



Philippine  
College of Surgeons  
2020 RVS

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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>Integumentary System</b>		
<b>Skin, Subcutaneous and Accessory Structures</b>		
<b>Incision and Drainage</b>		
<b>10060</b>	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia)	<b>100</b>
<b>10080</b>	Incision and drainage of pilonidal cyst	<b>100</b>
<b>10120</b>	Incision and removal of foreign body, subcutaneous tissues(FB)	<b>100</b>
<b>10140</b>	Incision and drainage of hematoma, seroma, or fluid collection	<b>100</b>
<b>10160</b>	Puncture aspiration of abscess, hematoma, bulla, or cyst	<b>50</b>
<b>10180</b>	Incision and drainage, complex, postoperative wound infection	<b>200</b>
<b>Excision-Debridement</b>		
<b>11000</b>	Debridement of extensive eczematous or infected skin	<b>100</b>
<b>11010</b>	Debridement including removal of foreign material associated w/ open fracture(s) and/or dislocation(s); skin and subcutaneous tissues	<b>400</b>
<b>11011</b>	skin, subcutaneous tissue, muscle fascia, and muscle	<b>400</b>
<b>11012</b>	skin, subcutaneous tissue, muscle fascia, muscle, and bone	<b>400</b>
<b>11040</b>	Debridement; skin, partial thickness	<b>300</b>
<b>11041</b>	skin, full thickness	<b>300</b>
<b>11042</b>	skin, and subcutaneous tissue	<b>300</b>
<b>11043</b>	skin, subcutaneous tissue, and muscle	<b>300</b>
<b>11044</b>	skin, subcutaneous tissue, muscle, and bone	<b>400</b>
<b>Paring or Curettement</b>		
<b>11050</b>	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum	<b>50</b>
<b>11051</b>	two to four lesions	<b>100</b>
<b>11052</b>	more than four lesions	<b>100</b>
<b>Biopsy</b>		
<b>11100</b>	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single or multiple lesion	<b>100</b>
<b>Shaving of Epidermal or Dermal Lesions</b>		

<b>11300</b>	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	<b>100</b>
<b>11301</b>	lesion diameter 0.6 to 1.0 cm	<b>100</b>
<b>11302</b>	lesion diameter 1.1 to 2.0 cm	<b>100</b>
<b>11303</b>	lesion diameter over 2.0 cm	<b>150</b>
<b>11305</b>	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	<b>100</b>
<b>11306</b>	lesion diameter 0.6 to 1.0 cm	<b>100</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>11307</b>	lesion diameter 1.1 to 2.0 cm	<b>100</b>
<b>11308</b>	lesion diameter over 2.0 cm	<b>150</b>
<b>11310</b>	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	<b>100</b>
<b>11311</b>	lesion diameter 0.6 to 1.0 cm	<b>100</b>
<b>11312</b>	lesion diameter 1.1 to 2.0 cm	<b>100</b>
<b>11313</b>	lesion diameter over 2.0 cm	<b>150</b>

### **Excision-Benign Lesions**

<b>11400</b>	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter 0.5 cm or less	<b>100</b>
<b>11401</b>	lesion diameter 0.6 to 1.0 cm	<b>100</b>
<b>11402</b>	lesion diameter 1.1 to 2.0 cm	<b>100</b>
<b>11403</b>	lesion diameter 2.1 to 3.0 cm	<b>100</b>
<b>11404</b>	lesion diameter 3.1 to 4.0 cm	<b>100</b>
<b>11406</b>	lesion diameter over 4.0 cm	<b>100</b>
<b>11420</b>	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	
<b>11421</b>	lesion diameter 0.6 to 1.0 cm	<b>100</b>
<b>11422</b>	lesion diameter 1.1 to 2.0 cm	<b>100</b>
<b>11423</b>	lesion diameter 2.1 to 3.0 cm	<b>100</b>
<b>11424</b>	lesion diameter 3.1 to 4.0 cm	<b>100</b>
<b>11426</b>	lesion diameter over 4.0 cm	<b>100</b>
<b>11440</b>	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	<b>150</b>

11441	lesion diameter 0.6 to 1.0 cm	150
11442	lesion diameter 1.1 to 2.0 cm	150
11443	lesion diameter 2.1 to 3.0 cm	150
11444	lesion diameter 3.1 to 4.0 cm	200
11446	lesion diameter over 4.0 cm	200
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary	150
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal	150
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal or umbilical	150

### Excision - Malignant Lesions

11600	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less	100
11601	lesion diameter 0.6 to 1.0 cm	100
11602	lesion diameter 1.1 to 2.0 cm	100
11603	lesion diameter 2.1 to 3.0 cm	100

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11604	lesion diameter 3.1 to 4.0 cm	100
11606	lesion diameter over 4.0 cm	150
11620	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	150
11621	lesion diameter 0.6 to 1.0 cm	150
11622	lesion diameter 1.1 to 2.0 cm	150
11623	lesion diameter 2.1 to 3.0 cm	150
11624	lesion diameter 3.1 to 4.0 cm	150
11626	lesion diameter over 4.0 cm	150
11640	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.5 cm or less	100
11641	lesion diameter 0.6 to 1.0 cm	100
11642	lesion diameter 1.1 to 2.0 cm	100
11643	lesion diameter 2.1 to 3.0 cm	100
11644	lesion diameter 3.1 to 4.0 cm	150
11646	lesion diameter over 4.0 cm	150
<b>Nails</b>		

11720	Debridement of nail(s) by any method(s); one to five	150
11721	six or more	150
11730	Avulsion of nail plate, partial or complete	150
11740	Evacuation of subungual hematoma	150
11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail) for permanent removal	200
11752	w/ amputation of tuft of distal phalanx	200
11755	Biopsy of nail unit, any method (e.g., plate, bed, matrix, hyponychium, proximal and lateral nail folds)	100
11760	Repair of nail bed	200
11762	Reconstruction of nail bed w/ graft	200
11765	Wedge excision of skin of nail fold (e.g., for ingrown toenail)	150
11770	Excision of pilonidal cyst or sinus	150

### Repair

12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	200
12002	2.6 cm to 7.5 cm	200
12004	7.6 cm to 12.5 cm	200
12005	12.6 cm to 20.0 cm	200
12006	20.1 cm to 30.0 cm	200
12007	over 30.0 cm	200

CODE	DESCRIPTIVE TERMS	RVS 2020
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	100
12013	2.6 cm to 5.0 cm	100
12014	5.1 cm to 7.5 cm	100
12015	7.6 cm to 12.5 cm	150
12016	12.6 cm to 20.0 cm	200
12017	20.1 cm to 30.0 cm	200
12018	over 30.0 cm	300
12031	Layer closure of wounds of scalp, axillae, trunk, and/or extremities (excluding hands and feet); 2.5 cm or less	250
12032	2.6 cm to 7.5 cm	250

12034	7.6 cm to 12.5 cm	250
12035	12.6 cm to 20.0 cm	250
12036	20.1 cm to 30.0 cm	250
12037	over 30.0 cm	250
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	250
12042	2.6 cm to 7.5 cm	250
12044	7.6 cm to 12.5 cm	250
12045	12.6 cm to 20.0 cm	250
12046	20.1 cm to 30.0 cm	250
12047	over 30.0 cm	250
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	150
12052	2.6 cm to 5.0 cm	150
12053	5.1 cm to 7.5 cm	150
12054	7.6 cm to 12.5 cm	200
12055	12.6 cm to 20.0 cm	250
12056	20.1 cm to 30.0 cm	300
12057	over 30.0 cm	300

### Adjacent Tissue Transfer or Rearrangement

14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	200
14001	defect 10.1 sq cm to 30.0 sq cm	350
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	400
14021	defect 10.1 sq cm to 30.0 sq cm	400
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	400
14041	defect 10.1 sq cm to 30.0 sq cm	400

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14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	350
14061	defect 10.1 sq cm to 30.0 sq cm	400
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	400

14350	Filletted finger or toe flap, including preparation of recipient site	450
<b>Free Skin Grafts</b>		
15050	Pinch graft, single or multiple, to cover small ulcer, tip or digit, or other minimal open area (except on face), up to defect size 2 cm diameter	200
15100	Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	300
15120	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	300
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	400
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	400
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	400
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	500
15350	Application of allograft, skin	500
15400	Application of xenograft, skin	500
<b>Flaps (Skin and/or Deep Tissues)</b>		
15570	Formation of direct or tubed pedicle, w/ or w/o transfer, trunk	250
15572	scalp, arms, or legs	400
15574	forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	400
15576	eyelids, nose, ears, lips or intraoral	400
15580	Cross finger flap, including free graft to donor site	400
15650	Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking" tube), any location	400
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter, sternocleidomastoid, levator scapulae)	550
15734	trunk	550
15736	upper extremity	500
15738	lower extremity	500
<b>Other Flaps and Grafts</b>		
15740	Flap; island pedicle	400
15750	neurovascular pedicle	600
15756	Free muscle flap w/ or w/o skin graft w/ microvascular anastomosis	650
15757	Free skin flap w/ microvascular anastomosis	650



<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
15758	Free fascial flap w/ microvascular anastomosis	650
15760	Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area	600
15770	derma-fat-fascia	450
<b>Other Procedures</b>		
15820	Blepharoplasty, lower eyelid	200
15822	Blepharoplasty, upper eyelid;	200
15823	with excessive skin weighting down lid	250
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	450
15841	free muscle graft (including obtaining graft)	450
15842	free muscle graft by microsurgical technique	600
15845	regional muscle transfer	500
<b>Pressure Ulcers (Decubitus Ulcers)</b>		
15920	Excision, coccygeal pressure ulcer, w/ coccygectomy; w/ primary suture	450
15922	w/ flap closure	450
15931	Excision, sacral pressure ulcer, w/ primary suture;	450
15933	w/ ostectomy	450
15934	Excision, sacral pressure ulcer, w/ skin flap closure;	450
15935	w/ ostectomy	450
15936	Excision, sacral pressure ulcer, w/ muscle or myocutaneous flap closure;	450
15937	w/ ostectomy	450
15940	Excision, ischial pressure ulcer, w/ primary suture;	300
15941	w/ ostectomy (ischiectomy)	450
15944	Excision, ischial pressure ulcer, w/ skin flap closure;	450
15945	w/ ostectomy	450
15946	Excision, ischial pressure ulcer, w/ ostectomy, w/ muscle or myocutaneous flap closure	450
15950	Excision, trochanteric pressure ulcer, w/ primary suture;	300
15951	w/ ostectomy	350
15952	Excision, trochanteric pressure ulcer, w/ skin flap closure;	450
15953	w/ ostectomy	450

15956	Excision, trochanteric pressure ulcer, w/ muscle or myocutaneous flap closure;	450
15958	w/ ostectomy	450
<b>Burns, Local Treatment</b>		
16010	Dressings and/or debridement, initial or subsequent (Adult)	250
16010	Dressings and/or debridement, initial or subsequent (Pedia)	300
16035	Escharotomy (Adult)	250

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16035	Escharotomy(Pedia)	300
16040	Excision burn wound, w/o skin grafting, employing alloplastic dressing (e.g., synthetic mesh), any anatomic site (Adult)	250
16040	Excision burn wound, w/o skin grafting, employing alloplastic dressing (e.g., synthetic mesh), any anatomic site (Paper)	250
<b>Destruction, Benign or Premalignant Lesions</b>		
17000	Destruction by any method, including laser, w/ or w/o surgical curettment, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; any number of lesions	100
17100	Destruction by any method, including laser, of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; any number of lesions	100
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique)	200
17110	Destruction by any method of flat warts or molluscum contagiosum, milia, all lesions	100
17200	Electosurgical destruction of multiple fibrocutaneous tags; all lesions	100
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	100
<b>Destruction, Malignant Lesions, Any Method</b>		
17260	Destruction, malignant lesion, any method, trunk, arms or legs; lesion diameter 0.5 cm or less	100
17261	lesion diameter 0.6 to 1.0 cm	100
17262	lesion diameter 1.1 to 2.0 cm	100
17263	lesion diameter 2.1 to 3.0 cm	100
17264	lesion diameter 3.1 to 4.0 cm	100
17266	lesion diameter over 4.0 cm	100

