15757	Free skin flap with microvascular anastomosis	15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15758	Free fascial flap with microvascular anastomosis	15845	Graft for facial nerve paralysis; regional muscle transfer
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space

### "Cosmetic" Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		15775	Punch graft for hair transplant; 1 to 15 punch grafts
		15776	Punch graft for hair transplant; more than 15 punch grafts
		15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
		15781	Dermabrasion; segmental, face
		15782	Dermabrasion; regional, other than face
		15783	Dermabrasion; superficial, any site (eg, tattoo removal)
		15786	Abrasion; single lesion (eg, keratosis, scar)
		15788	Chemical peel, facial; epidermal
		15789	Chemical peel, facial; dermal
		15792	Chemical peel, nonfacial; epidermal
		15793	Chemical peel, nonfacial; dermal
		15819	Cervicoplasty
		15820	Blepharoplasty, lower eyelid;
		15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
		15822	Blepharoplasty, upper eyelid;
		15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
		15824	Rhytidectomy; forehead
		15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
		15826	Rhytidectomy; glabellar frown lines
		15828	Rhytidectomy; cheek, chin, and neck
		15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
		17340	Cryotherapy (CO2 slush, liquid N2) for acne
		17360	Chemical exfoliation for acne (eg, acne paste, acid)
		17380	Electrolysis epilation, each 30 minutes
		17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
		30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
		30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
		30420	Rhinoplasty, primary; including major septal repair
		30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
		30435	Rhinoplasty, secondary; intermediate revision (bony

			work with osteotomies)
		30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
		30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
		30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
		36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
		36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
		36470	Injection of sclerosing solution; single vein
		36471	Injection of sclerosing solution; multiple veins, same leg
		G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)

### **Breast Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative
		0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred
		0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative
		0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred
		19000	Puncture aspiration of cyst of breast;
		19020	Mastotomy with exploration or drainage of abscess, deep
		19081-19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic, ultrasound, or magnetic resonance guidance; codes 19081, 19083, 19085
		19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
		19101	Biopsy of breast; open, incisional
		19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
		19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
		19112	Excision of lactiferous duct fistula
		19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
		19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	19260	Excision of chest wall tumor including ribs
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	19281-19287	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic, stereotactic, ultrasound, or magnetic resonance guidance; codes 19281, 19283, 19285, 19287
		19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy
		19296-19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent

			with or on date separate from partial mastectomy; codes 19296, 19297.
		19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
		19300	Mastectomy for gynecomastia
		19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
		19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
		19303	Mastectomy, simple, complete
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	19304	Mastectomy, subcutaneous
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
		19316	Mastopexy
		19318	Reduction mammoplasty
		19324	Mammoplasty, augmentation; without prosthetic implant
		19325	Mammoplasty, augmentation; with prosthetic implant
		19328	Removal of intact mammary implant
		19330	Removal of mammary implant material
		19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
		19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
		19350	Nipple/areola reconstruction
		19355	Correction of inverted nipples
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19364	Breast reconstruction with free flap	19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;		
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)		
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	19370	Open periprosthetic capsulotomy, breast
		19371	Periprosthetic capsulectomy, breast
		19380	Revision of reconstructed breast
		19396	Preparation of moulage for custom breast implant
		19499	Unlisted procedure, breast

### **Debridement Procedures, with or without Burn Care**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
		11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less

		11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
		11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
		11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11720	Debridement of nail(s) by any method(s); 1 to 5
		11721	Debridement of nail(s) by any method(s); 6 or more
		16020-16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; codes 16020, 16025, 16030
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	16035	Escharotomy; initial incision
		97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
		97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

**Excision Procedures (excludes Pressure Ulcer)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11055-11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); codes 11055, 11056, 11057
		11102-11107	Biopsy of skin, tangential, punch, or incisional, single or additional lesions
		11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
		11300-11313	Shaving of epidermal or dermal lesion, single lesion, trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, lips, or mucous membrane; codes 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313
		11400-11446	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, lips, or mucous membrane; codes 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446

		11450-11471	Excision of skin and subcutaneous tissue for hidradenitis; axillary, inguinal, perianal, perineal, or umbilical; with simple, intermediate or complex repair; codes 11450, 11451, 11462, 11463, 11470, 11471
		11600-11646	Excision, malignant lesion including margins, trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, or lips; codes 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646
		11770-11772	Excision of pilonidal cyst or sinus; simple, extensive, or complicated; codes 11770, 11771, 11772
		15002-15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 100 sq cm or 1% of body area of infants and children; codes 15002, 15004
		15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
		15832-15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh, leg, hip, buttock, arm, forearm, hand, submental fat pad, other area; codes 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839
		15876-15879	Suction assisted lipectomy; head, neck, trunk, upper or lower extremity; codes 15876, 15877, 15878, 15879
		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) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
		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) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
		20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
		21920	Biopsy, soft tissue of back or flank; superficial
		21925	Biopsy, soft tissue of back or flank; deep
		21930-21933	Excision, tumor, soft tissue of back or flank, subcutaneous or subfascial (eg, intramuscular); codes 21930, 21931, 21932, 21933
		21935-21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; codes 21935, 21936

### **Pressure Ulcer Excision Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
		15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
		15931	Excision, sacral pressure ulcer, with primary suture;
		15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy
		15934	Excision, sacral pressure ulcer, with skin flap closure;
		15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
		15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
		15937	Excision, sacral pressure ulcer, in preparation for

			muscle or myocutaneous flap or skin graft closure; with ostectomy
		15940	Excision, ischial pressure ulcer, with primary suture;
		15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
		15944	Excision, ischial pressure ulcer, with skin flap closure;
		15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
		15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
		15950	Excision, trochanteric pressure ulcer, with primary suture;
		15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
		15952	Excision, trochanteric pressure ulcer, with skin flap closure;
		15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
		15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
		15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
		15999	Unlisted procedure, excision pressure ulcer

### ***Destruction of Lesion Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0419T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata
		0420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata
		17000-17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); codes 17000, 17003, 17004
		17106-17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); codes 17106, 17107, 17108
		17110-17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; codes 17110, 17111
		17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
		17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
		17261-17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; codes 17261, 17262, 17263, 17264, 17266
		17270-17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter; codes 17270, 17271, 17272, 17273, 17274, 17276
		17280-17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; codes 17280, 17281, 17282, 17283, 17284, 17286

### ***Wound Repair/Therapy Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0491T-0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area
		0512T-0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound and additional wounds
		12001-12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); codes 12001, 12002, 12004, 12005, 12006, 12007
		12011-12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; codes 12011, 12013, 12014, 12015, 12016, 12017, 12018
		12020	Treatment of superficial wound dehiscence; simple closure
		12021	Treatment of superficial wound dehiscence; with packing
		12031-12057	Repair, intermediate, wounds of scalp, axillae, trunk, extremities, neck, hands, feet, external genitalia, face, ears, eyelids, nose, lips, or mucous membranes; codes 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057
		13100-13152	Repair, complex, trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hand, feet, eyelids, nose, ears, or lips; up to 7.5 cm; codes 13100, 13101, 13120, 13121, 13131, 13132, 13151, 13152
		13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
		97605-97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; codes 97605, 97606
		97607-97608	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; codes 97607, 97608
		97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
		G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment

### Peripheral Nervous System Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
		0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
		0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)
		64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
		64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
		64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring



