



MVP Inpatient Surgical List

Effective January 1, 2018

Procedures not listed on the MVP Inpatient Surgery list are expected to be performed in the Outpatient or office setting. The in office procedure list still applies. If a procedure is not listed and is being requested to be done in the Inpatient setting, an authorization will be required if it requires a higher level of care.

Codes listed as Medicare Only will require Place of Service Requests for All other Lines of Business

Code Description	CPT/HCPCS	I/O	Coverage
Debridement of Necrotizing Soft Tissue Infections - First Coast	11004	Inpatient	Medicare Only
Debridement of Necrotizing Soft Tissue Infections - First Coast	11005	Inpatient	Medicare Only
Debridement of Necrotizing Soft Tissue Infections - First Coast	11006	Inpatient	Medicare Only
Debridement of Necrotizing Soft Tissue Infections - First Coast	11008	Inpatient	Medicare Only
Free muscle or myocutaneous flap with microvascular anastomosis	15756	Inpatient	ALL
Free skin flap with microvascular anastomosis	15757	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19324	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19361	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19364	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19366	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19367	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19368	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19369	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	19396	Inpatient	ALL
Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	20670	Inpatient	ALL
Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	20680	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	20955	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	20975	Inpatient	ALL
Maxillectomy	21026	Inpatient	ALL
Discectomy, Temporomandibular Joint (TMJ)	21060	Inpatient	ALL
Osteotomy, LeFort I	21141	Inpatient	ALL
Osteotomy, LeFort I	21142	Inpatient	ALL
Osteotomy, LeFort I	21143	Inpatient	ALL
Osteotomy, LeFort I	21145	Inpatient	ALL
Osteotomy, LeFort I	21146	Inpatient	ALL
Osteotomy, LeFort I	21147	Inpatient	ALL
Osteotomy, Anterior Segment, Maxilla	21188	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Osteotomy, Maxillary Buttress, +/- Mid Palatal Osteotomy	21188	Inpatient	ALL
Osteotomy, Sagittal Split, Mandible Ramus	21193	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21193	Inpatient	ALL
Osteotomy, Sagittal Split, Mandible Ramus	21194	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21194	Inpatient	ALL
Osteotomy, Sagittal Split, Mandible Ramus	21195	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21195	Inpatient	ALL
Osteotomy, Sagittal Split, Mandible Ramus	21196	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21196	Inpatient	ALL
Arthroplasty, Temporomandibular Joint (TMJ)	21240	Inpatient	ALL
Arthroplasty, Temporomandibular Joint (TMJ)	21242	Inpatient	ALL
Arthroplasty, Temporomandibular Joint (TMJ)	21243	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21244	Inpatient	ALL
Maxillectomy	21245	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21245	Inpatient	ALL
Maxillectomy	21246	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21246	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21247	Inpatient	ALL
Maxillectomy	21248	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21248	Inpatient	ALL
Maxillectomy	21249	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21249	Inpatient	ALL
Reconstruction, Temporomandibular Joint (TMJ)	21255	Inpatient	ALL
Discectomy, Temporomandibular Joint (TMJ)	21299	Inpatient	ALL
Pectus Excavatum Repair (Pediatric)	21740	Inpatient	ALL
Pectus Excavatum Repair (Pediatric)	21742	Inpatient	ALL
Pectus Excavatum Repair (Pediatric)	21743	Inpatient	ALL
Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	22010	Inpatient	ALL
Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	22015	Inpatient	ALL
Anterior Cervical Discectomy and Fusion (ACDF)	22220	Inpatient	ALL
Anterior Cervical Discectomy and Fusion (ACDF)	22226	Inpatient	ALL
Fusion, Thoracic Spine	22532	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Fusion, Lumbar Spine	22533	Inpatient	ALL
Fusion, Lumbar Spine	22534	Inpatient	ALL
Fusion, Thoracic Spine	22534	Inpatient	ALL
Fusion, Cervical Spine	22548	Inpatient	ALL
Fusion, Thoracic Spine	22556	Inpatient	ALL
Fusion, Lumbar Spine	22558	Inpatient	ALL
Fusion, Lumbar Spine	22585	Inpatient	ALL
Fusion, Thoracic Spine	22585	Inpatient	ALL
Fusion (with Laminectomy), Cervical	22590	Inpatient	ALL
Fusion (with Laminectomy), Cervical	22595	Inpatient	ALL
Fusion (with Laminectomy), Cervical	22600	Inpatient	ALL
Fusion (with Laminectomy), Thoracic	22610	Inpatient	ALL
Fusion, Thoracic Spine	22610	Inpatient	ALL
Fusion (with Laminectomy), Lumbar	22612	Inpatient	ALL
Fusion, Lumbar Spine	22612	Inpatient	ALL
Fusion (with Laminectomy), Cervical	22614	Inpatient	ALL
Fusion (with Laminectomy), Lumbar	22614	Inpatient	ALL
Fusion, Lumbar Spine	22614	Inpatient	ALL
Fusion (with Laminectomy), Lumbar	22630	Inpatient	ALL
Fusion, Lumbar Spine	22630	Inpatient	ALL
Fusion (with Laminectomy), Lumbar	22632	Inpatient	ALL
Fusion, Lumbar Spine	22632	Inpatient	ALL
Fusion, Lumbar Spine	22633	Inpatient	ALL
Fusion, Lumbar Spine	22634	Inpatient	ALL
Fusion, Lumbar Spine	22800	Inpatient	ALL
Scoliosis Surgery	22800	Inpatient	ALL
Scoliosis surgery (Pediatric)	22800	Inpatient	ALL
Fusion, Lumbar Spine	22802	Inpatient	ALL
Scoliosis Surgery	22802	Inpatient	ALL
Scoliosis surgery (Pediatric)	22802	Inpatient	ALL
Fusion, Lumbar Spine	22804	Inpatient	ALL
Scoliosis Surgery	22804	Inpatient	ALL
Scoliosis surgery (Pediatric)	22804	Inpatient	ALL
Fusion, Lumbar Spine	22808	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Scoliosis Surgery	22808	Inpatient	ALL
Scoliosis surgery (Pediatric)	22808	Inpatient	ALL
Fusion, Lumbar Spine	22810	Inpatient	ALL
Scoliosis Surgery	22810	Inpatient	ALL
Scoliosis surgery (Pediatric)	22810	Inpatient	ALL
Fusion, Lumbar Spine	22812	Inpatient	ALL
Scoliosis Surgery	22812	Inpatient	ALL
Scoliosis surgery (Pediatric)	22812	Inpatient	ALL
Scoliosis Surgery	22818	Inpatient	ALL
Scoliosis surgery (Pediatric)	22818	Inpatient	ALL
Scoliosis Surgery	22819	Inpatient	ALL
Scoliosis surgery (Pediatric)	22819	Inpatient	ALL
Exploration of spinal fusion	22830	Inpatient	ALL
Fusion, Lumbar Spine	22840	Inpatient	ALL
Scoliosis Surgery	22840	Inpatient	ALL
Scoliosis surgery (Pediatric)	22840	Inpatient	ALL
Fusion, Lumbar Spine	22841	Inpatient	ALL
Scoliosis Surgery	22841	Inpatient	ALL
Scoliosis surgery (Pediatric)	22841	Inpatient	ALL
Fusion, Lumbar Spine	22842	Inpatient	ALL
Scoliosis Surgery	22842	Inpatient	ALL
Scoliosis surgery (Pediatric)	22842	Inpatient	ALL
Fusion, Lumbar Spine	22843	Inpatient	ALL
Scoliosis Surgery	22843	Inpatient	ALL
Scoliosis surgery (Pediatric)	22843	Inpatient	ALL
Fusion, Lumbar Spine	22844	Inpatient	ALL
Scoliosis Surgery	22844	Inpatient	ALL
Scoliosis surgery (Pediatric)	22844	Inpatient	ALL
Scoliosis Surgery	22845	Inpatient	ALL
Scoliosis surgery (Pediatric)	22845	Inpatient	ALL
Scoliosis Surgery	22846	Inpatient	ALL
Scoliosis surgery (Pediatric)	22846	Inpatient	ALL
Scoliosis Surgery	22847	Inpatient	ALL
Scoliosis surgery (Pediatric)	22847	Inpatient	ALL