17270	Destruction, malignant lesion, any method, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	100
17271	lesion diameter 0.6 to 1.0 cm	100
17272	lesion diameter 1.1 to 2.0 cm	100
17273	lesion diameter 2.1 to 3.0 cm	100
17274	lesion diameter 3.1 to 4.0 cm	100
17276	lesion diameter over 4.0 cm	100
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	100
17281	lesion diameter 0.6 to 1.0 cm	100
17282	lesion diameter 1.1 to 2.0 cm	100
17283	lesion diameter 2.1 to 3.0 cm	100
17284	lesion diameter 3.1 to 4.0 cm	100

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17286	lesion diameter over 4.0 cm	100
<b>Moh's Micrographic Surgery</b>		
17304	Chemosurgery (Moh's 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 complete histopathologic preparation; first stage, fresh tissue technique, up to 5 specimens	350
<b>Breast</b>		
<b>Incision</b>		
19020	Incision and Drainage of Breast Abscess ["Mastotomy w/ exploration or drainage of abscess, deep"]	250
19020.1	Ultrasound-guided* Incision and Drainage of Breast Abscess	400
19101	Incision biopsy, fungating breast mass [formerly, "Biopsy of breast; incisional"]	50
19101.03	Incision biopsy, nipple/areola	100
19101.04	Incision biopsy, skin of breast	100
<b>Percutaneous</b>		
19100	Needle Aspiration Biopsy	100
19000.01	Needle Aspiration of Breast Cyst (formerly, "Puncture aspiration of cyst of breast")	50

<b>19000.11</b>	Ultrasound-guided* Needle Aspiration of Breast Cyst	<b>200</b>
<b>19000.1</b>	Ultrasound-guided* Needle Aspiration Biopsy	<b>200</b>
<b>19000.10a</b>	Ultrasound-guided* Needle Aspiration of Breast Abscess	<b>350</b>
<b>19100</b>	Core Needle Biopsy (one breast) [formerly, "Biopsy of breast; needle core"]	<b>100</b>
<b>19100.02</b>	Core Needle Biopsy (both breasts)	<b>150</b>
<b>19100.2</b>	Core Needle Biopsy (one breast) with radiologist-performed **ultrasound	<b>100</b>
<b>19100.22</b>	Core Needle Biopsy (both breasts) with radiologist-performed **ultrasound	<b>150</b>
<b>19100.1</b>	Ultrasound-guided* Core Needle Biopsy (one breast)	<b>250</b>
<b>19100.12</b>	Ultrasound-guided* Core Needle Biopsy (both breasts)	<b>250</b>
<b>19100.15</b>	Ultrasound-guided* Core Needle Biopsy of axillary lymph node	
<b>19125.10a</b>	Ultrasound-guided* Vacuum Assisted Breast Biopsy (single lesion) under local anesthesia	<b>350</b>
<b>19125.20a</b>	Vacuum Assisted Breast Biopsy (single lesion) under local anesthesia with radiologist - performed** ultrasound	<b>250</b>
<b>19125.19a</b>	Ultrasound-guided* Vacuum Assisted Breast Biopsy (single lesion) under general anesthesia/sedation	<b>450</b>
<b>19125.29a</b>	Vacuum Assisted Breast Biopsy (single lesion) under general anesthesia/sedation with radiologist-performed **ultrasound-guided localization	<b>350</b>
<b>19125.10b</b>	Ultrasound-guided* Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving one to two quadrants) under local anesthesia	<b>350</b>

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<b>19125.20b</b>	Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving one to two quadrants) under local anesthesia with radiologist-performed **ultrasound-guided localization	<b>250</b>
<b>19125.19b</b>	Ultrasound-guided* Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving one to two quadrants) under general anesthesia/sedation	<b>450</b>
<b>19125.29b</b>	Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving one to two quadrants) under general anesthesia/sedation with radiologist-performed ** ultrasound-guided localization	<b>350</b>
<b>19125.19c</b>	Ultrasound-guided* Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving three quadrants)	<b>450</b>
<b>19125.29c</b>	Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving three quadrants) with radiologist-performed** ultrasound-guided localization	<b>350</b>
<b>19125.19d</b>	Ultrasound-guided* Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving four quadrants)	<b>500</b>
<b>19125.29d</b>	Vacuum Assisted Breast Biopsy (multiple lesions in one breast, involving four quadrants) with radiologist-performed** ultrasound-guided localization	<b>400</b>

19125.12d	Ultrasound-guided* Vacuum Assisted Breast Biopsy (multiple lesions in both breasts, involving a total of two to four quadrants)	500
19125.22d	Vacuum Assisted Breast Biopsy (multiple lesions in both breasts, involving a total of two to four quadrants) with radiologist-performed** ultrasound-guided localization	400
19125.12e	Ultrasound-guided* Vacuum Assisted Breast Biopsy (multiple lesions in both breasts, involving a total of five or more quadrants)	550
19125.22e	Vacuum Assisted Breast Biopsy (multiple lesions in both breasts, involving a total of five or more quadrants) with radiologist-performed **ultrasound-guided localization	450
19125.3	Vacuum Assisted Breast Biopsy (one breast) with stereotactic mammogram-guided localization***	350
19125.32	Vacuum Assisted Breast Biopsy (both breasts) with stereotactic mammogram-guided localization***	350
<b>Excision, DIAGNOSTIC with or without definitive procedure</b>		
19160.3	Partial Mastectomy with Mammogram-guided needle localisation	250
19160.2	Partial Mastectomy with Radiologist-performed Ultrasound-guided needle localisation	250
19160.1	Ultrasound-guided* Partial Mastectomy	350
19120.0f	Excision Biopsy with Frozen Section	250
19120.56	Excision Biopsy with Frozen Section, Partial Mastectomy, Sentinel Lymph Node Biopsy	500
19120.57	Excision Biopsy with Frozen Section, Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19120.58	Excision Biopsy with Frozen Section, Partial Mastectomy, Axillary Lymph Node Dissection	450
19120.66	Excision Biopsy with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
19120.67	Excision Biopsy with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19120.68	Excision Biopsy with Frozen Section, Modified Radical Mastectomy	400
19125.1f	Ultrasound-guided* Excision Biopsy with Frozen Section	350
19125.2f	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section	250
19125.56	Ultrasound-guided* Excision Biopsy with Frozen Section, Partial Mastectomy, Sentinel Lymph Node Biopsy	600

19125.76	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Partial Mastectomy, Sentinel Lymph Node Biopsy	500
19125.57	Ultrasound-guided* Excision Biopsy with Frozen Section, Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	600
19125.77	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19125.58	Ultrasound-guided* Excision Biopsy with Frozen Section, Partial Mastectomy, Axillary Lymph Node Dissection	550
19125.78	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Partial Mastectomy, Axillary Lymph Node Dissection	450
19125.66	Ultrasound-guided* Excision Biopsy with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy	600
19125.86	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy	650
19125.67	Ultrasound-guided* Excision Biopsy with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	600
19125.87	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node	500
19125.68	Ultrasound-guided* Excision Biopsy with Frozen Section, Modified Radical Mastectomy	550
19125.88	Excision Biopsy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Modified Radical Mastectomy	450
19160.16	Ultrasound-guided* Partial Mastectomy with Frozen Section, Sentinel Lymph Node Biopsy	550
19160.26	Partial Mastectomy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Sentinel Lymph Node Biopsy	500
19160.17	Ultrasound-guided* Partial Mastectomy with Frozen Section, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	600
19160.27	Partial Mastectomy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
19160.18	Ultrasound-guided* Partial Mastectomy with Frozen Section, Axillary Lymph Node Dissection	550

19160.28	Partial Mastectomy with Radiologist-performed Ultrasound-guided needle localisation with Frozen Section, Axillary Lymph Node Dissection	450
19160.3f	Partial Mastectomy with Mammogram-guided needle localisation with Frozen Section	250
19160.36	Partial Mastectomy with Mammogram-guided needle localisation with Frozen Section, Sentinel Lymph Node Biopsy	350
19160.37	Partial Mastectomy with Mammogram-guided needle localisation with Frozen Section, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19160.38	Partial Mastectomy with Mammogram-guided needle localisation with Frozen Section, Axillary Lymph Node Dissection	400
19120.96	Excision Biopsy with Mammogram-guided needle localisation with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy	450
19120.97	Excision Biopsy with Mammogram-guided needle localisation with Frozen Section, Total Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	450
19120.98	Excision Biopsy with Mammogram-guided needle localisation with Frozen Section, Modified Radical Mastectomy	450
<b>Excision, DEFINITIVE</b>		
19120	Excision Biopsy of Benign Tumor (single lesion)	150
19120b	Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving one or two quadrants)	150
19120c	Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving three quadrants)	250
19120d	Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving four quadrants)	250
19125.1a	Ultrasound-guided* Excision Biopsy of Benign Tumor (single lesion)	350
19125.2a	Excision Biopsy of Benign Tumor (single lesion) with Radiologist-performed Ultrasound-guided needle localisation	250
19125.1b	Ultrasound-guided* Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving one or two quadrants)	350
19125.2b	Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving one or two quadrants) with Radiologist-performed Ultrasound-guided needle localisation [a type of	250
19125.1c	Ultrasound-guided* Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving three quadrants)	350
19125.2c	Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving three quadrants) with Radiologist-performed Ultrasound-guided needle localisation	250
19125.1d	Ultrasound-guided* Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving four quadrants)	350
19125.2d	Excision Biopsy of Benign Tumor (multiple lesions in one breast, involving four quadrants) with Radiologist-performed Ultrasound-guided needle localisation	250
19160	Partial Mastectomy	250
19160.06	Partial Mastectomy, Sentinel Lymph Node Biopsy	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
19160.07	Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19162	Partial Mastectomy, Axillary Lymph Node Dissection	400
19160.46	Partial Mastectomy with Intraoperative Radiotherapy, Sentinel Lymph Node Biopsy	550
19160.47	Partial Mastectomy with Intraoperative Radiotherapy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	550
19160.48	Partial Mastectomy with Intraoperative Radiotherapy, Axillary Lymph Node Dissection	500
19366	Oncoplastic Partial Mastectomy	450
19366.06	Oncoplastic Partial Mastectomy, Sentinel Lymph Node Biopsy	500
19366.07	Oncoplastic Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19366.08	Oncoplastic Partial Mastectomy, Axillary Lymph Node Dissection	500
19366.46	Oncoplastic Partial Mastectomy with Intraoperative Radiotherapy, Sentinel Lymph Node Biopsy	550
19366.47	Oncoplastic Partial Mastectomy with Intraoperative Radiotherapy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	550
19366.48	Oncoplastic Partial Mastectomy with Intraoperative Radiotherapy, Axillary Lymph Node Dissection	550
19366m	Oncoplastic Partial Mastectomy with Contralateral Reduction Mammoplasty	600
19366m.06	Oncoplastic Partial Mastectomy, Sentinel Lymph Node Biopsy, with Contralateral Reduction Mammoplasty	600
19366m.07	Oncoplastic Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection, with Contralateral Reduction Mammoplasty	600
19366m.08	Oncoplastic Partial Mastectomy, Axillary Lymph Node Dissection, with Contralateral Reduction Mammoplasty	600
19366m.46	Oncoplastic Partial Mastectomy, Sentinel Lymph Node Biopsy, with Intraoperative Radiotherapy and with Contralateral Reduction Mammoplasty	650
19366m.47	Oncoplastic Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy and with Contralateral Reduction Mammoplasty	650
19366m.48	Oncoplastic Partial Mastectomy, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy and with Contralateral Reduction Mammoplasty	650
19160.1	Ultrasound-guided* Partial Mastectomy	400
19160.16	Ultrasound-guided* Partial Mastectomy, Sentinel Lymph Node Biopsy	550