		64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
		64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
		64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
		64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
		64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
		64620	Destruction by neurolytic agent, intercostal nerve
		64630	Destruction by neurolytic agent; pudendal nerve
		64632	Destruction by neurolytic agent; plantar common digital nerve
		64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
		64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
		64640	Destruction by neurolytic agent; other peripheral nerve or branch
		64642	Chemodenervation of one extremity; 1-4 muscle(s)
		64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
		64644	Chemodenervation of one extremity; 5 or more muscle(s)
		64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)
		64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
		64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)
		64650	Chemodenervation of eccrine glands; both axillae
		64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
		64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
		64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
		64702	Neuroplasty; digital, 1 or both, same digit
		64704	Neuroplasty; nerve of hand or foot
		64708-64714	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve, brachial plexus, lumbar plexus, or other; codes 64708, 64712, 64713, 64714
		64716-64721	Neuroplasty and/or transposition; cranial nerve, ulnar nerve at elbow, ulnar nerve at wrist, median nerve at carpal tunnel; codes 64716, 64718, 64719, 64721
		64722	Decompression; unspecified nerve(s) (specify)
		64726	Decompression; plantar digital nerve
		64732	Transection or avulsion of; supraorbital nerve
		64734	Transection or avulsion of; infraorbital nerve
		64736	Transection or avulsion of; mental nerve
		64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
		64740	Transection or avulsion of; lingual nerve
		64742	Transection or avulsion of; facial nerve, differential or complete
		64744	Transection or avulsion of; greater occipital nerve
		64746	Transection or avulsion of; phrenic nerve
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)		
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal		
		64763	Transection or avulsion of obturator nerve,

			extrapelvic, with or without adductor tenotomy
		64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
		64771	Transection or avulsion of other cranial nerve, extradural
		64772	Transection or avulsion of other spinal nerve, extradural
		64774-64786	Excision of neuroma; cutaneous nerve, digital nerve, other hand or foot nerve, sciatic nerve, or major peripheral nerve; codes 64774, 64776, 64782, 64784, 64786
		64788-64792	Excision of neurofibroma or neurolemmoma; cutaneous nerve, major peripheral nerve, or extensive (including malignant type); codes 64788, 64790, 64792
		64795	Biopsy of nerve
		64802	Sympathectomy, cervical
64809	Sympathectomy, thoracolumbar	64804	Sympathectomy, cervicothoracic
64818	Sympathectomy, lumbar	64820	Sympathectomy; digital arteries, each digit
		64821	Sympathectomy; radial artery
		64822	Sympathectomy; ulnar artery
		64823	Sympathectomy; superficial palmar arch
		64831	Suture of digital nerve, hand or foot; 1 nerve
		64834-64865	Suture of 1 nerve; hand or foot common sensory nerve, median motor thenar nerve, ulnar motor nerve, tibial nerve, sciatic nerve, brachial plexus nerve, lumbar plexus nerve, extracranial facial nerve, infratemporal facial nerve (with or without grafting), other major peripheral nerve arm or leg (with or without transposition); codes 64834, 64835, 64836, 64840, 64856, 64857, 64858, 64861, 64862, 64864, 64865
64866	Anastomosis; facial-spinal accessory		
64868	Anastomosis; facial-hypoglossal		
		64885-64898	Nerve graft (includes obtaining graft), head, neck, hand, foot, arm, leg; single strand or multiple strands (cable); codes 64885, 64886, 64890, 64891, 64892, 64893, 64895, 64896, 64897, 64898
		64905	Nerve pedicle transfer; first stage
		64907	Nerve pedicle transfer; second stage
		64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
		64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
		64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)
		64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
		64999	Unlisted procedure, nervous system

### **Nail Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11719	Trimming of nondystrophic nails, any number
		11720	Debridement of nail(s) by any method(s); 1 to 5
		11721	Debridement of nail(s) by any method(s); 6 or more
		11730	Avulsion of nail plate, partial or complete, simple; single
		11740	Evacuation of subungual hematoma
		11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
		11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
		11760	Repair of nail bed
		11762	Reconstruction of nail bed with graft
		11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
		G0127	Trimming of dystrophic nails, any number

### Other Plastic Surgery Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
		0479T-0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm <sup>2</sup> or part thereof, or 1% of body surface area of infants and children, initial or each additional 100 cm <sup>2</sup> , or each additional 1% of body surface area of infants or children, or part thereof.
		0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
		11900	Injection, intralesional; up to and including 7 lesions
		11901	Injection, intralesional; more than 7 lesions
		11920-11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; up to 20 sq cm; codes 11920, 11921
		11950-11954	Subcutaneous injection of filling material (eg, collagen); codes 11950, 11951, 11952, 11954.
		11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
		11970	Replacement of tissue expander with permanent prosthesis
		11971	Removal of tissue expander(s) without insertion of prosthesis
		15850	Removal of sutures under anesthesia (other than local), same surgeon
		15851	Removal of sutures under anesthesia (other than local), other surgeon
		15852	Dressing change (for other than burns) under anesthesia (other than local)
		15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
		16000	Initial treatment, first degree burn, when no more than local treatment is required
		G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement

### 2019 Spine Surgery: Is the Surgery Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

**Please note that spinal synovial cyst resections, via laminectomy or laminotomy, code to 63265-63268 which are inpatient only procedures (see spinal cord procedures)**

**Please note that spinal instrumentation add-on may itself make a procedure an Inpatient Only Procedure (see spinal instrumentation)**

### Anterior Cervical - Fusions and primary bone issues

Inpatient Only Procedure		Not an Inpatient Only Procedure	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical		

22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)		
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting		
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting		
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
		22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, <b>each additional interspace</b> (List separately in addition to code for separate procedure)
		22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
		22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); <b>each additional interspace</b> (List separately in addition to code for primary procedure)
		22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	22858	Total disc arthroplasty, anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		

### ***Anterior Cervical – Decompression of spinal cord or nerve roots***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	21610	Costotransversectomy (separate procedure)
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)		

### ***Posterior Cervical - Fusions and primary bone issues***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or	22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony

	cervicothoracic		lesion, single vertebral segment; cervical
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical		
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)		
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical		
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)		
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)

**Posterior Cervical - Decompression of spinal cord or nerve roots**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
		63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
		63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
		63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
		63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
		63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
		63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
		63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal

			cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)	63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace
		63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (List separately in addition to code for primary procedure)

### ***Thoracic - Fusions and primary bone issues***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic		
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic		
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)		
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic		
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)		
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic		
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)		
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body
		22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
		22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included

			when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)

### ***Thoracic - Decompression of spinal cord or nerve roots***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0274T	Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic
		21610	Costotransversectomy (separate procedure)
		63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
		63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
		63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
		63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
		63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace	63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
	Vertebral corpectomy (vertebral body resection), partial or complete; codes 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63103	63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)

### ***Lumbar - Fusions and primary bone issues***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code	22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for

	for primary procedure)		primary procedure)
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral		
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar		
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)		
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar		
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)		
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar		
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)		
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body
		22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
		22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar		
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)		
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level



0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		

### **Lumbar - Decompression of spinal cord or nerve roots**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	0275T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar
		22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
		22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level
		62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
		62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
		63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
		63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
		63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
		63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
		63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for

			primary procedure)
		63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
		63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
		63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
		63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
		63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
		63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63087-63103	Vertebral corpectomy (vertebral body resection), partial or complete; codes 63087, 63088, 63090, 63091, 63102, 63103	G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial

### Sacral/Pelvic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), 1 or more needles
		0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), 2 or more needles
		22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
		63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment (63090) or each additional segment (63091)	G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
G0412	<a href="#">Open treatment of iliac spine(s), tuberosity avulsion,</a>	G0413	Percutaneous skeletal fixation of posterior pelvic bone

	<a href="#">or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed</a>		fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)		
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)		

### Spinal Instrumentation and Bone Graft Add-Ons

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		22845	Anterior instrumentation; 2 to 3 vertebral segments (22845 (List separately in addition to code for primary procedure)
		20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
		20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
		20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
		20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
		20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
		20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
		20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
22843-22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (22843), 13 or more vertebral segments (22844) (List separately in addition to code for primary procedure)	20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
22846-22847	Anterior instrumentation; 4 to 7 vertebral segments (22846), 8 or more vertebral segments (22847) (List separately in addition to code for primary procedure)	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22849	Reinsertion of spinal fixation device	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	22853	Insertion of interbody biochemical device(s) (synthetic cage, mesh) with integral anterior instrumentation for device anchoring (screws, flanges), when performed, to intervertebral disc space in conjugation with interbody arthrodesis, each interspace
22852	Removal of posterior segmental instrumentation	22854	Insertion of intervertebral biochemical device(s) (synthetic cage, mesh) with integral anterior instrumentation for device anchoring (screws, flanges), when performed, to vertebral

			corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect.
22855	Removal of anterior instrumentation	22859	Insertion of intervertebral biochemical device(s) (synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect.