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Scoliosis Surgery	22848	Inpatient	ALL
Scoliosis surgery (Pediatric)	22848	Inpatient	ALL
Scoliosis Surgery	22849	Inpatient	ALL
Scoliosis surgery (Pediatric)	22849	Inpatient	ALL
Scoliosis Surgery	22850	Inpatient	ALL
Scoliosis surgery (Pediatric)	22850	Inpatient	ALL
Fusion, Lumbar Spine	22851	Inpatient	ALL
Scoliosis Surgery	22851	Inpatient	ALL
Scoliosis surgery (Pediatric)	22851	Inpatient	ALL
Artificial Disc Replacement, Lumbar	22857	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Shoulder	23330	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Shoulder	23333	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Shoulder	23334	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Shoulder	23335	Inpatient	ALL
Joint Replacement, Shoulder	23470	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Shoulder	23470	Inpatient	ALL
Joint Replacement, Shoulder	23472	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Shoulder	23472	Inpatient	ALL
Amputation of Digit or Extremity	23900	Inpatient	ALL
Amputation of Digit or Extremity	23920	Inpatient	ALL
Joint Replacement, Elbow	24360	Inpatient	ALL
Joint Replacement, Elbow	24361	Inpatient	ALL
Joint Replacement, Elbow	24362	Inpatient	ALL
Joint Replacement, Elbow	24363	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	24435	Inpatient	ALL
Amputation of Digit or Extremity	24900	Inpatient	ALL
Amputation of Digit or Extremity	24920	Inpatient	ALL
Amputation of Digit or Extremity	24930	Inpatient	ALL
Amputation of Digit or Extremity	24931	Inpatient	ALL
Joint Replacement, Wrist	25332	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	25405	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	25420	Inpatient	ALL
Joint Replacement, Wrist	25441	Inpatient	ALL
Joint Replacement, Wrist	25442	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Joint Replacement, Wrist	25443	Inpatient	ALL
Joint Replacement, Wrist	25444	Inpatient	ALL
Joint Replacement, Wrist	25445	Inpatient	ALL
Joint Replacement, Wrist	25446	Inpatient	ALL
Joint Replacement, Wrist	25447	Inpatient	ALL
Amputation of Digit or Extremity	25900	Inpatient	ALL
Amputation of Digit or Extremity	25905	Inpatient	ALL
Amputation of Digit or Extremity	25915	Inpatient	ALL
Amputation of Digit or Extremity	25920	Inpatient	ALL
Amputation of Digit or Extremity	25924	Inpatient	ALL
Amputation of Digit or Extremity	25927	Inpatient	ALL
Arthrotomy, Hip	27030	Inpatient	ALL
Arthrotomy, Hip	27054	Inpatient	ALL
Prosthetic Replacement, Fracture, Hip (Proximal Femur)	27090	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27090	Inpatient	ALL
Total Joint Replacement (TJR), Hip	27090	Inpatient	ALL
Prosthetic Replacement, Fracture, Hip (Proximal Femur)	27091	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27091	Inpatient	ALL
Total Joint Replacement (TJR), Hip	27091	Inpatient	ALL
Arthrotomy, Hip	27120	Inpatient	ALL
Prosthetic Replacement, Fracture, Hip (Proximal Femur)	27125	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27130	Inpatient	ALL
Total Joint Replacement (TJR), Hip	27130	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27132	Inpatient	ALL
Total Joint Replacement (TJR), Hip	27132	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27134	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27137	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27138	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27140	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27146	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27147	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27151	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27156	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27158	Inpatient	ALL