19160.17	Ultrasound-guided* Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	600
19160.18	Ultrasound-guided* Partial Mastectomy, Axillary Lymph Node Dissection	550
19160.56	Ultrasound-guided* Partial Mastectomy, Sentinel Lymph Node Biopsy, with Intraoperative Radiotherapy	600

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
19160.57	Ultrasound-guided* Partial Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy	650
19160.58	Ultrasound-guided* Partial Mastectomy, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy	600
19160.2	Partial Mastectomy with Radiologist-performed** Ultrasound-guided needle localisation	250
19160.26	Partial Mastectomy with Radiologist-performed** Ultrasound-guided needle localisation, Sentinel Lymph Node Biopsy	350
19160.27	Partial Mastectomy with Radiologist-performed** Ultrasound-guided needle localisation, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19160.28	Partial Mastectomy with Radiologist-performed** Ultrasound-guided needle localisation, Axillary Lymph Node Dissection	400
19160.3	Partial Mastectomy with Mammogram-guided needle localisation	250
19160.36	Partial Mastectomy with Mammogram-guided needle localisation, Sentinel Lymph Node Biopsy	350
19160.37	Partial Mastectomy with Mammogram-guided needle localisation, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19160.38	Partial Mastectomy with Mammogram-guided needle localisation, Axillary Lymph Node Dissection	400
19160.76	Partial Mastectomy with Mammogram-guided needle localisation, Sentinel Lymph Node Biopsy, with Intraoperative Radiotherapy	550
19160.77	Partial Mastectomy with Mammogram-guided needle localisation, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy	600
19160.78	Partial Mastectomy with Mammogram-guided needle localisation, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy	550
19180	Total Mastectomy [formerly "Mastectomy, simple, complete"]	450
19180.06	Total Mastectomy, Sentinel Lymph Node Biopsy	500
19180.07	Total Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	550
19240	Modified Radical Mastectomy	450
19240.06	Modified Radical Mastectomy with Sentinel Lymph Node Biopsy (Validation Study)	500
19180s	Skin Sparing Mastectomy	550
19180s.06	Skin Sparing Mastectomy, Sentinel Lymph Node Biopsy	600

19180s.07	Skin Sparing Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	600
19180s.08	Skin Sparing Mastectomy, Axillary Lymph Node Dissection	600
19180n	Nipple Sparing Mastectomy	550
19180n.06	Nipple Sparing Mastectomy, Sentinel Lymph Node Biopsy	600
19180n.07	Nipple Sparing Mastectomy, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	600
19180.08	Nipple Sparing Mastectomy, Axillary Lymph Node Dissection	600
19160m	Re-excision of margin/s	250
19160m.06	Re-excision of margin/s, Sentinel Lymph Node Biopsy	450

CODE	DESCRIPTIVE TERMS	RVS 2020
19160m.07	Re-excision of margin/s, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
19160m.08	Re-excision of margin/s, Axillary Lymph Node Dissection	450
19160m.46	Re-excision of margin/s, Sentinel Lymph Node Biopsy, with Intraoperative Radiotherapy	550
19160m.07	Re-excision of margin/s, Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy	600
19160m.08	Re-excision of margin/s, Axillary Lymph Node Dissection, with Intraoperative Radiotherapy	550
38740	Sentinel Lymph Node Biopsy	450
38740.08	Sentinel Lymph Node Biopsy, Axillary Lymph Node Dissection	500
38745	Axillary Lymph Node Dissection	400
19140	Subcutaneous Mastectomy for Gynecomastia	400
<b>Risk-Reduction Procedures</b>		
19180p	Contralateral Prophylactic Total Mastectomy	450
19180np	Contralateral Prophylactic Nipple Sparing Mastectomy	550
19180np.02	Bilateral Prophylactic Nipple Sparing Mastectomy	650
<b>Procedures for Nipple-Discharge, Nipple-Areola Complex diseases</b>		
19110d	Ductoscopy	350
19110db	Ductoscopy with Biopsy	350
19110dm	Ductoscopy, Microdochectomy	400
19110de	Ductoscopy, Total Duct Excision	400

19110	Microdochectomy [formerly, "Nipple exploration, w/ or w/o excision of a solitary lactiferous duct or a papilloma lactiferous duct"]	350
19110e	Total Duct Excision	300
19112	Excision of mammary duct fistula [formerly, "Excision of lactiferous duct fistula"]	300
19260	Excision of chest wall tumor including ribs	450
19271	Excision of chest wall tumor involving ribs, w/ plastic reconstruction; w/o mediastinal lymphadenectomy	550
19272	w/ mediastinal lymphadenectomy	550
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	400
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	450
19350	Nipple/areola reconstruction	400
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	450
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	500
19364	Breast reconstruction with free flap	500
19366	Breast reconstruction with other technique	500

CODE	DESCRIPTIVE TERMS	RVS 2020
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	500
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	500
19370	Open periprosthetic capsulotomy, breast	350
19371	Periprosthetic capsulectomy, breast	350
<b>Lymph Nodes and Lymphatic Channels</b>		
<b>Percutaneous</b>		
19000.15	Ultrasound guided needle aspiration biopsy of axillary lymph node	250
19100.15	Ultrasound guided core needle biopsy of axillary lymph node	300
19000.25	aspiration biopsy of axillary lymph node with radiologist-performed ** ultrasoundguidance	200
19100.25	core needle biopsy of axillary lymph node with radiologist-performed ** ultrasoundguidance	250
<b>Excision</b>		
38500	Biopsy or excision or lymph node(s); superficial	150

38505	by needle, superficial (e.g., cervical, inguinal, axillary) (FNAB LYMP)	100
38525	deep axillary node(s)	250
38525.1	Ultrasound-guided Biopsy or excision of deep axillary node(s)	350

## Radical Lymphadenectomy (Radical Resection of Lymph Nodes)

38740	Sentinel Lymph Node Biopsy for breast cancer (formerly "Axillary lymphadenectomy; superficial")	450
38745	Axillary Lymph Node Dissection for breast cancer (formerly "Axillary lymphadenectomy; complete")	400

## Musculoskeletal System

### General

### Excision

20200	Biopsy, muscle	200
20206	Biopsy, muscle, percutaneous needle	150
20220	Biopsy, bone, trocar, or needle; superficial (e.g., ilium, sternum, spinous process, ribs)	400
20225	deep (vertebral body, femur)	400
20240	Biopsy, excisional; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)	550
20245	deep (e.g., humerus, ischium, femur)	550
20250	Biopsy, vertebral body, open; thoracic	500
20251	lumbar or cervical	500

## Introduction or Removal

20520	Removal of foreign body in muscle or tendon sheath	300
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CODE	DESCRIPTIVE TERMS	RVS 2020
20600	Arthrocentesis, aspiration and/or injection; small joint, bursa or ganglion cyst (e.g., fingers, toes)	150
20605	intermediate joint, bursa or ganglion cyst (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	150
20610	major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)	150
20615	Aspiration and injection for treatment of bone cyst	250
20650	Insertion of wire or pin w/ application of skeletal traction, including removal	250
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal	300
20661	Application of halo, including removal; cranial	300

20662	pelvic	450
20663	femoral	450
20670	Removal of implant; superficial (e.g., buried wire, pin or rod) (FB)	250
20680	deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)(FB)	400
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system	450
20692	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation system (e.g., Ilizarov, Monticelli type)	600
	Docking Procedure with or without bone grafting	500
	Revision of external fixation	450
	Corticomy, single or multiple	500

## Replantation

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 joint(s), 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	
20838	Replantation, foot, complete amputation	

## Grafts (or Implants)

20900	Bone graft, any donor area; minor or small (e.g., dowel or button)	400
20902	major or large	400
20910	Cartilage graft; costochondral	
20912	nasal septum	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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20920	Fascia lata graft; by stripper	400
20922	by incision and area exposure, complex or sheet	400
20924	Tendon graft, form a distance (e.g., palmaris, toe extensor, plantaris)	400
20926	Tissue grafts, other (e.g., paratenon, fat, dermis)	400
20930	Allograft for spine surgery only; morselized	400
20931	structural	400
20936	Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous	400
20937	morselized (thorough separate skin or fascial incision)	400
20938	structural, bicortical or tricortical (through separate skin or fascial incision)	400
<b>Other Procedures</b>		
20955	Bone graft w/ microvascular anastomosis; fibula	650
20956	iliac crest	650
20957	metatarsal	650
20962	other than fibula, iliac crest, or metatarsal	650
20969	Free osteocutaneous flap w/ microvascular anastomosis; other than iliac crest, metatarsal, or great toe	650
20970	iliac crest	650
20972	metatarsal	650
20973	great toe w/ web space	650
20982	Ablation, bone tumor(s) (e.g., osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	450
	Bone Marrow Aspiration	400
<b>Head</b>		
<b>Incision</b>		
21010	Arthrotomy, temporomandibular joint	450
<b>Excision</b>		
21015	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of face or scalp	150
21025	Excision of bone (e.g., for osteomyelitis or bone abscess); mandible	100
21026	facial bone(s)	100
21029	Removal by contouring of benign tumor of facial bone (e.g., fibrous dysplasia)	100
21030	Excision of benign tumor or cyst of facial bone other than mandible	100
21031	Excision of torus mandibularis	100

<b>21032</b>	Excision of maxillary torus palatinus	<b>100</b>
<b>21034</b>	Excision of malignant tumor of facial bone other than mandible	<b>150</b>
<b>21040</b>	Excision of benign cyst or tumor of mandible; simple	<b>100</b>
<b>21041</b>	complex	<b>100</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>21044</b>	Excision of malignant tumor of mandible;	<b>150</b>
<b>21045</b>	radical resection	<b>200</b>
<b>21050</b>	Condylectomy, temporomandibular joint	<b>200</b>
<b>21060</b>	Meniscectomy, partial or complete, temporomandibular joint	<b>200</b>
<b>21070</b>	Coronoidectomy	<b>200</b>
<b>Repair, Revision, and/or Reconstruction</b>		
<b>21120</b>	Genioplasty; augmentation (autograft, allograft, prosthetic material)	<b>100</b>
<b>21121</b>	sliding osteotomy, single piece	<b>300</b>
<b>21122</b>	sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)	<b>200</b>
<b>21123</b>	sliding, augmentation w/ interpositional bone grafts (includes obtaining autografts)	<b>200</b>
<b>21125</b>	Augmentation, mandibular body or angle; prosthetic material	<b>200</b>
<b>21127</b>	w/ bone graft, onlay or interpositional (includes obtaining autograft)	<b>300</b>
<b>21137</b>	Reduction forehead; contouring only	<b>100</b>
<b>21138</b>	contouring and application of prosthetic material or bone graft (includes obtaining autograft)	<b>300</b>
<b>21139</b>	contouring and setback of anterior frontal sinus wall	<b>200</b>
<b>21141</b>	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), w/o bone graft	<b>350</b>
<b>21142</b>	two pieces, segment movement in any direction, w/o bone graft	<b>300</b>
<b>21143</b>	three or more pieces, segment movement in any direction, w/o bone graft	<b>300</b>
<b>21145</b>	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	<b>300</b>
<b>21146</b>	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	<b>300</b>
<b>21147</b>	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	<b>400</b>

21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)	400
21151	any direction, requiring bone grafts (includes obtaining autografts)	400
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); w/o LeFort I	450
21155	w/ LeFort I	400
21159	Reconstruction midface, LeFort III (extra and intracranial) w/ forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); w/o LeFort I	400
21160	w/ LeFort I	300
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, w/ or w/o grafts (includes obtaining autografts)	400