### Spinal Cord Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		62268	Percutaneous aspiration, spinal cord cyst or syrinx
		62269	Biopsy of spinal cord, percutaneous needle
		62302-62305	Myelography via lumbar injection, including radiological supervision and interpretation, cervical, thoracic, lumbosacral, or 2 or more regions; codes 62302, 62303, 62304, 62305
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63172-63173	Laminectomy with drainage of intramedullary cyst/syrinx; codes 63172, 63173	63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63180-63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; codes 63180, 63182		
63185	Laminectomy with rhizotomy; 1 or 2 segments		
63190	Laminectomy with rhizotomy; more than 2 segments		
63191	Laminectomy with section of spinal accessory nerve		
63194-63199	Laminectomy with cordotomy, with section of 1 or both spinothalamic tract(s); codes 63194, 63195, 63196, 63197, 63198, 63199		
63200	Laminectomy, with release of tethered spinal cord, lumbar		
63250-63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; codes 63250, 63251, 63252		
63265-63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical (63265), thoracic (63266), lumbar (63267), sacral (63268)		
63270-63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; codes 63270, 63271, 63272, 63273		
63275-63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural; codes 63275, 63276, 63277, 63278		
63280-63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary or intramedullary; codes 63280, 63281, 63282, 63283, 63285, 63286, 63287		
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level		
63300-63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural or intradural; codes 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308		
63700-63706	Repair of meningocele or myelomeningocele; codes 63700, 63702, 63704, 63706		

### Spinal Electrode Procedures – see Neurosurgery List

#### Miscellaneous

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0213T-0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance,

			cervical, thoracic, lumbar, or sacral; one or more levels; codes 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22800-22804	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments (22800), 7 to 12 vertebral segments (22802), 13 or more vertebral segments (22804)	0228T-0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical, thoracic, lumbar, or sacral; single or multiple levels; codes 0228T, 0229T, 0230T, 0231T
22808-22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments (22808), 4 to 7 vertebral segments (22810), 8 or more vertebral segments (22812)	22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22818-22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments (22818), 3 or more segments (22819)	22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
22830	Exploration of spinal fusion	22505	Manipulation of spine requiring anesthesia, any region
		22899	Unlisted procedure, spine
		62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes
		62270	Spinal puncture, lumbar, diagnostic
		62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
		62273	Injection, epidural, of blood or clot patch
		62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
		62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
		62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
		62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
		62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
		62302-62305	Myelography via lumbar injection, including radiological supervision and interpretation; cervical, thoracic, lumbosacral, or 2 or more regions; codes 62302, 62303, 62304, 62305
		62320-62323	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, cervical, thoracic, lumbar, or sacral; with or without imaging guidance; codes 62320, 62321, 62322, 62323
		62324-62327	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, cervical, thoracic, lumbar, or sacral; with or without imaging guidance; codes 62324, 62325, 62326, 62327
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	62350-62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy (62350), with laminectomy (62351)
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	62355	Removal of previously implanted intrathecal or epidural catheter
63709	Repair of dural/cerebrospinal fluid leak or	62360-	Implantation or replacement of device for intrathecal

	pseudomeningocele, with laminectomy	63262	or epidural drug infusion; codes 62360, 62361, 63262
63710	Dural graft, spinal	62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
		63744-63746	Replacement, irrigation or revision of lumbosubarachnoid shunt (63744) or removal (63746)
		C9752-C9753	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, or each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum

### 2019 Thoracic Surgery: Is the Surgery Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

#### Chest Wall

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11600-11606	Excision, malignant lesion including margins, trunk, arms, or legs; codes 11600, 11601, 11602, 11603, 11604, 11606
		12031-12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); codes 12031, 12032, 12034, 12035, 12036, 12037
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	19260	Excision of chest wall tumor including ribs
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	20101	Exploration of penetrating wound (separate procedure); chest
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21615	Excision first and/or cervical rib;	21600	Excision of rib, partial
21616	Excision first and/or cervical rib; with sympathectomy	21610	Costotransversectomy (separate procedure)
21620	Ostectomy of sternum, partial		
21627	Sternal debridement		
21630	Radical resection of sternum;		
21632	Radical resection of sternum; with mediastinal lymphadenectomy		
21740	Reconstructive repair of pectus excavatum or carinatum; open	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
		21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
		21811-21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; codes 21811, 21812, 21813
21825	Open treatment of sternum fracture with or without skeletal fixation	21820	Closed treatment of sternum fracture
32800	Repair lung hernia through chest wall		
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)		
32815	Open closure of major bronchial fistula		
32820	Major reconstruction, chest wall (posttraumatic)		
32900	Resection of ribs, extrapleural, all stages		
	Thoracoplasty, Schede type or extrapleural (all stages); codes 32905, 32906		

#### Bronchoscopy

Inpatient Only Procedure		Not an Inpatient Only Procedure	
31725	Catheter aspiration (separate procedure);		Bronchoscopy, rigid or flexible, including fluoroscopic

	tracheobronchial with fiberscope, bedside		guidance, when performed; diagnostic, with cell washing, brushing, lavage, bronchial biopsy, transbronchial biopsy, or transbronchial aspiration; codes 31622, 31623, 31624, 31625, 31626, 31627, 31628, 31629, 31632, 31633
			Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture, stent, stent revision, balloon occlusion, removal of foreign body ; codes 31630, 31631, 31634, 31635, 31636, 31637, 31638
		31640-31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor, destruction of tumor, catheter for radioelement, or therapeutic aspiration; codes 31640, 31641, 31643, 31645, 31646
		31647-31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s) or removal of valve(s); codes 31647, 31648, 31649, 31651
		31652-31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or more mediastinal and/or hilar lymph node stations, structures, or peripheral lesions; codes 31652, 31653, 31654
		31660-31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty; codes 31660, 31661
		C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)

### Tracheal and Bronchial Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
31760	Tracheoplasty; intrathoracic	31600-31610	Tracheostomy; codes 31600, 31601, 31603, 31605, 31610
31766	Carinal reconstruction	31613-31614	Tracheostoma revision; codes 31613, 31614
31770	Bronchoplasty; graft repair	31785	Excision of tracheal tumor or carcinoma; cervical
31775	Bronchoplasty; excision stenosis and anastomosis	31820	Surgical closure tracheostomy or fistula; without plastic repair
31780	Excision tracheal stenosis and anastomosis; cervical	31825	Surgical closure tracheostomy or fistula; with plastic repair
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	31830	Revision of tracheostomy scar
31786	Excision of tracheal tumor or carcinoma; thoracic		
31800	Suture of tracheal wound or injury; cervical		
31805	Suture of tracheal wound or injury; intrathoracic		