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Osteotomy, Pelvic or Proximal Femur	27161	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27165	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27181	Inpatient	ALL
Arthrotomy, Hip	27226	Inpatient	ALL
Arthrotomy, Hip	27227	Inpatient	ALL
Arthrotomy, Hip	27228	Inpatient	ALL
Prosthetic Replacement, Fracture, Hip (Proximal Femur)	27236	Inpatient	ALL
Arthrotomy, Hip	27244	Inpatient	ALL
Arthrotomy, Hip	27245	Inpatient	ALL
Arthrotomy, Hip	27248	Inpatient	ALL
Arthrotomy, Hip	27253	Inpatient	ALL
Arthrotomy, Hip	27254	Inpatient	ALL
Arthrotomy, Hip	27258	Inpatient	ALL
Arthrotomy, Hip	27269	Inpatient	ALL
Arthrodesis, Hip	27284	Inpatient	ALL
Arthrodesis, Hip	27286	Inpatient	ALL
Amputation of Digit or Extremity	27290	Inpatient	ALL
Amputation of Digit or Extremity	27295	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Hip	27299	Inpatient	ALL
Radical resection of tumor, femur or knee	27365	Inpatient	ALL
Total Joint Replacement, Knee (Arthroplasty) - NGS	27445	Inpatient	Medicare Only
Unicondylar Knee Replacement	27446	Inpatient	ALL
Total Joint Replacement (TJR), Knee	27447	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27448	Inpatient	ALL
Osteotomy, Supracondylar Femur	27448	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27450	Inpatient	ALL
Osteotomy, Supracondylar Femur	27450	Inpatient	ALL
Osteotomy, Pelvic or Proximal Femur	27454	Inpatient	ALL
Osteotomy, High Tibial	27455	Inpatient	ALL
Osteotomy, High Tibial	27457	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	27472	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Knee	27486	Inpatient	ALL
Removal and Replacement, Total Joint Replacement (TJR), Knee	27487	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Removal and Replacement, Total Joint Replacement (TJR), Knee	27488	Inpatient	ALL
Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	27506	Inpatient	ALL
Arthrotomy, Knee	27540	Inpatient	ALL
Arthrodesis, Knee	27580	Inpatient	ALL
Amputation of Digit or Extremity	27590	Inpatient	ALL
Amputation of Digit or Extremity	27591	Inpatient	ALL
Amputation of Digit or Extremity	27592	Inpatient	ALL
Amputation of Digit or Extremity	27596	Inpatient	ALL
Amputation of Digit or Extremity	27598	Inpatient	ALL
Total Joint Replacement (TJR), Ankle	27702	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	27722	Inpatient	ALL
Bone Graft and Implantable Stimulator, Fracture Nonunion	27724	Inpatient	ALL
Arthrodesis, Ankle (Talotibial Joint)	27870	Inpatient	ALL
Amputation of Digit or Extremity	27880	Inpatient	ALL
Amputation of Digit or Extremity	27881	Inpatient	ALL
Amputation of Digit or Extremity	27882	Inpatient	ALL
Amputation of Digit or Extremity	27886	Inpatient	ALL
Amputation of Digit or Extremity	27888	Inpatient	ALL
Arthrodesis, Triple	28715	Inpatient	ALL
Amputation of Digit or Extremity	28800	Inpatient	ALL
Arthrodesis, Ankle (Talotibial Joint)	29899	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	30460	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	30462	Inpatient	ALL
Sinusotomy, Frontal, Open	31070	Inpatient	ALL
Sinusotomy, Frontal, Open	31075	Inpatient	ALL
Sinusotomy, Frontal, Open	31080	Inpatient	ALL
Sinusotomy, Frontal, Open	31081	Inpatient	ALL
Sinusotomy, Frontal, Open	31084	Inpatient	ALL
Sinusotomy, Frontal, Open	31085	Inpatient	ALL
Sinusotomy, Frontal, Open	31086	Inpatient	ALL
Sinusotomy, Frontal, Open	31087	Inpatient	ALL
Maxillectomy	31225	Inpatient	ALL
Maxillectomy	31230	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Laryngectomy; total, with radical neck dissection	31365	Inpatient	ALL
Wedge Resection, Lung	32096	Inpatient	ALL
Wedge Resection, Lung	32097	Inpatient	ALL
Wedge Resection, Lung	32098	Inpatient	ALL
Pneumonectomy	32440	Inpatient	ALL
Pneumonectomy	32442	Inpatient	ALL
Pneumonectomy	32445	Inpatient	ALL
Lobectomy	32480	Inpatient	ALL
Lobectomy	32482	Inpatient	ALL
Segmentectomy, Lung	32484	Inpatient	ALL
Pneumonectomy	32488	Inpatient	ALL
Lung Volume Reduction Surgery (LVRS)	32491	Inpatient	ALL
Wedge Resection, Lung	32505	Inpatient	ALL
Wedge Resection, Lung	32506	Inpatient	ALL
Wedge Resection, Lung	32507	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32601	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32604	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32606	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32607	Inpatient	ALL
Wedge Resection, Lung	32607	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32608	Inpatient	ALL
Wedge Resection, Lung	32608	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32609	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32650	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32651	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32652	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32653	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32654	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32655	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32656	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32658	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32659	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32661	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32662	Inpatient	ALL