CODE	DESCRIPTIVE TERMS	RVS 2020
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), w/ or w/o grafts	400
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; w/ grafts (allograft or prosthetic material)	400
21180	w/ autograft (includes obtaining grafts)	400
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial	350
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intraand extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), w/ multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm <sup>2</sup> .	300
21183	total area of bone grafting greater than 40 cm <sup>2</sup> but less than 80 cm <sup>2</sup>	350
21184	total area of bone grafting greater than 80 cm <sup>2</sup>	400
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	400
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; w/o bone graft	300
21194	w/ bone graft (includes obtaining graft)	400
21195	Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation	300
21196	w/ internal rigid fixation	400
21198	Osteotomy, mandible, segmental	200
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	300
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	300



21215	mandible (includes obtaining graft)	400
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	300
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)	200
21240	Arthroplasty, temporomandibular joint, w/ or w/o autograft (includes obtaining graft)	300
21242	Arthroplasty, temporomandibular joint, w/ allograft	300
21243	Arthroplasty, temporomandibular joint, w/ prosthetic joint replacement	400
21244	Reconstruction of mandible, extraoral, w/ transosteal bone plate (e.g., mandibular staple bone plate)	300
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	350
21246	complete	400
21247	Reconstruction of mandibular condyle w/ bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)	300
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g. blade, cylinder); partial	400
21249	complete	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
21255	Reconstruction of zygomatic arch and glenoid fossa w/ bone and cartilage (includes obtaining autografts)	500
21256	Reconstruction of orbit w/ osteotomies (extracranial) and w/ bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)	400
21260	Periorbital osteotomies for orbital hypertelorism, w/ bone grafts	400
21267	Orbital repositioning, periorbital osteotomies, unilateral, w/ bone grafts; extracranial approach	400
<b>Fracture and/or Dislocation</b>		
21300	Closed treatment of skull fracture w/o operation	60
21315	Closed treatment of nasal bone fracture	60
21325	Open treatment of nasal fracture; uncomplicated	80
21330	complicated, w/ internal and/or external skeletal fixation	80
21335	w/ concomitant open treatment of fractured septum	80
21336	Open treatment of nasal septal fracture, w/ or w/o stabilization	80
21337	Closed treatment of nasal septal fracture	60
21338	Open treatment of nasoethmoid fracture; w/o external fixation	80
21339	w/ external fixation	100

21340	Percutaneous treatment of nasoethmoid complex fracture, w/ splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	110
21343	Open treatment of depressed frontal sinus fracture	110
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	150
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), w/ interdental wire fixation or fixation of denture or splint	140
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); w/ wiring and/or local fixation	140
21347	requiring multiple open approaches	200
21348	w/ bone grafting (includes obtaining graft)	250
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, w/ manipulation	110
21356	Open treatment of depressed zygomatic arch fracture (e.g., Gilles approach)	150
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	200
21365	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; w/ internal fixation	250
21366	w/ bone grafting (includes obtaining graft)	300
21385	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)	120
21386	periorbital approach	200
21387	combined approach	250
21390	periorbital approach, w/ alloplastic or other implant	170

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
21395	periorbital approach w/ bone graft (includes obtaining graft)	170
21400	Closed treatment of fracture of orbit, except "blowout"	100
21406	Open treatment of fracture of orbit, except "blowout"; w/o implant	120
21407	w/ implant	170
21408	w/ bone grafting (includes obtaining graft)	80
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), w/ interdental wire fixation or fixation of denture or splint	120
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	150
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches	80
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	150

21432	Open treatment of craniofacial separation (LeFort III type); w/ wiring and/or internal fixation	100
21433	complicated (e.g., comminuted or involving cranial nerve foramina); multiple surgical approaches	150
21435	complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)	300
21436	complicated, multiple surgical approaches, internal fixation, w/ bone grafting (includes obtaining graft)	80
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture	100
21445	Open treatment of mandibular or maxillary alveolar ridge fracture	100
21450	Closed treatment of mandibular fracture	150
21452	Percutaneous treatment of mandibular fracture, w/ external fixation	90
21453	Closed treatment of mandibular fracture; w/ interdental fixation	140
21454	Open treatment of mandibular fracture; w. external fixation	140
21461	Open treatment of mandibular fracture; w/o interdental fixation	150
21462	w/ interdental fixation	200
21465	Open treatment of mandibular condylar fracture	250
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	250
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	50
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent	120
21490	Open treatment of temporomandibular dislocation	200
21493	Closed treatment of hyoid fracture	100
21495	Open treatment of hyoid fracture	150
21497	Interdental wiring, for condition other than fracture	80

## Neck (Soft Tissues) and Thorax

### Incision

CODE	DESCRIPTIVE TERMS	RVS 2020
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	350
21502	w/ partial rib ostectomy	
21510	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), thorax	

## Excision

21550	Biopsy, soft tissue of neck or thorax	300
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous	350
21556	deep, subfascial, intramuscular	400
21557	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax	500
21600	Excision of rib, partial	500
21610	Costotransversectomy	
21615	Excision first and/or cervical rib;	500
21616	w/ sympathectomy	
21620	Ostectomy of sternum, partial	500
21627	Sternal debridement	
21630	Radical resection of sternum;	500

## Repair, Revision, and/or Reconstruction

21700	Division of scalenus anticus; w/o resection of cervical rib	
21705	w/ resection of cervical rib	
21720	Division of sternocleidomastoid for torticollis, open operation	
21740	Reconstructive repair of pectus excavatum or carinatum	
21750	Closure of sternotomy separation w/ or w/o debridement	

## Fracture and/or Dislocation

21800	Closed treatment of rib fracture	
21805	Open treatment of rib fracture w/o fixation	
21810	Treatment of rib fracture requiring external fixation ("flail chest")	
21820	Closed treatment of sternum fracture	
21825	Open treatment of sternum fracture w/ or w/o skeletal fixation	

## Back and Flank

### Excision

21920	Biopsy, soft tissue of back or flank	250
21930	Excision, tumor, soft tissue of back or flank	400

21935	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of back or flank	500
<b>Spine (Vertebral Column)</b>		
<b>Excision</b>		

CODE	DESCRIPTIVE TERMS	RVS 2020
22100	Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	500
22101	thoracic	500
22102	lumbar	500
22110	Partial excision of vertebral body, for intrinsic bony lesion, w/o decompression of spinal cord or nerve root(s), single vertebral segment; cervical	500
22112	thoracic	500
22114	lumbar	500

### Osteotomy

22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical	
22212	thoracic	
22214	lumbar	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	
22222	thoracic	
22224	lumbar	

### Fracture and/or Dislocation

22305	Closed treatment of vertebral process fracture(s)	200
22310	Closed treatment of vertebral body fracture(s), requiring and including casting or bracing	200
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar	600
22326	cervical	600
22327	thoracic	600

### Anterior or Anterolateral Approach Technique

22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), w/ or w/o excision of odontoid process	650
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22554	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); cervical below C2	600
22556	thoracic	600
22558	lumbar	600
<b>Posterior, Posterolateral or Lateral Transverse Process</b>		
22590	Arthrodesis; posterior technique, craniocervical (occiput-C2)	650
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	650
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	600
22610	thoracic (w/ or w/o lateral transverse technique)	600
22612	lumbar (w/ or w/o lateral transverse technique)	600
22630	Arthrodesis, posterior interbody technique, single interspace; lumbar	600

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Spine Deformity (e.g., Scoliosis, Kyphosis)</b>		
22800	Arthrodesis, posterior, for spinal deformity, w/ or w/o cast; up to 6 vertebral segments	
22802	7 to 12 vertebral segments	
22804	13 or more vertebral segments	
22808	Arthrodesis, anterior, for spinal deformity, w/ or w/o cast; 2 to 3 vertebral segments	
22810	4 to 7 vertebral segments	
22812	8 or more vertebral segments	
<b>Spinal Instrumentation</b>		
22840	Posterior non-segmental instrumentation (e.g., single Harrington rod technique)	650
22841	Internal spinal fixation by wiring of spinous processes	600
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods w/ multiple hooks and sublaminar wires); 3 to 6 vertebral segments	650
22843	7 to 12 vertebral segments	650
22844	13 or more vertebral segments	650
22845	Anterior instrumentation; 2 to 3 vertebral segments	600
22846	4 to 7 vertebral segments	650

22847	8 or more vertebral segments	650
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum	650
22849	Reinsertion of spinal fixation device	650
22850	Removal of posterior nonsegmental instrumentation (e.g., Harrington rod)	400
22851	Application of prosthetic device (e.g., metal cages, methylmethacrylate) to vertebral defect or interspace	600
22852	Removal of posterior segmental instrumentation	550
22855	Removal of anterior instrumentation	600

## Abdomen

### Excision

22900	Excision, abdominal wall tumor, subfascial (e.g., desmoid)	350
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## Shoulder

### Incision

23000	Removal of subdeltoid (or intratendinous) calcareous deposits, open method	500
23020	Capsular contracture release (Sever type procedure)	450
23030	Incision and drainage, shoulder area; deep abscess or hematoma	300
23031	infected bursa	350

CODE	DESCRIPTIVE TERMS	RVS 2020
23035	Incision, deep, w/ opening of cortex (e.g., for osteomyelitis or bone abscess), shoulder area	550
23040	Arthrotomy, glenohumeral joint, for infection, w/ exploration, drainage, or removal of foreign body	450
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, for infection, w/ exploration, drainage, or removal of foreign body	400
<b>Excision</b>		
23065	Biopsy, soft tissue of shoulder area	200
23075	Excision, tumor, shoulder area; subcutaneous	300
23076	deep, subfascial, or intramuscular	450
23077	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of shoulder area	550
23100	Arthrotomy w/ biopsy, glenohumeral joint	400

23101	Arthrotomy w/ biopsy, or w/ excision of torn cartilage, acromioclavicular, sternoclavicular joint	400
23105	Arthrotomy w/ synovectomy; glenohumeral joint	400
23106	sternoclavicular joint	400
23107	Arthrotomy, glenohumeral joint, w/ joint exploration, w/ or w/o removal of loose or foreign body	450
23120	Claviclectomy; partial	500
23125	total	450
23130	Acromioplasty or acromionectomy, partial	550
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	550
23145	w/ autograft (includes obtaining graft)	550
23146	w/ allograft	550
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	550
23155	w/ autograft (includes obtaining graft)	550
23156	w/ allograft	550
23170	Sequestrectomy (e.g., for osteomyelitis or bone abscess), clavicle	400
23172	Sequestrectomy (e.g., for osteomyelitis or bone abscess), scapula	450
23174	Sequestrectomy (e.g., for osteomyelitis or bone abscess), humeral head to surgical neck	400
23180	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), clavicle	400
23182	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), scapula	450
23184	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), proximal humerus	450
23190	Ostectomy of scapula, partial (e.g., superior medial angle)	550
23195	Resection humeral head	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
23200	Radical resection for tumor; clavicle	500
23210	scapula	500
23220	Radical resection for tumor; proximal humerus;	600
23221	w/ autograft (includes obtaining graft)	600
23222	w/ prosthetic replacement	600



## Introduction or Removal

<b>23330</b>	Removal of foreign body, shoulder; subcutaneous	<b>250</b>
<b>23331</b>	deep (e.g., Neer prosthesis removal)	<b>550</b>
<b>23332</b>	complicated , including "total shoulder"	<b>600</b>
	Subacromial or intra-articular, unguided	<b>200</b>
<b>20604</b>	Image-Guided, i.e ultrasound-guided or fluoroscopy guided	<b>350</b>