### Open Lung

Inpatient Only Procedure		Not an Inpatient Only Procedure	
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	32400	Biopsy, pleura; percutaneous needle
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	32405	Biopsy, lung or mediastinum, percutaneous needle
32098	Thoracotomy, with biopsy(ies) of pleura		
32100	Thoracotomy; with exploration		

32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear		
32120	Thoracotomy; for postoperative complications		
32124	Thoracotomy; with open intrapleural pneumonolysis		
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed		
32141	Thoracotomy; with resection-plectomy of bullae, includes any pleural procedure when performed		
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit		
32151	Thoracotomy; with removal of intrapulmonary foreign body		
32200	Pneumonostomy; with open drainage of abscess or cyst	32201	Pneumonostomy; with percutaneous drainage of abscess or cyst
32215	Pleural scarification for repeat pneumothorax		
32220	Decortication, pulmonary (separate procedure); total		
32225	Decortication, pulmonary (separate procedure); partial		
32310	Pleurectomy, parietal (separate procedure)		
32320	Decortication and parietal pleurectomy		
32440-32491	Removal of lung, pneumonectomy, sleeve pneumonectomy, extrapleural pneumonectomy, lobectomy, bilobectomy, segmentectomy, sleeve lobectomy, completion pneumonectomy, or lung volume reduction; codes 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491		
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)		
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)		
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction		
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial		
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)		
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)		
32540	Extrapleural enucleation of empyema (empyemectomy)		
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	32960	Pneumothorax, therapeutic, intrapleural injection of air
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	32999	Unlisted procedure, lungs and pleura

### ***Pleural Drainage/Pleurodesis (non-VATS)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
32035	Thoracostomy; with rib resection for empyema	32550	Insertion of indwelling tunneled pleural catheter with cuff
32036	Thoracostomy; with open flap drainage for empyema	32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)
		32552	Removal of indwelling tunneled pleural catheter with cuff
		32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance
		32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance
		32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance
		32557	Pleural drainage, percutaneous, with insertion of



			indwelling catheter; with imaging guidance
		32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)
		32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
		32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day

## VATS

Inpatient Only Procedure		Not an Inpatient Only Procedure	
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy
32651	Thoracoscopy, surgical; with partial pulmonary decortication	32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	32609	Thoracoscopy; with biopsy(ies) of pleura
32656	Thoracoscopy, surgical; with parietal pleurectomy		
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac		
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage		
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass		
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass		
32663	Thoracoscopy, surgical; with lobectomy (single lobe)		
32664	Thoracoscopy, surgical; with thoracic sympathectomy		
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)		
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral		
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)		
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)		
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)		
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)		
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)		
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed		
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral		
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)		

## Pericardial

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33015	Tube pericardiostomy	33010	Pericardiocentesis; initial
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	33011	Pericardiocentesis; subsequent
33025	Creation of pericardial window or partial resection for drainage		
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass		
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass		
33050	Resection of pericardial cyst or tumor		

### Thoracic Vascular

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	36555-36590	Insertion, repair, or replacement of tunneled or non-tunneled, peripherally or centrally inserted central venous catheter, with or without subcutaneous port; codes 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36575, 36576, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 36589, 36590
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)		
33750-33768	Shunt; major chest vessels: codes 33750, 33755, 33762, 33764, 33766, 33767, 33768		
	Repair of major congenital heart and arterial defects; codes 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33917, 33920		
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)		
33860-33864	Ascending aorta graft; codes 33860, 33863, 33864	33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)
33870	Transverse arch graft, with cardiopulmonary bypass		
33875	Descending thoracic aorta graft, with or without bypass		
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass		
33880-33891	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); codes 33880, 33881, 33883, 33884, 33886, 33889, 33891		
33910-33915	Pulmonary artery embolectomy; codes 33910, 33915		
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass		
33922	Transection of pulmonary artery with cardiopulmonary bypass		
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)		
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass		
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass		
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision		

35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision		
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision		
35182	Repair, congenital arteriovenous fistula; thorax and abdomen		
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen		
35211	Repair blood vessel, direct; intrathoracic, with bypass		
35216	Repair blood vessel, direct; intrathoracic, without bypass		
35241	Repair blood vessel with vein graft; intrathoracic, with bypass		
35246	Repair blood vessel with vein graft; intrathoracic, without bypass		
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass		
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass		
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel
35905	Excision of infected graft; thorax	35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel

### ***Mediastinal (non-VATS) & Diaphragmatic***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)
39200	Resection of mediastinal cyst		
39220	Resection of mediastinal tumor		
39499	Unlisted procedure, mediastinum		
39501	Repair, laceration of diaphragm, any approach		
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia		
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute		
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic		
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic		
39560	Resection, diaphragm; with simple repair (eg, primary suture)		
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)		
39599	Unlisted procedure, diaphragm		
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	60520	Thymectomy, partial or total; transcervical approach (separate procedure)
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)		

### ***Esophagus (Including Upper Endoscopy Based Procedures)***

Inpatient Only Procedure	Not an Inpatient Only Procedure
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43045	Esophagotomy, thoracic approach, with removal of foreign body	43020	Esophagotomy, cervical approach, with removal of foreign body
43100	Excision of lesion, esophagus, with primary repair; cervical approach	43030	Cricopharyngeal myotomy
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach		
	Total or near total esophagectomy; codes 43107, 43108, 43112, 43113, 43124		
	Partial esophagectomy; codes 43116, 43117, 43118, 43121, 43122, 43123, 43124		
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
		43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
		43191-43196	Esophagoscopy, rigid, transoral; diagnostic or with injection, biopsy, foreign body removal, balloon dilation, guidewire insertion; codes 43191, 43192, 43193, 43194, 43195, 43196
		43197-43198	Esophagoscopy, flexible, transnasal; diagnostic or with biopsy; codes 43197, 43198
		43200-43232	Esophagoscopy, rigid or flexible; diagnostic or therapeutic; codes 43200, 43201, 43202, 43204, 43205, 43206, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43220, 43226, 43227, 43229, 43231, 43232
			Esophagogastroduodenoscopy, flexible, transoral; diagnostic or therapeutic; codes 43233, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43244, 43245, 43246, 43247, 43248, 43249, 43250, 43251, 43252, 43253, 43254, 43255, 43257, 43259, 43266, 43270
			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic or therapeutic; codes 43260, 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
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)	43285	Removal of esophageal sphincter augmentation device
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)		
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 esophagectomy)		
43300-43314	Esophagoplasty (plastic repair or reconstruction); codes 43300, 43305, 43310, 43312, 43313, 43314		

43320	Esophagogastrotomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	43289	Unlisted laparoscopy procedure, esophagus
43325-43328	Esophagogastric fundoplasty; codes 43325, 43327, 43328		
43330	Esophagomyotomy (Heller type); abdominal approach		
43331	Esophagomyotomy (Heller type); thoracic approach		
43332-43337	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy or thoracotomy or thoracoabdominal incision; codes 43332, 43333, 43334, 43335, 43336, 43337		
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)		
43340-43341	Esophagojejunostomy (without total gastrectomy); codes 43340, 43341		
43351-43352	Esophagostomy, fistulization of esophagus, external; codes 43351, 43352		
43360-43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; codes 43360, 43361		
43400	Ligation, direct, esophageal varices		
43401	Transection of esophagus with repair, for esophageal varices		
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation		
	Suture of esophageal wound or injury; codes 43410, 43415	43420	Closure of esophagostomy or fistula; cervical approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	43453	Dilation of esophagus over guide wire
43496	Free jejunum transfer with microvascular anastomosis	43499	Unlisted procedure, esophagus

**Other Foregut (see General Surgery List for more procedures)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		43246	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	43510	Gastrostomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	43651	Laparoscopy, surgical; transection of vagus nerves, truncal
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
		43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
		43870	Closure of gastrostomy, surgical
		44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)

**Miscellaneous**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
		32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation
32997	Total lung lavage (unilateral)	32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest

			wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency
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### 2019 Transplant Procedures: Is the Procedure Medicare Inpatient Only or not?