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Lobectomy	32663	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32663	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32664	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32665	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32666	Inpatient	ALL
Wedge Resection, Lung	32666	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32667	Inpatient	ALL
Wedge Resection, Lung	32667	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32668	Inpatient	ALL
Wedge Resection, Lung	32668	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32669	Inpatient	ALL
Segmentectomy, Lung	32669	Inpatient	ALL
Lobectomy	32670	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32670	Inpatient	ALL
Pneumonectomy	32671	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32671	Inpatient	ALL
Lung Volume Reduction Surgery (LVRS) - NCD	32672	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32673	Inpatient	ALL
Thoracoscopy, Video Assisted (VAT)	32674	Inpatient	ALL
Creation of pericardial window or partial resection for drainage	33025	Inpatient	ALL
Transmyocardial Revascularization - NCD	33140	Inpatient	ALL
Transmyocardial Revascularization - NCD	33141	Inpatient	ALL
Pacemaker Insertion, Biventricular	33202	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33202	Inpatient	ALL
Pacemaker Insertion, Biventricular	33203	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33203	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33216	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33217	Inpatient	ALL
Pacemaker Insertion, Biventricular	33224	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33224	Inpatient	ALL
Pacemaker Insertion, Biventricular	33225	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33225	Inpatient	ALL

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Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33230	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33231	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33240	Inpatient	ALL
Implantable Automatic Defibrillator - NCD	33243	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	33249	Inpatient	ALL
Endoscopic operative ablation and reconstruction of the atria to treat atrial fibrillation	33266	Inpatient	ALL
Left Atrial Appendage Closure (LAAC) - Cahaba	33340	Inpatient	Medicare Only
Transcatheter Aortic Valve Replacement (TAVR)	33361	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33362	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33363	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33364	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33365	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33366	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33367	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33368	Inpatient	ALL
Transcatheter Aortic Valve Replacement (TAVR)	33369	Inpatient	ALL
Aortic Valve Replacement (AVR)	33405	Inpatient	ALL
Aortic Valve Replacement (AVR)	33406	Inpatient	ALL
Aortic Valve Replacement (AVR)	33410	Inpatient	ALL
Aortic Valve Replacement (AVR)	33411	Inpatient	ALL
Aortic Valve Replacement (AVR)	33412	Inpatient	ALL
Aortic Valve Replacement (AVR)	33413	Inpatient	ALL
Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	33418	Inpatient	ALL
Mitral Valve Repair	33422	Inpatient	ALL
Mitral Valve Repair	33425	Inpatient	ALL
Mitral Valve Repair	33426	Inpatient	ALL
Mitral Valve Repair	33427	Inpatient	ALL
Mitral Valve Replacement (MVR)	33430	Inpatient	ALL
Tricuspid Valve Resection	33460	Inpatient	ALL
Tricuspid Valve Repair	33463	Inpatient	ALL
Tricuspid Valve Annuloplasty	33464	Inpatient	ALL

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Codes listed as Medicare Only will require Place of Service Requests for All other Lines of Business

Code Description	CPT/HCPCs	I/O	Coverage
Tricuspid Valve Replacement (TVR)	33465	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33507	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33510	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33511	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33512	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33513	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33514	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33516	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33517	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33518	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33519	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33521	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33522	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33523	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33530	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33533	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33534	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33535	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	33536	Inpatient	ALL
Atrial Septal Defect (ASD) Repair	33641	Inpatient	ALL
Atrial Septal Defect (ASD) Repair	33647	Inpatient	ALL
Atrial Septal Defect (ASD) Repair	33660	Inpatient	ALL
Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	33800	Inpatient	ALL
Division of aberrant vessel (vascular ring);	33802	Inpatient	ALL
Thoracic or Thoracoabdominal Aortic Aneurysm Repair	33875	Inpatient	ALL
Thoracic or Thoracoabdominal Aortic Aneurysm Repair	33877	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33880	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33881	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33883	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33884	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33886	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33889	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	33891	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	33920	Inpatient	ALL
Transplantation, Cardiac	33933	Inpatient	ALL
Transplantation, Cardiac	33940	Inpatient	ALL
Transplantation, Cardiac	33944	Inpatient	ALL
Transplantation, Cardiac	33945	Inpatient	ALL
Left Ventricular Assist Device (LVAD) Insertion	33975	Inpatient	ALL
Left Ventricular Assist Device (LVAD) Insertion	33976	Inpatient	ALL
Left Ventricular Assist Device (LVAD) Insertion	33979	Inpatient	ALL
Ventricular Assist Device - NCD	33980	Inpatient	ALL
Ventricular Assist Device - NCD	33981	Inpatient	ALL
Ventricular Assist Device - NCD	33990	Inpatient	ALL
Ventricular Assist Device - NCD	33992	Inpatient	ALL
Ventricular Assist Device - NCD	33993	Inpatient	ALL
Reconstruction of vena cava, any method	34502	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34701	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34702	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34703	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34704	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34705	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34706	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34707	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34708	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34800	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34803	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34804	Inpatient	ALL
Endovascular Repair, Abdominal Aortic Aneurysm	34805	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	34812	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	34830	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	34831	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	34832	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35081	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35082	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35091	Inpatient	ALL
Thoracic or Thoracoabdominal Aortic Aneurysm Repair	35091	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35092	Inpatient	ALL