## Repair, Revision, and/or Reconstruction

<b>23395</b>	Muscle transfer, any type, shoulder or upper arm; single	<b>500</b>
<b>23397</b>	multiple	<b>550</b>
<b>23400</b>	Scapulopexy (e.g., Sprengel's deformity or for paralysis)	<b>550</b>
<b>23405</b>	Tenomyotomy, shoulder area; single	<b>500</b>
<b>23406</b>	multiple through same incision	<b>500</b>
<b>23410</b>	Repair of ruptured musculotendinous cuff (e.g., rotator cuff); acute	<b>500</b>
<b>23412</b>	chronic	<b>500</b>
<b>23415</b>	Coracoacromial ligament release, w/ or w/o acromioplasty	<b>450</b>
<b>23420</b>	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	<b>600</b>
	Small	<b>450</b>
	Medium	<b>500</b>
	large and Massive	<b>550</b>
	with graft (Autologous, biologic or synthetic)	<b>600</b>
<b>23430</b>	Tenodesis of long tendon of biceps	<b>500</b>
<b>23440</b>	Resection or transplantation of long tendon of biceps	<b>550</b>
	Transplantation of long tendon of biceps	<b>550</b>
<b>23450</b>	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	<b>550</b>
<b>23455</b>	Bankart type operation w/ or w/o stapling	<b>550</b>
<b>23460</b>	Capsulorrhaphy, anterior, any type; w/ bone block	<b>550</b>
	w/ iliac or autologous bone block	<b>550</b>
<b>23462</b>	w/ coracoid process transfer	<b>550</b>
<b>23465</b>	Capsulorrhaphy for recurrent dislocation, posterior, w/ or w/o bone block	<b>550</b>

23466	Capsulorrhaphy w/ any type multi-directional instability	550
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
23470	Arthroplasty w/ proximal humeral implant (e.g., Neer type operation)	600
23472	Arthroplasty w/ glenoid and proximal humeral replacement (e.g. total shoulder)	600
23473	Revision of total shoulder arthroplasty	650
23480	Osteotomy, clavicle, w/ or w/o internal fixation;	450
23485	w/ bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	500
23490	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate; clavicle	550
23491	proximal humerus and humeral head	550
	Dynamic muscle transfer i.e Eden-Larngel, latissimus dorsi	650

### **Fracture and/or Dislocation**

23500	Closed treatment of clavicular fracture	150
23515	Open treatment of clavicular fracture, w/ or w/o internal or external fixation	500
23520	Closed treatment of sternoclavicular dislocation	250
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	400
23532	w/ fascial graft (includes obtaining graft)	500
23540	Closed treatment of acromioclavicular dislocation	250
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	400
23552	w/ fascial graft (includes obtaining graft)	550
	repair with acromioclavicular joint fixation	500
	repair with coracoclavicular fixation	500
	coracoclavicular repair with acromioclavicular joint fixation	500
	fixation, both at coracoclavicular area, and acromioclavicular joint fixation	500
	w/ ligament transfer, i.e. Weaver-Dunn	550
	w/ semitendinosus or similar graft (includes obtaining graft) i.e. Anatomic coracoclavicular and acromioclavicular reconstruction	550
23570	Closed treatment of scapular fracture	150
23585	Open treatment of scapular fracture (body, glenoid or acromion) w/ or w/o internal	450

	body or glenoid	550
	body and glenoid	600
<b>23600</b>	Closed treatment of proximal humeral (surgical or anatomical neck) fracture	<b>400</b>
<b>23615</b>	Open treatment of proximal humeral (surgical or anatomical neck) fracture, w/ or w/o internal or external fixation, w/ or w/o repair of tuberosity(-ies);	<b>550</b>
	w/ external fixation	<b>500</b>
	w/ internal fixation	<b>550</b>
	w/ repair of lesser OR greater tuberosity	<b>550</b>
	w/ repair of lesser AND greater tuberosity	<b>550</b>
<b>23616</b>	w/ proximal humeral prosthetic replacement	<b>600</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>23620</b>	Closed treatment of greater tuberosity fracture	<b>400</b>
<b>23630</b>	Open treatment of greater tuberosity fracture, w/ or w/o internal or external fixation	<b>500</b>
	w/ internal fixation i.e. with screws or tuberosity plates	<b>500</b>
<b>23650</b>	Closed treatment of shoulder dislocation	<b>250</b>
<b>23660</b>	Open treatment of acute shoulder dislocation	<b>500</b>
<b>23665</b>	Closed treatment of shoulder dislocation, / fracture of greater tuberosity	<b>450</b>
<b>23670</b>	Open treatment of shoulder dislocation, w/ fracture of greater tuberosity, w/ or w/o internal or external fixation	<b>450</b>
	using wires or pins for fixation	<b>500</b>
	w/ internal fixation, i.e. with screws or tuberosity plates	<b>550</b>
<b>23675</b>	Closed treatment of shoulder dislocation, w/ surgical or anatomical neck fracture	<b>800</b>
<b>23680</b>	Open treatment of shoulder dislocation, w/ surgical or anatomical neck fracture, w/ or w/o internal or external fixation	<b>950</b>
	w/ external fixation or fixation with pins &/or wires	<b>500</b>
	w/ internal fixation	<b>550</b>
	w/ repair of lesser OR greater tuberosity	<b>550</b>
	w/ repair of lesser AND greater tuberosity	<b>550</b>

## Manipulation

23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	450
	Manipulation under anesthesia, shoulder joint, for adhesive capsulitis	350

## Arthrodesis

23800	Arthrodesis, shoulder joint; w/ or w/o local bone graft	600
23802	w/ primary autogenous graft (includes obtaining graft)	600

## Amputation

23900	Interthoracoscapular amputation (forequarter)	550
23920	Disarticulation of shoulder;	550

## Humerus (Upper Arm) and Elbow

### Incision

23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	350
23931	infected bursa	350
23935	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis of bone abscess), humerus or elbow	400
24000	Arthrotomy, elbow, for infection, w/ exploration, drainage or removal of foreign body	350
24006	Arthrotomy of the elbow, w/ capsular excision for capsular release	550

### Excision

CODE	DESCRIPTIVE TERMS	RVS 2020
24065	Biopsy, soft tissue of upper arm or elbow area	200
24075	Excision, tumor, upper arm or elbow area; subcutaneous	250
24076	deep, subfascial or intramuscular	400
24077	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of upper arm or elbow area	550
24100	Arthrotomy, elbow; w/ synovial biopsy only	350
24101	w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign body	350
24102	w/ synovectomy	350
24105	Excision, olecranon bursa	350
24110	Excision or curettage of bone cyst or benign tumor, humerus;	550

24115	w/ autograft (includes obtaining graft)	550
24116	w/ allograft	500
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	550
24125	w/ autograft (includes obtaining graft)	550
24126	w/ allograft	550
24130	Excision, radial head	450
24134	Sequestrectomy (e.g., for osteomyelitis or bone abscess), shaft or distal humerus	450
24136	Sequestrectomy (e.g., for osteomyelitis or bone abscess), radial head or neck	450
24138	Sequestrectomy (e.g., for osteomyelitis or bone abscess), olecranon process	450
24140	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), humerus	450
24145	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), radial head or neck	450
24147	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), olecranon process	450
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, w/ contracture release	500
24150	Radical resection for tumor, shaft or distal humerus;	550
24151	w/ autograft (includes obtaining graft)	550
24152	Radical resection for tumor, radial head or neck;	550
24153	w/ autograft (includes obtaining graft)	550
24155	Resection of elbow joint (arthrectomy)	550

### **Introduction or Removal**

24160	Implant removal; elbow joint	400
24164	radial head	400
24200	Removal of foreign body, upper arm or elbow area	200

### **Repair, Revision, and/or Reconstruction**

24301	Muscle or tendon transfer, any type, upper arm or elbow, single	400
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
24305	Tendon lengthening, upper arm or elbow, single, each	450
24310	Tenotomy, open, elbow to shoulder, single, each	400

24320	Tenoplasty, w/ muscle transfer, w/ or w/o free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	400
24330	Flexor-plasty, elbow (e.g., Steindler type advancement);	500
24331	w/ extensor advancement	500
24340	Tenodesis of biceps tendon at elbow	450
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	400
24342	Reinsertion of ruptured biceps or triceps tendon, distal, w/ or w/o tendon graft	500
24350	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis);	400
24351	w/ extensor origin detachment	400
24352	w/ annular ligament resection	400
24354	w/ stripping	400
24356	w/ partial ostectomy	400
24360	Arthroplasty, elbow; w/ membrane	550
24361	w/ distal humeral prosthetic replacement	600
24362	w/ implant and fascia lata ligament reconstruction	600
24363	w/ distal humerus and proximal ulnar prosthetic replacement ("total elbow")	600
24365	Arthroplasty, radial head;	600
24366	w/ implant	600
24400	Osteotomy, humerus, w/ or w/o internal fixation	500
24410	Multiple osteotomies w/ realignment on intramedullary rod, humeral shaft (Sofield type procedure)	600
24420	Osteoplasty, humerus (e.g., shortening or lengthening)	450
24430	Repair of non-union or malunion, humerus; w/o graft (e.g., compression technique)	500
24435	w/ iliac or other autograft (includes obtaining graft)	550
24470	Hemiepiphyseal arrest (e.g., for cubitus varus or valgus, distal humerus)	550
24495	Decompression fasciotomy, forearm, w/ brachial artery exploration	400
24498	Prophylactic treatment (nailing, pinning, plating or wiring), w/ or w/o methylmethacrylate, humerus	550
<b>Fracture and/or Dislocation</b>		
24500	Closed treatment of humeral shaft fracture	250
24515	Open treatment of humeral shaft fracture w/ plate/screws, w/ or w/o cerclage	450
24516	Open treatment of humeral shaft fracture, w/ insertion of intramedullary implant, w/ or w/o cerclage and/or locking screws	500

24530	Closed treatment of supracondylar or transcondylar humeral fracture, w/ or w/o intercondylar extension	250
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, w/ or w/o intercondylar extension	500
24545	Open treatment of humeral supracondylar or transcondylar fracture, w/ or w/o internal or external fixation; w/o intercondylar extension	500
24546	w/ intercondylar extension	500
24560	Closed treatment of humeral epicondylar fracture, medial or lateral;	250
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, w/ manipulation	500
24575	Open treatment of humeral epicondylar fracture, medial or lateral, w/ or w/o internal or external fixation	500
24576	Closed treatment of humeral condylar fracture, medial or lateral	250
24579	Open treatment of humeral condylar fracture, medial or lateral, w/ or w/o internal or external fixation	500
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, w/ manipulation	500
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal	550
24587	w/ implant arthroplasty	550
24600	Treatment of closed elbow dislocation	250
24615	Open treatment of acute or chronic elbow dislocation	500
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna w/ dislocation of radial head)	300
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna w/ dislocation of radial head), w/ or w/o internal or external fixation	500
24640	Closed treatment of radial head subluxation in child, "nursemaid elbow"	300
24650	Closed treatment of radial head or neck fracture	300
24665	Open treatment of radial head or neck fracture, w/ or w/o internal fixation or radial head excision;	500
24666	w/ radial head prosthetic replacement	450
24670	Closed treatment of ulnar fracture, proximal end (olecranon process)	250
24685	Open treatment of ulnar fracture proximal end (olecranon process), w/ or w/o internal or external fixation	500

## Arthrodesis

24800	Arthrodesis, elbow joint; w/ or w/o local autograft or allograft	550
24802	w/ autograft (includes obtaining graft other than locally obtained)	500
<b>Amputation</b>		
24900	Amputation, arm through humerus; w/ primary closure	400
24920	open, circular (guillotine)	400
24925	secondary closure or scar revision	400
24930	re-amputation	500