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#### ***Kidney Transplant***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral		
50320	Donor nephrectomy (including cold preservation); open, from living donor		
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary		
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary		
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each		
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each		
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each		
50340	Recipient nephrectomy (separate procedure)		
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy		
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy		
50370	Removal of transplanted renal allograft		
50380	Renal autotransplantation, reimplantation of kidney		

#### ***Pancreas Transplant***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery		
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each		
48554	Transplantation of pancreatic allograft		
48556	Removal of transplanted pancreatic allograft		
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion		
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion		
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion		

## ***Liver Transplant***

<b>Inpatient Only Procedure</b>		<b>Not an Inpatient Only Procedure</b>	
47133	Donor hepatectomy (including cold preservation), from cadaver donor		
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age		
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)		
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)		
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)		
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split		
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])		
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])		
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each		
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each		

## ***Intestinal Transplant***

<b>Inpatient Only Procedure</b>		<b>Not an Inpatient Only Procedure</b>	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor		
44133	Donor enterectomy (including cold preservation), open; partial, from living donor		
44135	Intestinal allotransplantation; from cadaver donor		
44136	Intestinal allotransplantation; from living donor		
44137	Removal of transplanted intestinal allograft, complete		
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein		
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each		
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each		

### Cardiac Transplant

Inpatient Only Procedure		Not an Inpatient Only Procedure	
33930	Donor cardiectomy-pneumectomy (including cold preservation)		
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation		
33935	Heart-lung transplant with recipient cardiectomy-pneumectomy		
33940	Donor cardiectomy (including cold preservation)		
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation		
33945	Heart transplant, with or without recipient cardiectomy		

### Lung Transplant

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed		
0495T-0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed		
32850	Donor pneumectomy(s) (including cold preservation), from cadaver donor		
32851	Lung transplant, single; without cardiopulmonary bypass		
32852	Lung transplant, single; with cardiopulmonary bypass		
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass		
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass		
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral		
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral		

### Corneal Transplant

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		65710	Keratoplasty (corneal transplant); anterior lamellar
		65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
		65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
		65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
		65756	Keratoplasty (corneal transplant); endothelial
		65757	Backbench preparation of corneal endothelial allograft



			prior to transplantation (List separately in addition to code for primary procedure)
		65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
		65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)
		65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)

### **Bone Marrow Transplant/Stem Cell/CAR-T Cell**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
		0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)
		0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration
		0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous
		38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
		38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
		38207-38215	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage; with or without thawing, washing, T cell depletion, tumor cell depletion, red blood cell depletion, RBC removal, platelet depletion, plasma depletion, or cell concentration in plasma, mononuclear, or buffy coat layer; codes 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215
		38220	Bone marrow; aspiration only
		38221	Bone marrow; biopsy, needle or trocar
		38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)
		38230	Bone marrow harvesting for transplantation; allogeneic
		38232	Bone marrow harvesting for transplantation; autologous
		38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
		38241	Hematopoietic progenitor cell (HPC); autologous transplantation
		38242	Allogeneic lymphocyte infusions
		38243	Allogeneic hematopoietic cellular transplant boost

### **Miscellaneous Transplant**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
01990	Physiological support for harvesting of organ(s) from brain-dead patient		

Note: The following HCPCS codes do not appear in Addendum B:

- S2053: Transplantation of small intestine and liver allografts
- S2054: Transplantation of multivisceral organs
- S2055: Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
- S2060: Lobar lung transplantation
- S2061: Donor lobectomy (lung) for transplantation, living donor
- S2065: Simultaneous pancreas kidney transplantation
- S2102: Islet cell tissue transplant from pancreas; allogeneic

- S2103: Adrenal tissue transplant to brain  
 S2140: Cord blood harvesting for transplantation, allogeneic  
 S2142: Cord blood-derived stem cell transplantation, allogeneic  
 S2150: Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global d

### 2019 Urology: Is the Procedure Medicare Inpatient Only or not?

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#### Stone/Calculus Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
50065	Nephrolithotomy; secondary surgical operation for calculus	50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50070	Nephrolithotomy; complicated by congenital kidney abnormality	50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	50590	Lithotripsy, extracorporeal shock wave
50610	Ureterolithotomy; upper one-third of ureter	50945	Laparoscopy, surgical; ureterolithotomy
50620	Ureterolithotomy; middle one-third of ureter	50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50630	Ureterolithotomy; lower one-third of ureter	51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
		51060	Transvesical ureterolithotomy
		51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
		52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
		52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
		52317-52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; codes 52317, 52318
			Cystourethroscopy (including ureteral catheterization); with or without ureteroscopy or pyeloscopy, with removal, manipulation, or lithotripsy of ureteral or higher calculus, with or without ureteral stent; codes 52320, 52325, 52352, 52353, 52356

#### Laparoscopic Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	50541	Laparoscopy, surgical; ablation of renal cysts
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	50543	Laparoscopy, surgical; partial nephrectomy
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	50544	Laparoscopy, surgical; pyeloplasty

		50549	Unlisted laparoscopy procedure, renal
		50945	Laparoscopy, surgical; ureterolithotomy
		50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
		50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
		50949	Unlisted laparoscopy procedure, ureter
		51990	Laparoscopy, surgical; urethral suspension for stress incontinence
		51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
		51999	Unlisted laparoscopy procedure, bladder
		54690	Laparoscopy, surgical; orchiectomy
		54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
		54699	Unlisted laparoscopy procedure, testis
		55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
		55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

### ***Kidney (excluding Stone and Laparoscopic Procedures)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
50010	Renal exploration, not necessitating other specific procedures	50020	Drainage of perirenal or renal abscess; open
50040	Nephrostomy, nephrotomy with drainage	50021	Drainage of perirenal or renal abscess; percutaneous
50045	Nephrotomy, with exploration		
50100	Transection or repositioning of aberrant renal vessels (separate procedure)		
50120	Pyelotomy; with exploration		
50125	Pyelotomy; with drainage, pyelostomy		
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)		
50205	Renal biopsy; by surgical exposure of kidney	50200	Renal biopsy; percutaneous, by trocar or needle
	Nephrectomy, open, partial or total, with or without ureterectomy, with or without rib resection: codes 50220, 50225, 50230, 50234, 50236, 50240, 50340		Removal (via snare/capture), with or without replacement, of internally dwelling ureteral stent, via percutaneous approach or transurethral approach (without use of cystoscopy); codes 50382, 50384, 50385, 50386
		50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
50250	Ablation, <b>open</b> , 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50280	Excision or unroofing of cyst(s) of kidney	50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50290	Excision of perinephric cyst		
50370	Removal of transplanted renal allograft		
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple		
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyccoplasty)	50430-50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new or existing access; codes 50430, 50431
		50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
		50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated

			radiological supervision and interpretation, new access
50500	Nephrorrhaphy, suture of kidney wound or injury	50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract
50520	Closure of nephrocutaneous or pyelocutaneous fistula	50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
		50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed
		50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	50551-50580	Renal endoscopy through established nephrostomy or pyelostomy, nephrotomy or pyelotomy: codes 50551, 50553, 50555, 50557, 50561, 50562, 50570, 50572, 50574, 50575, 50576, 50580
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	50592	Ablation, 1 or more renal tumor(s), <b>percutaneous</b> , unilateral, radiofrequency
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	50593	Ablation, renal tumor(s), unilateral, <b>percutaneous</b> , cryotherapy