Thoracic or Thoracoabdominal Aortic Aneurysm Repair	35092	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35102	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35103	Inpatient	ALL
Repair blood vessel, direct; intrathoracic, with bypass	35211	Inpatient	ALL
Repair blood vessel with graft other than vein; intrathoracic, with bypass	35271	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Endarterectomy, Carotid	35301	Inpatient	ALL
Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	35302	Inpatient	ALL
Thromboendarterectomy, including patch graft, if performed; iliofemoral	35355	Inpatient	ALL
Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	35372	Inpatient	ALL
Vertebral Artery Surgery - NCD	35508	Inpatient	ALL
Vertebral Artery Surgery - NCD	35515	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35521	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35523	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35533	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35537	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35538	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35539	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35540	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35556	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35558	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35563	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35565	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35566	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35570	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35571	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35583	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35585	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35587	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35621	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35623	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	35626	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35637	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35638	Inpatient	ALL
Vertebral Artery Surgery - NCD	35642	Inpatient	ALL
Vertebral Artery Surgery - NCD	35645	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35646	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35646	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35647	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Bypass, Proximal, Peripheral Artery	35647	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35650	Inpatient	ALL
Abdominal Aortic Aneurysm (AAA) Resection and Graft	35654	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35654	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35656	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35661	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35665	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35666	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35671	Inpatient	ALL
Exploration popliteal artery	35741	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35879	Inpatient	ALL
Bypass, Distal, Peripheral Artery	35881	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35883	Inpatient	ALL
Bypass, Proximal, Peripheral Artery	35884	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	36200	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	37184	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	37185	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	37186	Inpatient	ALL
Endovascular Embolization, Intracranial	37195	Inpatient	ALL
Angioplasty and Stent, Carotid	37215	Inpatient	ALL
Splenectomy; total (separate procedure)	38100	Inpatient	ALL
Cervical lymphadenectomy (modified radical neck dissection)	38724	Inpatient	ALL
Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	38780	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	40700	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	40701	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	40702	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	40720	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	40761	Inpatient	ALL
Glossectomy, Partial or Hemiglossectomy	41120	Inpatient	ALL
Glossectomy, Partial or Hemiglossectomy	41130	Inpatient	ALL
Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	41155	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	42200	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Cleft Lip or Palate Repair (Pediatric)	42205	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	42210	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	42220	Inpatient	ALL
Cleft Lip or Palate Repair (Pediatric)	42225	Inpatient	ALL
Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	42426	Inpatient	ALL
Antireflux Surgery	43280	Inpatient	ALL
Antireflux Surgery	43281	Inpatient	ALL
Antireflux Surgery	43282	Inpatient	ALL
Antireflux Surgery	43283	Inpatient	ALL
Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	43317	Inpatient	ALL
Antireflux Surgery	43325	Inpatient	ALL
Antireflux Surgery	43327	Inpatient	ALL
Antireflux Surgery	43328	Inpatient	ALL
Hiatal Hernia Repair	43332	Inpatient	ALL
Hiatal Hernia Repair	43333	Inpatient	ALL
Hiatal Hernia Repair	43334	Inpatient	ALL
Hiatal Hernia Repair	43335	Inpatient	ALL
Hiatal Hernia Repair	43336	Inpatient	ALL
Hiatal Hernia Repair	43337	Inpatient	ALL
Hiatal Hernia Repair	43338	Inpatient	ALL
Pyloromyotomy (Pediatric)	43520	Inpatient	ALL
Gastrectomy, total: with esophagoenterostomy	43620	Inpatient	ALL
Gastrectomy, total; with Roux-en-Y reconstruction	43621	Inpatient	ALL
Roux-en-Y Gastric Bypass (RYGB)	43644	Inpatient	ALL
Roux-en-Y Gastric Bypass (RYGB) (Adolescent)	43644	Inpatient	ALL
Roux-en-Y Gastric Bypass (RYGB)	43645	Inpatient	ALL
Roux-en-Y Gastric Bypass (RYGB) (Adolescent)	43645	Inpatient	ALL
Gastric Stimulation	43647	Inpatient	ALL
Gastric Stimulation	43648	Inpatient	ALL
Adjustable Gastric Banding (Repair, Removal, Revision)	43771	Inpatient	ALL
Adjustable Gastric Banding (Repair, Removal, Revision)	43772	Inpatient	ALL
Adjustable Gastric Banding (Repair, Removal, Revision)	43773	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Adjustable Gastric Banding (Repair, Removal, Revision)	43774	Inpatient	ALL
Sleeve Gastrectomy	43775	Inpatient	ALL
Biliopancreatic Diversion with Duodenal Switch	43845	Inpatient	ALL
Roux-en-Y Gastric Bypass (RYGB)	43846	Inpatient	ALL
Biliopancreatic Diversion with Duodenal Switch	43847	Inpatient	ALL
Roux-en-Y Gastric Bypass Revisional Procedure	43848	Inpatient	ALL
Laparoscopic Revision of Gastrojejunostomy	43860	Inpatient	ALL
Revision of gastrojejunal anastomosis	43865	Inpatient	ALL
Gastric Stimulation	43881	Inpatient	ALL
Gastric Stimulation	43882	Inpatient	ALL
Small Bowel Resection	44120	Inpatient	ALL
Small Bowel Resection	44121	Inpatient	ALL
Small Bowel Resection	44125	Inpatient	ALL
Small Bowel Resection	44127	Inpatient	ALL
Small Bowel Resection	44128	Inpatient	ALL
Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	44130	Inpatient	ALL
Intestinal and Multi-Visceral Transplantation - NCD	44132	Inpatient	ALL
Intestinal and Multi-Visceral Transplantation - NCD	44133	Inpatient	ALL
Intestinal and Multi-Visceral Transplantation - NCD	44135	Inpatient	ALL
Intestinal and Multi-Visceral Transplantation - NCD	44136	Inpatient	AA
Colectomy, Left	44140	Inpatient	ALL
Colectomy, Right	44140	Inpatient	ALL
Colectomy, Left	44141	Inpatient	ALL
Colectomy, Right	44141	Inpatient	ALL
Colectomy, Left	44143	Inpatient	ALL
Colectomy, Right	44144	Inpatient	ALL
Colectomy, Left	44145	Inpatient	ALL
Colectomy, Left	44146	Inpatient	ALL
Colectomy, Left	44147	Inpatient	ALL
Colectomy, Right	44160	Inpatient	ALL
Small Bowel Resection	44202	Inpatient	ALL
Small Bowel Resection	44203	Inpatient	ALL
Colectomy, Left	44204	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Colectomy, Right	44204	Inpatient	ALL
Colectomy, Right	44205	Inpatient	ALL
Colectomy, Left	44206	Inpatient	ALL
Colectomy, Left	44207	Inpatient	ALL
Colectomy, Left	44208	Inpatient	ALL
Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	44212	Inpatient	ALL
Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	44227	Inpatient	ALL
Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	44345	Inpatient	ALL
Closure of enterostomy, large or small intestine;	44620	Inpatient	ALL
Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	44625	Inpatient	ALL
Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	44626	Inpatient	ALL
Appendectomy	44960	Inpatient	ALL
Appendectomy (Pediatric)	44960	Inpatient	ALL
Proctectomy; complete, combined abdominoperineal, with colostomy	45110	Inpatient	ALL
Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	45120	Inpatient	ALL
Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	45395	Inpatient	ALL
Laparoscopy, surgical; proctopexy (for prolapse)	45400	Inpatient	ALL
Hepatectomy, resection of liver; partial lobectomy	47120	Inpatient	ALL
Hepatectomy, resection of liver; trisegmentectomy	47122	Inpatient	ALL
Transplantation, Liver	47133	Inpatient	ALL
Transplantation, Liver	47135	Inpatient	ALL
Liver Transplantation, Pediatric	47140	Inpatient	ALL
Liver Transplantation, Pediatric	47141	Inpatient	ALL
Liver Transplantation, Pediatric	47142	Inpatient	ALL
Transplantation, Liver	47143	Inpatient	ALL
Liver Transplantation, Pediatric	47144	Inpatient	ALL
Liver Transplantation, Pediatric	47145	Inpatient	ALL
Transplantation, Liver	47146	Inpatient	ALL
Liver Transplantation, Pediatric	47147	Inpatient	ALL
Ablative Therapy, Liver	47380	Inpatient	ALL
Transplantation, Liver	47399	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Cholecystectomy, Open	47600	Inpatient	ALL
Cholecystectomy, Open	47605	Inpatient	ALL
Cholecystectomy, Open	47610	Inpatient	ALL
Cholecystectomy, Open	47612	Inpatient	ALL
Cholecystectomy, Open	47620	Inpatient	ALL
Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	47760	Inpatient	ALL
Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	47780	Inpatient	ALL
Pancreatectomy, distal subtotal, with or without splenectomy; without	48140	Inpatient	ALL
Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, Pancreas Transplant - NCD	48554	Inpatient	ALL
Laparotomy or Exploratory Laparotomy	49000	Inpatient	ALL
Laparotomy or Exploratory Laparotomy	49002	Inpatient	ALL
Laparotomy or Exploratory Laparotomy	49220	Inpatient	ALL
Nephrectomy, including partial urethrectomy, any open approach including rib	50220	Inpatient	ALL
Nephrectomy, including partial ureterectomy, any open approach including rib			
Nephrectomy,partial	50240	Inpatient	ALL
Cryoablation, Renal	50250	Inpatient	ALL
Radiofrequency Ablation (RFA), Renal	50250	Inpatient	ALL
Transplantation, Renal	50300	Inpatient	ALL
Transplantation, Renal	50320	Inpatient	ALL
Transplantation, Renal	50323	Inpatient	ALL
Transplantation, Renal	50325	Inpatient	ALL
Transplantation, Renal	50327	Inpatient	ALL
Transplantation, Renal	50360	Inpatient	ALL
Transplantation, Renal	50365	Inpatient	ALL
Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without			