CODE	DESCRIPTIVE TERMS	RVS 2020
24931	w/ implant	450
24935	Stump elongation, upper extremity	400
24940	Cineplasty, upper extremity, complete procedure	400
<b>Forearm and Wrist</b>		
<b>Incision</b>		
25000	Tendon sheath incision; at radial styloid (e.g., for deQuervain's disease)	250
25020	Decompression fasciotomy, forearm and/or wrist; flexor or extensor compartment	400
25023	w/ debridement of nonviable muscle and/or nerve	450
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	400
25031	infected bursa	400
25035	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), forearm and/or wrist	450
25040	Arthrotomy, radiocarpal or midcarpal joint, w/ exploration, drainage, or removal of foreign body	450
<b>Excision</b>		
25065	Biopsy, soft tissue of forearm and/or wrist	350
25075	Excision, tumor, forearm and/or wrist area; subcutaneous	400
25076	deep, subfascial or intramuscular	450
25077	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of forearm and/or wrist area	550
25085	Capsulotomy, wrist (e.g., for contracture)	450
25100	Arthrotomy, wrist joint; w/ biopsy	400
25101	w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign body	450



25105	w/ synovectomy	450
25107	Arthrotomy, distal radioulnar joint for repair of triangle cartilage complex	400
25110	Excision, lesion of tendon sheath, forearm and/or wrist	400
25111	Excision of ganglion, wrist (dorsal or volar)	350
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	400
25116	extensors, w/ or w/o transposition of dorsal retinaculum	400
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	350
25119	w/ resection of distal ulna	450
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	550
25125	w/ autograft (includes obtaining graft)	550
25126	w/ allograft	550
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	550
25135	w/ autograft (includes obtaining graft)	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
25136	w/ allograft	550
25145	Sequestrectomy (e.g., for osteomyelitis or bone abscess), forearm and/or wrist	500
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); ulna	500
25151	radius	500
25170	Radical resection for tumor, radius or ulna	650
25210	Carpectomy; one bone	450
25215	all bones of proximal row	500
25230	Radial styloidectomy	450
25240	Excision distal ulna partial or complete (e.g., Darrach type or matched resection)	450
<b>Introduction or Removal</b>		
25248	Exploration w/ removal of deep foreign body, forearm or wrist	400
25250	Removal of wrist prosthesis;	400
25251	complicated, including "total wrist"	550
<b>Repair, Revision, and/or Reconstruction</b>		

25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	400
25263	secondary, single, each tendon or muscle	400
25265	secondary, w/ free graft (includes obtaining graft), each tendon or muscle	450
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	400
25272	secondary, single, each tendon or muscle	400
25274	Repair, tendon or muscle, extensor, secondary, w/ tendon graft (includes obtaining graft), forearm and/or wrist, each tendon or muscle	500
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	500
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	350
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single each tendon	350
25300	Tenodesis at wrist; flexors of fingers	400
25301	extensors of fingers	400
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	550
25312	w/ tendon graft(s) (includes obtaining graft), each tendon	550
25315	Flexor origin slide (e.g., for cerebral palsy, Volkmann contracture), forearm and/or wrist;	600
25316	w/ tendon(s) transfer	650
25320	Capsulorrhaphy or reconstruction, wrist, any method (e.g., capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
25332	Arthroplasty, wrist, w/ or w/o interposition, w/ or w/o external or internal fixation	600
25335	Centralization of wrist on ulna (e.g., radial club hand)	600
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (e.g., tendon transfer, tendon graft or weave, or tenodesis) w/ or w/o open reduction of distal radioulnar joint	600
25350	Osteotomy, radius; distal third	550
25355	middle or proximal third	550
25360	Osteotomy; ulna	550
25365	radius and ulna	550

25370	Multiple osteotomies, w/ realignment on intramedullary rod (Sofield type procedure); radius or ulna	600
25375	radius and ulna	600
25390	Osteoplasty, radius or ulna; shortening	550
25391	lengthening w/ autograft	500
25392	Osteoplasty, radius and ulna; shortening	600
25393	lengthening w/ autograft	600
25400	Repair of nonunion or malunion, radius or ulna; w/o graft (compression technique)	500
25405	w/ iliac or other autograft (includes obtaining graft)	500
25415	Repair of nonunion or malunion, radius and ulna; w/o graft (e.g. compression technique)	500
25420	w/ iliac or other autograft (includes obtaining graft)	500
25425	Repair of defect w/ autograft; radius or ulna	550
25426	radius and ulna	550
25440	Repair of nonunion, scaphoid (navicular) bone, w/ or w/o radial styloidectomy (includes obtaining graft and necessary fixation)	550
25441	Arthroplasty w/ prosthetic replacement; distal radius	600
25442	distal ulna	600
25443	scaphoid (navicular)	600
25444	lunate	600
25445	trapezium	600
25446	distal radius and partial or entire carpus ("total wrist")	600
25447	Interposition arthroplasty, intercarpal or carpometacarpal joints	600
25449	Revision of arthroplasty, including removal of implant, wrist joint	600
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius or ulna	500
25455	distal radius and ulna	550
25490	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate; radius	550
25491	ulna	550
25492	radius and ulna	550

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Fracture and/or Dislocation</b>		
25500	Closed treatment of radial shaft fracture	450

25515	Open treatment of radial shaft fracture, w/ or w/o internal or external fixation	500
25520	Closed treatment of radial shaft fracture, w/ dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation)	500
25525	Open treatment of radial shaft fracture, w/ internal and/or external fixation and closed treatment of dislocation of distal radio-ulnar joint (Galeazzi fracture/dislocation), w/ or w/o percutaneous skeletal fixation	550
25526	Open treatment of radial shaft fracture, w/ internal and/or external fixation and open treatment, w/ or w/o internal or external fixation of distal radio-ulnar joint (Galleazi fracture/dislocation), includes repair of triangular cartilage	550
25530	Closed treatment of ulnar shaft fracture	450
25545	Open treatment of ulnar shaft fracture, w/ or w/o internal or external fixation	500
25560	Closed treatment of radial and ulnar shaft fractures	450
25574	Open treatment of radial and ulnar shaft fractures, w/ internal or external fixation; of radius or ulna	500
25575	of radius and ulna	550
25600	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid	450
25611	Percutaneous skeletal fixation of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid, requiring manipulation, w/ or w/o external fixation	500
25620	Open treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, w/ or w/o fracture of ulnar styloid, w/ or w/o internal or external fixation	550
25622	Closed treatment of carpal scaphoid (navicular) fracture	550
25628	Open treatment of carpal scaphoid (navicular) fracture, w/ or w/o internal or external	600
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular))	550
25645	Open treatment of carpal bone fracture (excluding carpal scaphoid (navicular)), each	600
25650	Closed treatment of ulnar styloid fracture	450
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones	500
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones	600
25675	Closed treatment of distal radioulnar dislocation	450
25676	Open treatment of distal radioulnar dislocation, acute or chronic	500
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation	550
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	550
25690	Closed treatment of lunate dislocation	500
25695	Open treatment of lunate dislocation	550
<b>Arthrodesis</b>		

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
25800	Arthrodesis, wrist joint (including radiocarpal and/or ulnocarpal fusion); w/o bone graft	550
25805	w/ sliding graft	600
25810	w/ iliac or other autograft (includes obtaining graft)	600
25820	Intercarpal fusion; w/o bone graft	500
25825	w/ autograft (includes obtaining graft)	600
25830	Distal radioulnar joint arthrodesis and segmental resection of ulna (e.g. Sauve-Kapandji procedure), w/ or w/o bone graft	550
<b>Amputation</b>		
25900	Amputation, forearm, through, radius and ulna;	450
25905	open, circular (guillotine)	450
25907	secondary closure or scar revision	500
25909	re-amputation	450
25915	Krukenberg procedure	500
25920	Disarticulation through wrist;	400
25922	secondary closure or scar revision	450
25924	re-amputation	400
25927	Transmetacarpal amputation;	400
25929	secondary closure or scar revision	450
25931	re-amputation	400
<b>Hands and Fingers</b>		
<b>Incision</b>		
26010	Drainage of finger abscess; simple	200
26011	complicated (e.g., felon)	300
26020	Drainage of tendon sheath, one digit and/or palm	300
26025	Drainage of palmar bursa; single, ulnar or radial	350
26030	multiple or complicated	400
26034	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), hand or finger	450
26035	Decompression fingers and/or hand, injection injury (e.g., grease gun)	400
26037	Decompressive fasciotomy, hand (excludes 26035)	450

<b>26040</b>	Fasciotomy, palmar, for Dupuytren's contracture; percutaneous	<b>350</b>
<b>26045</b>	open, partial	<b>450</b>
<b>26055</b>	Tendon sheath incision (e.g., for trigger finger)	<b>250</b>
	Pediatric patients under GA	<b>350</b>
<b>26060</b>	Tenotomy, percutaneous, single, each digit	<b>250</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>26070</b>	Arthrotomy, w/ exploration, drainage, or removal of foreign body; carpometacarpal joint	<b>400</b>
<b>26075</b>	metacarpophalangeal joint	<b>300</b>
<b>26080</b>	interphalangeal joint, each	<b>300</b>
<b>Excision</b>		
<b>26100</b>	Arthrotomy w/ synovial biopsy, carpometacarpal joint	<b>400</b>
<b>26105</b>	metacarpophalangeal joint	<b>300</b>
<b>26110</b>	interphalangeal joint, each	<b>300</b>
<b>26115</b>	Excision, tumor or vascular malformation, hand or finger; subcutaneous	<b>400</b>
<b>26116</b>	deep, subfascial, intramuscular	<b>500</b>
<b>26117</b>	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of hand or finger	<b>500</b>
<b>26121</b>	Fasciectomy, palm only, w/ or w/o Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	<b>450</b>
<b>26123</b>	Fasciectomy, partial palmar w/ release of single digit including proximal interphalangeal joint, w/ or w/o Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	<b>450</b>
<b>26125</b>	each additional digit (List separately in addition to code for primary procedure)	<b>400</b>
<b>26130</b>	Synovectomy, capometacarpal joint	<b>400</b>
<b>26135</b>	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	<b>450</b>
<b>26140</b>	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	<b>450</b>
<b>26145</b>	Synovectomy tendon sheath, radical (tenosynovectomy), flexor, palm or finger, single, each digit	<b>400</b>
<b>26160</b>	Excision of lesion of tendon sheath or capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	<b>400</b>
<b>26170</b>	Excision of tendon, palm, flexor, single , each	<b>250</b>
<b>26180</b>	Excision of tendon, finger, flexor	<b>400</b>

26185	Sesamoidectomy, thumb or finger	450
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	450
26205	w/ autograft (includes obtaining graft)	500
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle; or distal phalanx of finger;	500
26215	w/ autograft (includes obtaining graft)	500
26230	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis); metacarpal	500
26235	proximal or middle phalanx of finger	500
26236	distal phalanx of finger	500
26250	Radical resection (ostectomy) for tumor, metacarpal;	500
26255	w/ autograft (includes obtaining graft)	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
26260	Radical resection (ostectomy) for tumor, proximal or middle phalanx of finger;	500
26261	w/ autograft (includes obtaining graft)	500
26262	Radical resection (ostectomy) for tumor, distal phalanx of finger	500
<b>Repair, Revision, and/or Reconstruction</b>		
26350	Flexor tendon repair or advancement, single, not in "no man's land", primary or secondary w/o free graft, each tendon	450
26352	secondary w/ free graft (includes obtaining graft), each tendon	500
26356	Flexor tendon repair or advancement, single, in "no man's land"; primary, each tendon	500
26357	secondary, each tendon	500
26358	secondary w/ free graft (includes obtaining graft), each tendon	500
26370	Profundus tendon repair or advancement, w/ intact sublimis; primary	450
26372	secondary w/ free graft (includes obtaining graft)	500
26373	secondary w/o free graft	450
26390	Flexor tendon excision, implantation of plastic tube or rod for delayed tendon graft, hand or finger	500
26392	Removal of tube or rod and insertion of flexor tendon graft (includes obtaining graft), hand or finger	450
26410	Extensor tendon repair, dorsum of hand, single, primary or secondary; w/o free graft, each tendon	450
26412	w/ free graft (includes obtaining graft), each tendon	500