### ***Ureter (Excluding Stone and Laparoscopic Procedures)***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
50600	Ureterotomy with exploration or drainage (separate procedure)		
50605	Ureterotomy for insertion of indwelling stent, all types	50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50650	Ureterectomy, with bladder cuff (separate procedure)		
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit
		50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract
		50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50722	Ureterolysis for ovarian vein syndrome	50706	Balloon dilation, ureteral stricture, including imaging

			guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava		
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	50727	Revision of urinary-cutaneous anastomosis (any type urostomy);
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis		
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx		
50760	Ureteroureterostomy		
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter		
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder		
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder		
50783	Ureteroneocystostomy; with extensive ureteral tailoring		
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap		
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine		
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis		
50815	Ureterocolon conduit, including intestine anastomosis		
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)		
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)		
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)		
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis		
50845	Cutaneous appendico-vesicostomy		
50860	Ureterostomy, transplantation of ureter to skin		
50900	Ureterorrhaphy, suture of ureter (separate procedure)		
50920	Closure of ureterocutaneous fistula		
50930	Closure of ureterovisceral fistula (including visceral repair)	50951-50980	Ureteral endoscopy through established ureterostomy or ureterotomy; codes 50951, 50953, 50955, 50957, 50961, 50970, 50972, 50974, 50976, 50980
50940	Deligation of ureter		

**Bladder (Excluding Stone, Laparoscopic, and Cystoscopy Procedures)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
		51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
		51040	Cystostomy, cystotomy with drainage
		51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
		51080	Drainage of perivesical or prevesical space abscess
		51100	Aspiration of bladder; by needle
		51101	Aspiration of bladder; by trocar or intracatheter
		51102	Aspiration of bladder; with insertion of suprapubic catheter
		51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	51520	Cystotomy; for simple excision of vesical neck (separate procedure)
51530	Cystotomy; for excision of bladder tumor	51535	Cystotomy for excision, incision, or repair of ureterocele
51550-51565	Cystectomy, partial; simple or complicated, with or without reimplantation of ureter(s) into bladder	51700	Bladder irrigation, simple, lavage and/or instillation

	(ureteroneocystostomy); codes 51550, 51555, 51565		
51570-51596	Cystectomy, complete; with or without lymphadenectomy, with or without ureteral transplantation, with or without intestinal conduit, with or without neobladder: codes 51570, 51575, 51580, 51585, 51590, 51595, 51596	51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)
		51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)
		51705	Change of cystostomy tube; simple
		51710	Change of cystostomy tube; complicated
		51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	51720	Bladder instillation of anticarcinogenic agent (including retention time)
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	51725-51729	Cystometrogram (CMG), simple or complex; codes 51725, 51726, 51727, 51728, 51729
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple		
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)		
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated		
51900	Closure of vesicovaginal fistula, abdominal approach	51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51920	Closure of vesicouterine fistula;	51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple
51925	Closure of vesicouterine fistula; with hysterectomy	51880	Closure of cystostomy (separate procedure)
51940	Closure, exstrophy of bladder		
51960	Enterocystoplasty, including intestinal anastomosis	52500	Transurethral resection of bladder neck (separate procedure)
51980	Cutaneous vesicostomy	52640	Transurethral resection; of postoperative bladder neck contracture

### **Cystoscopy (Cystourethroscopy)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
		52000	Cystourethroscopy (separate procedure)
		52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
		52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
		52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
		52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
		52204	Cystourethroscopy, with biopsy(s)
		52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
		52224-52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of bladder lesion(s) or tumor(s); codes 52224, 52234, 52235, 52240
		52250	Cystourethroscopy with insertion of radioactive

			substance, with or without biopsy or fulguration
		52260-52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; codes 52260, 52265
		52270-52277	Cystourethroscopy, with internal urethrotomy, direct vision internal urethrotomy, or resection of external sphincter (sphincterotomy); codes 52270, 52275, 52276, 52277
		52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
		52282	Cystourethroscopy, with insertion of permanent urethral stent
		52283	Cystourethroscopy, with steroid injection into stricture
		52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone
		52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
		52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
		52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
		52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
		52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
		52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
		52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
		52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
		52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
		52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
		52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
		52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
		52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
		52341-52343	Cystourethroscopy; with treatment of ureteral, ureteropelvic junction, or intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision); codes 52341, 52342, 52343
		52344-52346	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture, ureteropelvic stricture, or intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision); codes 52344, 52345, 52346
		52351-52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic, with removal or manipulation of calculus, with lithotripsy, with biopsy and/or fulguration of ureteral or renal pelvic lesion, or with resection of ureteral or renal pelvic tumor; with or without ureteral stent codes 52351, 52352, 52353, 52354, 52355, 52356
		52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
		52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
		52441-52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant or

			each additional; codes 52441, 52442
		C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants
		C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants

## Urethra

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed
		53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
		53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
		53020	Meatotomy, cutting of meatus (separate procedure); except infant
		53025	Meatotomy, cutting of meatus (separate procedure); infant
		53040-53085	Drainage of deep periurethral abscess, Skene's gland abscess or cyst, or perineal urinary extravasation; codes 53040, 53060, 53080, 53085
		53200	Biopsy of urethra
		53210	Urethrectomy, total, including cystostomy; female
		53215	Urethrectomy, total, including cystostomy; male
		53220	Excision or fulguration of carcinoma of urethra
		53230-53235	Excision of urethral diverticulum (separate procedure); female or male; codes 53230, 53235
		53240	Marsupialization of urethral diverticulum, male or female
		53250	Excision of bulbourethral gland (Cowper's gland)
		53260-53275	Excision or fulguration; urethral polyp(s), distal urethra, urethral caruncle, Skene's glands, or urethral prolapse; codes 53260, 53265, 53270, 53275
		53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
		53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
		53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
		53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
		53430	Urethroplasty, reconstruction of female urethra
		53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
		53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
		53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
		53444	Insertion of tandem cuff (dual cuff)
		53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
		53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
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	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
		53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
		53450	Urethromeatoplasty, with mucosal advancement
		53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
		53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction,



			scarring)
		53502-53515	Urethrorrhaphy, suture of urethral wound or injury, female, penile, perineal, or prostatomembranous; codes 53502, 53505, 53510, 53515
		53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
		53600-53621	Dilation of urethral stricture, male; codes 53600, 53601, 53605, 53620, 53621
		53660-53665	Dilation of female urethra; codes 53660, 53661, 53665
		53855	Insertion of a temporary prostatic urethral stent, including urethral measurement
		53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence