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Code Description	CPT/HCPCs	I/O	Coverage
Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	50545	Inpatient	ALL
Transplantation, Renal	50547	Inpatient	ALL
Laparoscopy, surgical; nephrectomy with total ureterectomy	50548	Inpatient	ALL
Reimplantation, Ureter (Pediatric)	50780	Inpatient	ALL
Reimplantation, Ureter (Pediatric)	50782	Inpatient	ALL
Reimplantation, Ureter (Pediatric)	50783	Inpatient	ALL
Reimplantation, Ureter (Pediatric)	50785	Inpatient	ALL
Reimplantation, Ureter (Pediatric)	51565	Inpatient	ALL
Reimplantation, Ureter (Pediatric)	51820	Inpatient	ALL
Bladder Neck Suspension/Sling, Female	51840	Inpatient	ALL
Bladder Neck Suspension/Sling, Female	51841	Inpatient	ALL
Urethroplasty Male-to-Female for Gender Reassignment Surgery	53415	Inpatient	ALL
Urethroplasty	53415	Inpatient	ALL
Penectomy for Gender Reassignment Surgery	54125	Inpatient	ALL
Prostatectomy, Open	55801	Inpatient	ALL
Prostatectomy, Radical	55810	Inpatient	ALL
Prostatectomy, Radical	55812	Inpatient	ALL
Prostatectomy, Radical	55815	Inpatient	ALL
Prostatectomy, Open	55821	Inpatient	ALL
Prostatectomy, Open	55831	Inpatient	ALL
Prostatectomy, Radical	55840	Inpatient	ALL
Prostatectomy, Radical	55842	Inpatient	ALL
Prostatectomy, Radical	55845	Inpatient	ALL
Prostatectomy, Radical	55866	Inpatient	ALL
Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	56650	Inpatient	ALL
Colpopexy	57280	Inpatient	ALL
Myomectomy	58140	Inpatient	ALL
Myomectomy	58146	Inpatient	ALL
Hysterectomy +/- BSO or Bilateral Salpingectomy	58150	Inpatient	ALL
Hysterectomy +/- BSO or Bilateral Salpingectomy	58180	Inpatient	ALL
Hysterectomy, Radical	58210	Inpatient	ALL
Hysterectomy for Gender Reassignment Surgery	58275	Inpatient	ALL
Hysterectomy, Radical	58285	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Hysterectomy, Radical	58548	Inpatient	ALL
Ovariectomy/Salpingo-oophorectomy for Gender Reassignment Surgery	58700	Inpatient	ALL
Salpingectomy	58700	Inpatient	ALL
Salpingo-Oophorectomy, Bilateral or Oophorectomy, Bilateral	58720	Inpatient	ALL
Salpingo-Oophorectomy, Unilateral or Oophorectomy, Unilateral	58720	Inpatient	ALL
Salpingostomy	58750	Inpatient	ALL
Salpingostomy	58760	Inpatient	ALL
Salpingo-Oophorectomy, Bilateral or Oophorectomy, Bilateral	58940	Inpatient	ALL
Salpingo-Oophorectomy, Unilateral or Oophorectomy, Unilateral	58940	Inpatient	ALL
Hysterectomy, Radical	58953	Inpatient	ALL
Hysterectomy, Radical	58954	Inpatient	ALL
Hysterectomy, Radical	58956	Inpatient	ALL
Laparotomy or Exploratory Laparotomy	58960	Inpatient	ALL
Salpingectomy	59120	Inpatient	ALL
Salpingo-Oophorectomy, Unilateral or Oophorectomy, Unilateral	59120	Inpatient	ALL
Cesarean Section, During Labor	59514	Inpatient	ALL
Cesarean Section, Prior to Onset of Labor	59514	Inpatient	ALL
Cesarean Section, During Labor	59515	Inpatient	ALL
Cesarean Section, Prior to Onset of Labor	59515	Inpatient	ALL
Cesarean Section, During Labor	59620	Inpatient	ALL
Cesarean Section, During Labor	59622	Inpatient	ALL
Dilation and Curettage, Diagnostic and/or Therapeutic (Nonobstetrical)	59830	Inpatient	ALL
Hysteroscopy, + Dilatation and Curettage (D & C), Diagnostic	59830	Inpatient	ALL
Dilation and Curettage, Diagnostic and/or Therapeutic (Nonobstetrical)	59851	Inpatient	ALL
Hysteroscopy, + Dilatation and Curettage (D & C), Diagnostic	59851	Inpatient	ALL
Thyroidectomy, Partial or Total	60254	Inpatient	ALL
Thyroidectomy, Total	60254	Inpatient	ALL
Thyroidectomy, Total (Pediatric)	60254	Inpatient	ALL
Thyroidectomy, Partial or Total	60270	Inpatient	ALL
Thyroidectomy, Total	60270	Inpatient	ALL
Thyroidectomy, Total (Pediatric)	60270	Inpatient	ALL
Carotid Body Resection - NCD	60600	Inpatient	ALL
Carotid Body Resection - NCD	60605	Inpatient	ALL
Craniotomy	61314	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Craniotomy	61315	Inpatient	ALL
Craniotomy	61320	Inpatient	ALL
Craniotomy	61321	Inpatient	ALL
Craniotomy	61322	Inpatient	ALL
Craniotomy	61323	Inpatient	ALL
Craniotomy	61340	Inpatient	ALL
Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	61343	Inpatient	ALL
Craniotomy	61345	Inpatient	ALL
Craniectomy, suboccipital; for exploration or decompression of cranial nerves	61458	Inpatient	ALL