26415	Extensor tendon excision, implantation of plastic tube or rod for delayed extensor tendon graft, hand or finger	500
26416	Removal of tube or rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger	450
26418	Extensor tendon repair, dorsum of finger, single, primary or secondary; w/o free graft, each tendon	400
26420	w/ free graft (includes obtaining graft), each tendon	500
26426	Extensor tendon repair, central slip repair, secondary (boutonniere deformity); using local tissues	500
26428	w/ free graft (includes obtaining graft)	500
26432	Extensor tendon repair, distal insertion ("mallet finger"), closed splinting w/ or w/o percutaneous pinning	500
26433	Extensor tendon repair, distal insertion ("mallet finger"), open, primary or secondary repair; w/o graft	500
26434	w/ free graft (includes obtaining graft)	500
26437	Extensor tendon realignment, hand	450
26440	Tenolysis, simple, flexor tendon; palm OR finger, single, each tendon	300
26442	palm AND finger, each tendon	300
26445	Tenolysis, extensor tendon, dorsum of hand or finger; each tendon	300
26449	Tenolysis, complex, extensor tendon, dorsum of hand or finger, including hand and forearm	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
26450	Tenotomy, flexor, single, palm, open, each	250
26455	Tenotomy, flexor, single, finger, open, each	250
26460	Tenotomy, extensor, hand or finger, single, open, each	250
26471	Tenodesis; for proximal interphalangeal joint stabilization	450
26474	for distal joint stabilization	450
26476	Tendon lengthening, extensor, hand or finger, single, each	450
26477	Tendon shortening, extensor, hand or finger, single, each	450
26478	Tendon lengthening, flexor, hand or finger, single, each	450
26479	Tendon shortening, flexor, hand or finger, single, each	450
26480	Tendon transfer or transplant, carpometacarpal area or dorsum of hand, single; w/o free graft, each	500
26483	w/ free tendon graft (includes obtaining graft), each tendon	500
26485	Tendon transfer or transplant, palmar, single, each tendon; w/o free tendon graft	500



26489	w/ free tendon graft (includes obtaining graft), each tendon	500
26490	Opponensplasty; sublimis tendon transfer type	500
26492	tendon transfer w/ graft (includes obtaining graft)	500
26494	hypothenar muscle transfer	500
26496	other methods	500
26497	Tendon transfer to restore intrinsic function; ring and small finger	500
26498	all four fingers	500
26499	Correction claw finger, other methods	500
26500	Tendon pulley reconstruction; w/ local tissues	500
26502	w/ tendon or fascial graft (includes obtaining graft)	500
26504	w/ tendon prosthesis	500
26508	Thenar muscle release for thumb contracture	500
26510	Cross intrinsic transfer	500
26516	Capsulodesis for M-P joint stabilization; single digit	500
26517	two digits	500
26518	three or four digits	500
26520	Capsulectomy or capsulotomy for contracture; metacarpophalangeal joint, single, each	450
26525	interphalangeal joint, single, each	450
26530	Arthroplasty, metacarpophalangeal joint; single, each	550
26531	w/ prosthetic implant, single, each	550
26535	Arthroplasty interphalangeal joint, single, each	550
26536	w/ prosthetic implant, single, each	550
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single, w/ tendon or fascial graft (includes obtaining graft)	500
26542	w/ local tissue (e.g., adductor advancement)	500
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	500
26546	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft w/ or w/o external or internal fixation)	550
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	500

26550	Pollicization of a digit	600
26551	Toe-to-hand transfer w/ microvascular anastomosis; great toe "wrap-around" w/ bone graft	650
26553	other than great toe, single	650
26554	other than great toe, double	650
26555	Positional change of other finger	500
26556	Free toe joint transfer w/ microvascular anastomosis	650
26560	Repair of syndactyly (web finger) each web space; w/ skin flaps	500
26561	w/ skin flaps and grafts	550
26562	complex (e.g., involving bone, nails)	600
26565	Osteotomy for correction of deformity; metacarpal	550
26567	phalanx of finger	550
26568	Osteoplasty for lengthening of metacarpal or phalanx	550
26580	Repair cleft hand	600
26585	Repair bifid digit	550
26587	Reconstruction of supernumerary digit, soft tissue and bone	550
26590	Repair macrodactylia	550
26591	Repair, intrinsic muscles of hand (specify)	550
26593	Release, intrinsic muscles of hand (specify)	450
26596	Excision of constricting ring of finger, w/ multiple Z-plasties	450
26597	Release of scar contracture, flexor or extensor, w/ skin grafts, rearrangement flaps, or Zplasties, hand and/or finger	500
<b>Fracture and/or Dislocation</b>		
26600	Closed treatment of metacarpal fracture, single	300
26607	Closed treatment of metacarpal fracture, w/ internal or external fixation	500
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	500
26615	Open treatment of metacarpal fracture, single, w/ or w/o internal or external fixation, each bone	500
26641	Closed treatment of carpometacarpal dislocation, thumb	300
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture)	300

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), w/ manipulation, w/ or w/o external fixation	500
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), w/ or w/o internal or external fixation	500
26670	Closed treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single	300
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb (Bennett fracture), single, w/ manipulation	500
26685	Open treatment of carpometacarpal dislocation, other than thumb (Bennett fracture); single, w/ or w/o internal or external fixation	500
26686	complex, multiple or delayed reduction	550
26700	Closed treatment of metacarpophalangeal dislocation, single	300
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, w/ manipulation	500
26715	Open treatment of metacarpophalangeal dislocation, single, w/ or w/o internal or external fixation	500
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb	300
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, w/ manipulation, each	500
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, w/ or w/o internal or external fixation, each	500
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint	300
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, w/ or w/o internal or external fixation, each	550
26750	Closed treatment of distal phalangeal fracture, finger or thumb	300
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	500
26765	Open treatment of distal phalangeal fracture, finger or thumb, w/ or w/o internal or external fixation, each	500
26770	Closed treatment of interphalangeal joint dislocation, single	300
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, w/ manipulation	500
26785	Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation, single	500
<b>Arthrodesis</b>		
26820	Fusion in opposition, thumb, w/ autogenous graft (includes obtaining graft)	550
26841	Arthrodesis, carpometacarpal joint, thumb, w/ or w/o internal fixation;	550
26842	w/ autograft (includes obtaining graft)	550
26843	Arthrodesis, carpometacarpal joint, digits, other than thumb;	550

26844	w/ autograft (includes obtaining graft)	550
26850	Arthrodesis, metacarpophalangeal joint, w/ or w/o internal fixation;	550
26852	w/ autograft (includes obtaining graft)	550

CODE	DESCRIPTIVE TERMS	RVS 2020
26860	Arthrodesis, interphalangeal joint, w/ or w/o internal fixation;	550
26862	w/ autograft (includes obtaining graft)	550

### Amputation

26910	Amputation, metacarpal, w/ finger or thumb (ray amputation), single, w/ or w/o interosseous transfer	500
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; w/ direct closure	500
26952	w/ local advancement flaps (V-Y, hood)	500

### Pelvis and Hip Joint

#### Incision

26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	400
26991	infected bursa	400
26992	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), pelvis and/or hip joint	400
27000	Tenotomy, adductor of hip, subcutaneous, closed	350
27001	Tenotomy, adductor of hip, subcutaneous, open	400
27003	Tenotomy, adductor, subcutaneous, open, w/ obturator neurectomy	400
27005	Tenotomy, iliopsoas, open	400
27006	Tenotomy, abductors of hip, open	400
27025	Fasciotomy, hip or thigh, any type	400
27030	Arthrotomy, hip, for infection, w/ drainage	400
27033	Arthrotomy, hip, w/ exploration or removal of loose or foreign body	400
27035	Hip joint denervation, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	400
27036	Capsulectomy or capsulotomy of hip, w/ or w/o excision of heterotopic bone, w/ release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus	400

#### Excision

27040	Biopsy, soft tissue of pelvis and hip area	200
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27047	Excision, tumor, pelvis and hip area; subcutaneous	300
27048	deep, subfascial, intramuscular	400
27049	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of pelvis and hip area	550
27050	Arthrotomy, w/ biopsy; sacroiliac joint	400
27052	hip joint	400
27054	Arthrotomy w/ synovectomy, hip joint	400
27060	Excision; ischial bursa	400
27062	trochanteric bursa or calcification	450
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) w/ or w/o autograft	500

CODE	DESCRIPTIVE TERMS	RVS 2020
27066	deep, w/ or w/o autograft	500
27067	w/ autograft requiring separate incision	500
27070	Partial excision (craterization, saucerization) (e.g., for osteomyelitis); superficial (e.g., wing of ilium, symphysis pubis or greater trochanter of femur)	450
27071	deep	450
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis	550
27076	ilium, including acetabulum, both pubic rami, or ischium and acetabulum	650
27077	innominate bone, total	650
27078	ischial tuberosity and greater trochanter of femur	650
27079	ischial tuberosity and greater trochanter of femur, w/ skin flaps	650
27080	Coccygectomy, primary	550
<b>Introduction or Removal</b>		
27086	Removal of foreign body, pelvis or hip	400
27090	Removal of hip prosthesis;	600
27091	complicated, including "total hip" and methlmetacrylate, when applicable	600
<b>Repair, Revision, and/or Reconstruction</b>		
27097	Hamstring recession, proximal	450
27098	Adductor transfer to ischium	500

27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	500
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	500
27110	Transfer iliopsoas; to greater trochanter	500
27111	to femoral neck	500
27120	Acetabuloplasty; (e.g., Whitman, Colonna, Haygroves, or cup type)	500
27122	resection femoral head (Girdlestone procedure)	600
27125	Partial hip replacement, prosthesis (e.g., femoral stem prosthesis, bipolar arthroplasty)	550
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip replacement), w/ or w/o autograft or allograft	650
27132	Conversion of previous hip surgery to total hip replacement, w/ or w/o autograft or allograft	650
27134	Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft	650
27137	acetabular component only, w/ or w/o autograft or allograft	650
27138	femoral component only, w/ or w/o allograft	650
27140	Osteotomy and transfer of greater trochanter	500
27146	Osteotomy , iliac, acetabular or innominate bone;	550
27147	w/ open reduction of hip	650

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
27151	w/ femoral osteotomy	650
27156	w/ femoral osteotomy and w/ open reduction of hip	650
27158	Osteotomy, pelvis, bilateral (e.g., for congenital malformation)	650
27161	Osteotomy, femoral neck	650
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	650
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	450
27175	Treatment of slipped femoral epiphysis; by traction, w/o reduction	200
27176	by single or multiple pinning, in situ	550
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	650
27178	closed manipulation w/ single or multiple pinning	650
27179	osteoplasty of femoral neck (Heyman type procedure)	650

27181	osteotomy and internal fixation	650
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter	500
27187	Prophylactic treatment (nailing, pinning, plating, or wiring) w/ or w/o methylmethacrylate, femoral neck and proximal femur	600
<b>Fracture and/or Dislocation</b>		
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation	500
27200	Closed treatment of coccygeal fracture	500
27202	Open treatment of coccygeal fracture	600
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s) (e.g., pelvic fracture(s) w/c do not disrupt the pelvic ring), w/ internal fixation	650
27216	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and/or sacrum)	650
27217	Open treatment of anterior ring fracture and/or dislocation w/ internal fixation (includes pubic symphysis and/or rami)	650
27218	Open treatment of posterior ring fracture and/or dislocation w/ internal fixation (includes ilium, sacroiliac joint and/or sacrum)	650
27220	Closed treatment of acetabulum (hip socket) fracture(s)	500
27226	Open treatment of posterior or anterior acetabular wall fracture, w/ internal fixation	600
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, w/ internal fixation	600
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture w/ complete articular detachment, or single column or transverse fracture w/ associated acetabular wall fracture, w/ internal fixation	600
27230	Closed treatment of femoral fracture, proximal end, neck	500
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck, undisplaced, mildly displaced, or impacted fracture	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (direct fracture exposure)	600
27238	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture	500
27244	Open treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; w/ plate/screw type implant, w/ or w/o cerclage	600
27245	w/ intramedullary implant, w/ or w/o interlocking screws and/or cerclage	600
27246	Closed treatment of greater trochanteric fracture	500