## Penis

Inpatient Only Procedure		Not an Inpatient Only Procedure	
37788	Penile revascularization, artery, with or without vein graft	37790	Penile venous occlusive procedure
		54000-54001	Slitting of prepuce, dorsal or lateral (separate procedure); codes 54000, 54001
		54015	Incision and drainage of penis, deep
		54050-54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), electrodesiccation, cryosurgery, laser surgery, surgical excision, or chemosurgery; codes 54050, 54055, 54056, 54057, 54060, 54065
		54100-54105	Biopsy of penis; codes 54100, 54105
		54110-54112	Excision of penile plaque (Peyronie disease); with or without graft; codes 54110, 54111, 54112
		54115	Removal foreign body from deep penile tissue (eg, plastic implant)
54125	Amputation of penis; complete	54120	Amputation of penis; partial
54130	Amputation of penis, radical; with bilateral inguifemoral lymphadenectomy	54150-54161	Circumcision; codes 54150, 54160, 54161
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	54162	Lysis or excision of penile post-circumcision adhesions
		54163	Repair incomplete circumcision
		54164	Frenulotomy of penis
		54205	Injection procedure for Peyronie disease; with surgical exposure of plaque
		54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)
		54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)
		54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
		54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
		54308-54316	Urethroplasty for second stage hypospadias repair (including urinary diversion); with or without skin graft; codes 54308, 54312, 54316
		54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
		54322-54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with or without urethroplasty; codes 54322, 54324, 54326, 54328
		54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
		54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and

			urethroplasty by use of skin graft tube and/or island flap
		54340-54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); with or without flap, patch or tubed graft; codes 54340, 54344, 54348
		54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
		54360	Plastic operation on penis to correct angulation
		54380	Plastic operation on penis for epispadias distal to external sphincter;
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
			Insertion of penile prosthesis; non-inflatable (semi-rigid), inflatable (self-contained), or multi-component inflatable; codes 54400, 54401, 54405
		54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
		54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
		54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
		54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
		54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
		54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
		54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral	54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
		54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54438	Replantation, penis, complete amputation including urethral repair	54437	Repair of traumatic corporeal tear(s)
		54440	Plastic operation of penis for injury
		54450	Foreskin manipulation including lysis of preputial adhesions and stretching

### **Scrotum/Testis/Epididymis/Spermatic Cord/Seminal Vesicle**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		54500	Biopsy of testis, needle (separate procedure)
		54505	Biopsy of testis, incisional (separate procedure)
		54512	Excision of extraparenchymal lesion of testis
		54520-54535	Orchiectomy, simple, partial, or radical for tumor, with or without testicular prosthesis, scrotal, inguinal, abdominal approach; codes 54520, 54522, 54530, 54535
		54550	Exploration for undescended testis (inguinal or scrotal area)
		54560	Exploration for undescended testis with abdominal exploration
		54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
		54620	Fixation of contralateral testis (separate procedure)
		54640	Orchiopexy, inguinal approach, with or without hernia

			repair
		54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
		54660	Insertion of testicular prosthesis (separate procedure)
		54670	Suture or repair of testicular injury
		54680	Transplantation of testis(es) to thigh (because of scrotal destruction)
		54690	Laparoscopy, surgical; orchiectomy
		54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
		54699	Unlisted laparoscopy procedure, testis
		54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
		54800	Biopsy of epididymis, needle
		54830	Excision of local lesion of epididymis
		54840	Excision of spermatocele, with or without epididymectomy
		54860	Epididymectomy; unilateral
		54861	Epididymectomy; bilateral
		54865	Exploration of epididymis, with or without biopsy
		54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
		54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
		55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication
		55040	Excision of hydrocele; unilateral
		55041	Excision of hydrocele; bilateral
		55060	Repair of tunica vaginalis hydrocele (Bottle type)
		55100	Drainage of scrotal wall abscess
		55110	Scrotal exploration
		55120	Removal of foreign body in scrotum
		55150	Resection of scrotum
		55175	Scrotoplasty; simple
		55180	Scrotoplasty; complicated
		55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
		55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
		55400	Vasovasostomy, vasovasorrhaphy
		55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
		55520	Excision of lesion of spermatic cord (separate procedure)
		55530-55540	Excision of varicocele or ligation of spermatic veins for varicocele; with or without abdominal approach, with or without hernia repair; codes 55530, 55535, 55540
		55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
		55559	Unlisted laparoscopy procedure, spermatic cord
55605	Vesiculotomy; complicated	55600	Vesiculotomy
55650	Vesiculectomy, any approach	55680	Excision of Mullerian duct cyst

### Prostate

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)
		0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)
		52450	Transurethral incision of prostate
		52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral

			calibration and/or dilation, and internal urethrotomy are included)
		52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
		52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
		52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
		52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
		52700	Transurethral drainage of prostatic abscess
		53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
		53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
		53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy
		55700	Biopsy, prostate; needle or punch, single or multiple, any approach
		55705	Biopsy, prostate; incisional, any approach
		55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance
55801-55815	Prostatectomy, perineal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); subtotal or radical, with or without pelvic lymphadenectomy; codes 55801, 55810, 55812, 55815	55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55821	Prostatectomy, suprapubic (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); subtotal, 1 or 2 stages	55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55831-55845	Prostatectomy, retropubic, (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); subtotal or radical, with or without nerve sparing, with or without pelvic lymphadenectomy; codes 55831, 55840, 55842, 55845	55860	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	55870	Electroejaculation
		55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
		55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
		55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
		55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
		55899	Unlisted procedure, male genital system
		55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application

		C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
		C9747	Ablation of prostate, transrectal, high intensity focused ultrasound (HIFU), including imaging guidance

### Miscellaneous Surgery

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
		11981	Insertion, non-biodegradable drug delivery implant
		11982	Removal, non-biodegradable drug delivery implant
		11983	Removal with reinsertion, non-biodegradable drug delivery implant
		55970	Intersex surgery; male to female
		55980	Intersex surgery; female to male
		C9746	Transperineal implantation of permanent adjustable balloon continence device, with cystourethroscopy, when performed and/or fluoroscopy, when performed

### 2019 Vascular Surgery: Is the Surgery Medicare Inpatient Only or not?

Disclaimer: This is not the CMS Inpatient Only Procedure List (Annual OPPS Addendum E). No guarantee can be made of the accuracy of this information which was compiled from public sources. CPT Codes are property of the AMA and are made available to the public only for non-commercial usage.

#### Note: For Intracranial Vascular Procedures, See Neurosurgery List

### Head and Neck

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel		
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)		
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision		
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision		
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery		
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	35180	Repair, congenital arteriovenous fistula; head and neck
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	35188	Repair, acquired or traumatic arteriovenous fistula; head and neck
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	35201	Repair blood vessel, direct; neck
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	35231	Repair blood vessel with vein graft; neck

35901	Excision of infected graft; neck	35261	Repair blood vessel with graft other than vein; neck
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	36221-36228	Selective or non-selective catheter placement, thoracic aorta, common carotid, innominate artery, subclavian artery, vertebral artery, external carotid artery with angiography, includes angiography of the cervicocerebral arch, when performed; codes 36221, 36222, 36223, 36224, 36225, 36226, 36227, 36228
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	37195	Thrombolysis, cerebral, by intravenous infusion

## Chest

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel		
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)		
33750-33768	Shunt; major chest vessels: codes 33750, 33755, 33762, 33764, 33766, 33767, 33768		
33770-33920	Repair of major congenital heart and arterial defects; codes 33770, 33771, 33774, 33775, 33776, 33777, 33778, 33779, 33780, 33781, 33782, 33783, 33786, 33788, 33802, 33803, 33813, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33852, 33853, 33917, 33920		
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)		
33860-33864	Ascending aorta graft; codes 33860, 33863, 33864		
33870	Transverse arch graft, with cardiopulmonary bypass		
33875	Descending thoracic aorta graft, with or without bypass		
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass		
33880-33891	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); codes 33880, 33881, 33883, 33884, 33886, 33889, 33891		
33910-33915	Pulmonary artery embolectomy; codes 33910, 33915		
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass		
33922	Transection of pulmonary artery with cardiopulmonary bypass		
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)		
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass		
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass		
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision		
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision		
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or		

	without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision		
35182	Repair, congenital arteriovenous fistula; thorax and abdomen		
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen		
35211	Repair blood vessel, direct; intrathoracic, with bypass		
35216	Repair blood vessel, direct; intrathoracic, without bypass		
35241	Repair blood vessel with vein graft; intrathoracic, with bypass		
35246	Repair blood vessel with vein graft; intrathoracic, without bypass		
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass		
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass		
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest		
35905	Excision of infected graft; thorax		