Craniotomy	61500	Inpatient	ALL
Craniectomy; for osteomyelitis	61501	Inpatient	ALL
Craniotomy	61510	Inpatient	ALL
Craniotomy	61512	Inpatient	ALL
Craniotomy	61518	Inpatient	ALL
Craniotomy	61519	Inpatient	ALL
Craniotomy	61520	Inpatient	ALL
Craniotomy	61521	Inpatient	ALL
Craniotomy	61526	Inpatient	ALL
Craniotomy	61530	Inpatient	ALL
Craniotomy	61531	Inpatient	ALL
Craniotomy	61533	Inpatient	ALL
Craniotomy	61534	Inpatient	ALL
Craniotomy	61536	Inpatient	ALL
Craniotomy	61537	Inpatient	ALL
Craniotomy	61538	Inpatient	ALL
Craniotomy	61541	Inpatient	ALL
Craniotomy	61543	Inpatient	ALL
Craniotomy	61575	Inpatient	ALL
Craniotomy	61576	Inpatient	ALL
Ethmoidectomy, Endoscopic	61580	Inpatient	ALL
Ethmoidectomy, Open	61580	Inpatient	ALL
Ethmoidectomy, Endoscopic	61581	Inpatient	ALL
Ethmoidectomy, Open	61581	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Craniotomy	61613	Inpatient	ALL
Endovascular Embolization, Intracranial	61623	Inpatient	ALL
Endovascular Embolization, Intracranial	61624	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	61645	Inpatient	ALL
Endovascular Embolization, Intracranial	61650	Inpatient	ALL
Endovascular Embolization, Intracranial	61651	Inpatient	ALL
Craniotomy	61680	Inpatient	ALL
Craniotomy	61682	Inpatient	ALL
Craniotomy	61684	Inpatient	ALL
Craniotomy	61686	Inpatient	ALL
Craniotomy	61690	Inpatient	ALL
Craniotomy	61692	Inpatient	ALL
Craniotomy	61697	Inpatient	ALL
Craniotomy	61698	Inpatient	ALL
Craniotomy	61700	Inpatient	ALL
Craniotomy	61702	Inpatient	ALL
Craniotomy	61703	Inpatient	ALL
Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	61751	Inpatient	ALL
Craniotomy	61760	Inpatient	ALL
Craniotomy	61850	Inpatient	ALL
Craniotomy	61860	Inpatient	ALL
Stereotactic Introduction, Subcortical Electrodes	61863	Inpatient	ALL
Stereotactic Introduction, Subcortical Electrodes	61864	Inpatient	ALL
Stereotactic Introduction, Subcortical Electrodes	61867	Inpatient	ALL
Stereotactic Introduction, Subcortical Electrodes	61867	Inpatient	ALL
Stereotactic Introduction, Subcortical Electrodes	61868	Inpatient	ALL
Cranioplasty for skull defect; up to 5 cm diameter	62140	Inpatient	ALL
Cranioplasty for skull defect; larger than 5 cm diameter	62141	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63001	Inpatient	ALL
Laminectomy, Cervical	63001	Inpatient	ALL
Laminectomy, Thoracic	63003	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63003	Inpatient	ALL
Laminectomy (with Fusion), Lumbar	63005	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Laminectomy (with Fusion), Lumbar	63012	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63015	Inpatient	ALL
Laminectomy, Cervical	63015	Inpatient	ALL
Laminectomy, Thoracic	63016	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63016	Inpatient	ALL
Laminectomy (with Fusion), Lumbar	63017	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63020	Inpatient	ALL
Laminectomy, Cervical	63020	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63035	Inpatient	ALL
Laminectomy, Cervical	63035	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63045	Inpatient	ALL
Laminectomy, Cervical	63045	Inpatient	ALL
Laminectomy, Thoracic	63046	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63046	Inpatient	ALL
Laminectomy (with Fusion), Lumbar	63047	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63048	Inpatient	ALL
Laminectomy, Cervical	63048	Inpatient	ALL
Laminectomy (with Fusion), Lumbar	63048	Inpatient	ALL
Laminectomy, Thoracic	63048	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63048	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63050	Inpatient	ALL
Laminectomy, Cervical	63050	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63051	Inpatient	ALL
Laminectomy, Cervical	63051	Inpatient	ALL
Laminectomy, Thoracic	63055	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63055	Inpatient	ALL
Laminectomy, Thoracic	63057	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63057	Inpatient	ALL
Laminectomy, Thoracic	63077	Inpatient	ALL
Laminectomy (with Fusion), Thoracic	63077	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63081	Inpatient	ALL
Laminectomy, Cervical	63081	Inpatient	ALL
Laminectomy (with Fusion), Cervical	63082	Inpatient	ALL
Laminectomy, Cervical	63082	Inpatient	ALL

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Laminectomy, with release of tethered spinal cord, lumbar	63200	Inpatient	ALL
Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	63267	Inpatient	ALL
Gastric Stimulation	64590	Inpatient	ALL
Gastric Stimulation	64595	Inpatient	ALL
Facial Nerve Repair	64866	Inpatient	ALL
Facial Nerve Repair	64868	Inpatient	ALL
Endovascular Embolization, Intracranial	75894	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	75956	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	75957	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	75958	Inpatient	ALL
Endovascular Repair, Thoracic Aortic Aneurysm	75959	Inpatient	ALL
Percutaneous Coronary Intervention (PCI) - NGS	92975	Inpatient	ALL
Aortic Valvuloplasty, Percutaneous Balloon	92986	Inpatient	ALL
Mitral Valvuloplasty, Percutaneous Balloon	92987	Inpatient	ALL
Non-Coronary Percutaneous Transluminal Angioplasty (PTA) - NCD	0075T	Inpatient	ALL
Percutaneous Transluminal Angioplasty (PTA) - NCD	0075T	Inpatient	ALL
Non-Coronary Percutaneous Transluminal Angioplasty (PTA) - NCD	0076T	Inpatient	ALL
Percutaneous Transluminal Angioplasty (PTA) - NCD	0076T	Inpatient	ALL
Artificial Disc Replacement, Lumbar	0163T	Inpatient	ALL
Fusion, Cervical Spine	0219T	Inpatient	ALL
Fusion, Thoracic Spine	0220T	Inpatient	ALL
Fusion, Thoracic Spine	0222T	Inpatient	ALL
Artificial Disc Replacement, Cervical	0375T	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1721	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1722	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	C1757	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	C1769	Inpatient	ALL
Total Joint Replacement (TJR), Hip	C1776	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1777	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1882	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	C1884	Inpatient	ALL
Mechanical Thrombectomy, Intracranial	C1887	Inpatient	ALL

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Code Description	CPT/HCPCs	I/O	Coverage
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1895	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1896	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	C1899	Inpatient	ALL
Lung Volume Reduction Surgery (LVRS)	G0302	Inpatient	ALL
Lung Volume Reduction Surgery (LVRS)	G0303	Inpatient	ALL
Lung Volume Reduction Surgery (LVRS)	G0304	Inpatient	ALL
Lung Volume Reduction Surgery (LVRS)	G0305	Inpatient	ALL
Pacemaker Insertion, Biventricular	G0448	Inpatient	ALL
Pacemaker Insertion, Biventricular + Implantable Cardioverter Defibrillator (ICD) Insertion	G0448	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	S2066	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	S2067	Inpatient	ALL
Breast Reconstruction with Autologous Tissue Reconstruction	S2068	Inpatient	ALL
Total Joint Replacement (TJR), Hip	S2118	Inpatient	ALL
Transplantation, Renal	S2152	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	S2205	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	S2206	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	S2207	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	S2208	Inpatient	ALL
Coronary Artery Bypass Graft (CABG)	S2209	Inpatient	ALL
Prostatectomy, Radical	S2900	Inpatient	ALL