### Abdomen/Pelvis

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0254T	Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral;		
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision		
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision		
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision		
34502	Reconstruction of vena cava, any method		
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation,		

	all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including preprocedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)		
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)		
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)		
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone		



	angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)		
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated		
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)		
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation		
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)		
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral		
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)		
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral		
34830-34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; codes 34830, 34831, 34832		
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral		
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time
35082-35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm (ruptured or not), pseudoaneurysm, and associated occlusive disease, major abdominal or pelvic arteries; codes 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132		
35182	Repair, congenital arteriovenous fistula; thorax and abdomen		
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen		
35221	Repair blood vessel, direct; intra-abdominal		
35251	Repair blood vessel with vein graft; intra-abdominal		
35281	Repair blood vessel with graft other than vein; intra-abdominal		
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta		
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal		
35351	Thromboendarterectomy, including patch graft, if performed; iliac		
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac		
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliiofemoral		
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and	0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and

	interpretation; visceral artery (except renal), each vessel		interpretation; renal artery
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
35870	Repair of graft-enteric fistula		
35907	Excision of infected graft; abdomen	36251-36254	Selective or superselective catheter placement, main renal artery, second order or higher renal artery branches for renal angiography, unilateral or bilateral; codes 36251, 36252, 36253, 36254
37140	Venous anastomosis, open; portocaval		
37145	Venous anastomosis, open; renoportal		
37160	Venous anastomosis, open; caval-mesenteric		
37180	Venous anastomosis, open; splenorenal, proximal		
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)		
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)
		37220-37223	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, with transluminal angioplasty or stent; codes 37220, 37221, 37222, 37223
		0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel

### Upper Extremity

Inpatient Only Procedure		Not an Inpatient Only Procedure	
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
		34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
		34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
		35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
		35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
		35184	Repair, congenital arteriovenous fistula; extremities
		35190	Repair, acquired or traumatic arteriovenous fistula; extremities
		35206	Repair blood vessel, direct; upper extremity
		35207	Repair blood vessel, direct; hand, finger
		35236	Repair blood vessel with vein graft; upper extremity
		35266	Repair blood vessel with graft other than vein; upper extremity
		35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial
		35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
		35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
		35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
		35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial

			or venous graft
		35903	Excision of infected graft; extremity

### Lower Extremity

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0263T-0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; with or without unilateral or bilateral bone marrow harvest; codes 0263T, 0264T, 0265T
		0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion
		0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring
		34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
		34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
		34501	Valvuloplasty, femoral vein
		34510	Venous valve transposition, any vein donor
		34520	Cross-over vein graft to venous system
		34530	Saphenopopliteal vein anastomosis
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	35184	Repair, congenital arteriovenous fistula; extremities
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	35190	Repair, acquired or traumatic arteriovenous fistula; extremities
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	35226	Repair blood vessel, direct; lower extremity
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	35256	Repair blood vessel with vein graft; lower extremity
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	35286	Repair blood vessel with graft other than vein; lower extremity
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
35304	Thromboendarterectomy, including patch graft, if performed; tibio-peroneal trunk artery	35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35371	Thromboendarterectomy, including patch graft, if	35881	Revision, lower extremity arterial bypass, without

	performed; common femoral		thrombectomy, open; with segmental vein interposition
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	35903	Excision of infected graft; extremity
		36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
		36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
		37224-37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty or stent; codes 37224, 37225, 37226, 37227
		37228-37235	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, with transluminal angioplasty, atherectomy, or stent; codes 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235

### ***Bypass Grafting***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
35501-35571	Arterial bypass graft, with vein; codes 35501, 35506, 35508, 35509, 35510, 35511, 35512, 35515, 35516, 35518, 35521, 35522, 35523, 35525, 35526, 35531, 35533, 35535, 35536, 35537, 35538, 35539, 35540, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571	35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)
35583-35587	In-situ vein bypass; leg; codes 35583, 35585, 35587	35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)
35601-35671	Arterial bypass graft, with other than vein; codes 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35654, 35656, 35661, 35663, 35665, 35666, 35671		
35681-35683	Bypass graft; composite; codes 35681, 35682, 35683		
35691-35695	Transposition and/or reimplantation; to/from vertebral, carotid, or subclavian arteries; codes 35691, 35693, 35694, 35695		
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)		
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)		

### ***Access Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12

			French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
		34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)
		34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
		34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
		36260-36262	Insertion, revision, or removal of implantable intra-arterial infusion pump; codes 36260, 36261, 36262
		36420	Venipuncture, cutdown; younger than age 1 year
		36425	Venipuncture, cutdown; age 1 or over
		36555-36590	Insertion, repair, or replacement of tunneled or non-tunneled, peripherally or centrally inserted central venous catheter, with or without subcutaneous port; codes 36555, 36556, 36557, 36558, 36560, 36561, 36563, 36565, 36566, 36568, 36569, 36570, 36571, 36572, 36573, 36575, 36576, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 36589, 36590
		36593	Declotting by thrombolytic agent of implanted vascular access device or catheter
		36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access
		36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen
		36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance
		36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
		36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
		36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
		36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
		36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
		36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition
		36820	Arteriovenous anastomosis, open; by forearm vein transposition
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
		36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
		36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
		36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)

		36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
		36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
		36835	Insertion of Thomas shunt (separate procedure)
		36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
		36860	External cannula declotting (separate procedure); without balloon catheter
		36861	External cannula declotting (separate procedure); with balloon catheter
		36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
		36901-36908	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report, with transluminal balloon angioplasty, intravascular stent, and/or thrombolytic injection; peripheral or central dialysis segment; codes 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908
		36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)
		C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)
		C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed
		G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)

### **Ligations, Occlusions, Embolizations**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0249T	Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
		36002	Injection procedures (e.g., thrombin) for percutaneous treatment of extremity pseudoaneurysm
		36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
		36466	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
		36475-36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency or laser; codes 36475, 36476, 36478, 36479
		36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
		36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
		36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)
		37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
		37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
		37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
		37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
		37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
		37565	Ligation, internal jugular vein
		37600	Ligation; external carotid artery
		37605	Ligation; internal or common carotid artery
		37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
		37607	Ligation or banding of angioaccess arteriovenous fistula
		37609	Ligation or biopsy, temporal artery
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	37615	Ligation, major artery (eg, post-traumatic, rupture); neck
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	37619	Ligation of inferior vena cava
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	37650	Ligation of femoral vein
37660	Ligation of common iliac vein	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
		37718	Ligation, division, and stripping, short saphenous vein
		37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
		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
		37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
		37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

### Miscellaneous

Inpatient Only Procedure		Not an Inpatient Only Procedure	
35400	Angioscopy (non-coronary vessels or grafts) during therapeutic intervention	37184-37188	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft or vein, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); codes 37184, 37185, 37186, 37187, 37188
		37191-37193	Insertion, repositioning, or retrieval of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed; codes 37191, 37192, 37193
		37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed
		37200	Transcatheter biopsy
		37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck
		37205-37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous or open; codes 37205, 37206, 37207, 37208
		37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure
		37211-37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation; codes 37211, 37212, 37213, 37214
		37236-37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery and each additional artery; codes 37236, 37237
		37238-37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein and each additional vein; codes 37238, 37239
		37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease,



			intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
		37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
		37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
		37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)
		37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
		37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)
		37501	Unlisted vascular endoscopy procedure
37788	Penile revascularization, artery, with or without vein graft	37790	Penile venous occlusive procedure
		C9733	Non-ophthalmic fluorescent vascular angiography