27248	Open treatment of greater trochanteric fracture, w/ or w/o internal or external fixation	500
27250	Closed treatment of hip dislocation, traumatic	500
27253	Open treatment of hip dislocation, traumatic, w/o internal fixation	550
27254	Open treatment of hip dislocation, traumatic w/ acetabular wall and femoral head fracture, w/ or w/o internal or external fixation	650
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	650
27259	w/ femoral shaft shortening	650
27265	Closed treatment of post hip arthroplasty dislocation	350
<b>Arthrodesis</b>		
27280	Arthrodesis, sacroiliac joint (including obtaining graft)	600
27282	Arthrodesis, symphysis pubis (including obtaining graft)	600
27284	Arthrodesis, hip joint (includes obtaining graft);	600
27286	w/ subtrochanteric osteotomy	600
<b>Amputation</b>		
27290	Interpelviabdominal amputation (hindquarter amputation)	650
27295	Disarticulation of hip	600
<b>Femur (Thigh Region) and Knee Joint</b>		
<b>Incision</b>		
27301	Incision and drainage of deep abscess, infected bursa, or hematoma, thigh or knee region	400
27303	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), femur or knee	450
27305	Fasciotomy, iliotibial (tenotomy), open	350
27306	Tenotomy, subcutaneous, closed, adductor or hamstring, ; single	450
27307	multiple	500
27310	Arthrotomy, knee, for infection, w/ exploration, drainage or removal of foreign body	400
27315	Neurectomy, hamstring muscle	350
27320	Neurectomy, popliteal (gastrocnemius)	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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## Excision

27323	Biopsy, soft tissue of thigh or knee area	200
27327	Excision, tumor, thigh or knee area; subcutaneous	300
27328	deep, subfascial, or intramuscular	500
27329	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of thigh or knee area	550
27330	Arthrotomy, knee; w/ synovial biopsy only	400
27331	w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign bodies	400
27332	Arthrotomy, knee, w/ excision of semilunar cartilage (meniscectomy); medial OR lateral	400
27333	medial and lateral	400
27334	Arthrotomy, knee, w/ synovectomy; anterior or posterior	450
27335	anterior and posterior including popliteal area	450
27340	Excision, prepatellar bursa	400
27345	Excision of synovial cyst of popliteal space (Baker's cyst)	450
27350	Patellectomy or hemipatellectomy	450
	Anterior tibial tubercleplasty (e.g., for chondromalacia patellae)	500
27355	Excision or curettage of bone cyst or benign tumor of femur;	550
27356	w/ allograft	550
27357	w/ autograft (includes obtaining graft)	550
27358	w/ internal fixation	550
27360	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis), femur, proximal tibia and/or fibula	
27365	Radical resection of tumor, bone, femur or knee	600

## Introduction or Removal

27372	Removal of foreign body, deep, thigh region or knee area	400
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## Repair, Revision, and/or Reconstruction

27380	Suture of infrapatellar tendon; primary	500
27381	secondary reconstruction, including fascial or tendon graft	600
27385	Suture of quadriceps or hamstring muscle rupture; primary	500
27386	secondary reconstruction, including fascial or tendon graft	600
27390	Tenotomy, open, hamstring, knee to hip; single	450
27391	multiple, one leg	450
27392	multiple, bilateral	550

27393	Lengthening of hamstring tendon; single	450
27394	multiple, one leg	500
27395	multiple, bilateral	650
27396	Transplant, hamstring tendon to patella; single	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
27397	multiple	650
27400	Tendon or muscle transfer, hamstrings to femur (e.g.gers type procedure)	600
27403	Arthrotomy w/ open meniscus repair	600
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	600
27407	cruciate	600
27409	collateral and cruciate ligaments	650
27418	Anterior tibial tubercleplasty (e.g., for chondromalacia patellae)	600
27420	Reconstruction for recurrent dislocating patella; (Hauser type procedure)	600
27422	w/ extensor realignment and/or muscle advancement or release (Campbell, Goldwaite type procedure)	600
27424	w/ patellectomy	600
27425	Lateral retinacular release (any method)	550
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	600
27428	intra-articular (open)	600
27429	intra-articular (open) and extra-articular	600
27430	Quadricepsplasty (Bennett or Thompson type)	450
27435	Capsulotomy, knee, posterior capsular release	550
27437	Arthroplasty, patella; w/o prosthesis	600
27438	w/ prosthesis	600
27440	Arthroplasty, knee, tibial plateau;	550
27441	w/ debridement and partial synovectomy	550
27442	Arthroplasty, knee, femoral condyles or tibial plateaus;	550
27443	w/ debridement and partial synovectomy	550
27445	Arthroplasty, knee, constrained prosthesis (e.g., Walldius type)	550
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	550

27447	medial and lateral compartments w/ or w/o patella resurfacing ("total knee replacement")	550
27448	Osteotomy, femur, shaft or supracondylar; w/o fixation	500
27450	w/ fixation	550
27454	Osteotomy, multiple, femoral shaft, w/ realignment on intramedullary rod (Sofield type procedure)	650
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure	550
27457	after epiphyseal closure	550
	distal femur and proximal leg	600
27465	Osteoplasty, femur; shortening (excluding 64876)	550
27466	lengthening	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
27468	combined, lengthening and shortening w/ femoral segment transfer	550
27470	Repair, nonunion or malunion, femur, distal to head and neck; w/o graft (e.g., compression technique)	550
27472	w/ iliac or other autogenous bone graft (includes obtaining graft)	
27475	Epiphyseal arrest by epiphysiodesis or stapling; distal femur	550
27477	tibia and fibula, proximal	650
27479	combined distal femur, proximal tibia and fibula	650
27485	Arrest, hemiepiphyseal, distal femur or proximal leg (e.g., for genu varus or valgus)	550
	distal femur and proximal leg	
27486	Revision of total knee arthroplasty, w/ or w/o allograft; one component	600
27487	all components	650
27488	Removal of knee prosthesis, including "total knee" methylmethacrylate and insertion of spacer, when applicable	550
27495	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate, femur	600
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);	450
27497	w/ debridement of nonviable muscle and/or nerve	450
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	500
27499	w/ debridement of nonviable muscle and/or nerve	500

## Fracture and/or Dislocation

27501	Closed treatment of supracondylar or transcondylar femoral fracture w/ or w/o intercondylar extension	350
27502	Closed treatment of femoral shaft fracture, w/ or w/o skin or skeletal traction	350
27503	Closed treatment of supracondylar or transcondylar femoral fracture w/ or w/o intercondylar extension, w/ or w/o skin or skeletal traction	350
27506	Open treatment of femoral shaft fracture, w/ or w/o external fixation, w/ insertion of intramedullary implant, w/ or w/o cerclage and/or locking screws	500
27507	Open treatment of femoral shaft fracture w/ plate/screws, w/ or w/o cerclage	500
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, w/ or w/o intercondylar extension, or distal femoral epiphyseal separation	550
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle	350
27511	Open treatment of femoral supracondylar or transcondylar fracture w/o intercondylar extension, w/ or w/o internal or external fixation	500
27513	Open treatment of femoral supracondylar or transcondylar fracture w/ intercondylar extension, w/ or w/o internal or external fixation	500
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, w/ or w/o internal or external fixation	500
27516	Closed treatment of distal femoral epiphyseal separation	400
27519	Open treatment of distal femoral epiphyseal separation, w/ or w/o internal or external fixation	450

CODE	DESCRIPTIVE TERMS	RVS 2020
27520	Closed treatment of patellar fracture	350
27524	Open treatment of patellar fracture, w/ internal fixation and/or partial or complete patellectomy and soft tissue repair	500
27530	Closed treatment of tibial fracture, proximal (plateau)	350
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, w/ or w/o internal or external fixation	450
27536	bicondylar, w/ or w/o internal fixation	500
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee	350
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o internal or external fixation	450
27550	Closed treatment of knee dislocation	350
27556	Open treatment of knee dislocation, w/ or w/o internal or external fixation; w/o primary ligamentous repair or augmentation/reconstruction	450
27557	w/ primary ligamentous repair	500

27558	w/ primary ligamentous repair, w/ augmentation/reconstruction	550
27560	Closed treatment of patellar dislocation	300
27566	Open treatment of patellar dislocation, w/ or w/o partial or total patellectomy	450
<b>Arthrodesis</b>		
27580	Fusion of knee, any technique	550
<b>Amputation</b>		
27590	Amputation, thigh, through femur, any level;(AKA)	450
	with osteochondral plug or similar material	450
27591	immediate fitting technique including first cast	500
27592	open, circular (guillotine)	450
27594	secondary closure or scar revision	250
27596	re-amputaion	450
27598	Disarticulation at knee	450
<b>Leg (Tibia and Fibula) and Ankle Joint</b>		
<b>Incision</b>		
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	450
27601	posterior compartments(s) only	450
27602	anterior and/or lateral, and posterior compartment(s)	450
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	300
27604	infected bursa	150
27605	Tenotomy, Achilles tendon, subcutaneous ; local anesthesia	300
27606	general anesthesia	450
27607	Incision, deep, w/ opening of bone cortex (e.g., for osteomyelitis or bone abscess), leg or ankle	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
27610	Arthrotomy, ankle, for infection, w/ exploration, drainage, or removal of foreign body	350
27612	Arthrotomy, ankle, posterior capsular release, w/ or w/o Achilles tendon lengthening	350
29900	Debridement, soft tissue for infection or trauma, Lower extremity	350
29901	Debridement, irrigation and application of Vacuum-Assisted Closure dressing, lower extremity	350

## Excision

27613	Biopsy, soft tissue of leg or ankle area	400
27615	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of leg or ankle area	550
27618	Excision, tumor, leg or ankle area; subcutaneous	350
27619	deep, subfascial or intramuscular	500
27620	Arthrotomy, ankle, w/ joint exploration, w/ or w/o biopsy, w/ or w/o removal of loose or foreign body	400
27625	Arthrotomy, ankle, w/ synovectomy;	400
27626	including tenosynovectomy	400
27630	Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion), leg and/or ankle	250
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	500
27637	w/ autograft(includes obtaining graft)	500
27638	w/ allograft	450
27640	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or exostosis); tibia	450
27641	fibula	450
27645	Radical resection of tumor, bone; tibia	600
27646	fibula	600
27647	talus or calcaneus	500

## Repair, Revision, and/or Reconstruction

27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	450
27652	w/ graft (includes obtaining graft)	450
27654	Repair, secondary, ruptured Achilles tendon, w/ or w/o graft	500
27656	Repair, fascial defect of leg	400
27658	Repair or suture of flexor tendon of leg; primary, w/o graft, single, each	400
27659	secondary w/ or w/o graft, single tendon, each	500
27664	Repair or suture of extensor tendon of leg; primary, w/o graft, single, each	400
27665	secondary w/ or w/o graft, single tendon, each	500
27675	Repair for dislocating peroneal tendons; w/o fibular osteotomy	400
27676	w/ fibular osteotomy	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
27680	Tenolysis, including tibia, fibula, and ankle flexor; single	400
27681	multiple (through same incision), each	450
27685	Lengthening or shortening of tendon, leg or ankle; single	400
27686	multiple (through same incision), each	450
27687	Gastrocnemius recession (e.g., Strayer procedure)	400
27690	Transfer or transplant of single tendon (w/ muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)	450
	multiple tendons	500
27692	each additional tendon	500
27695	Suture, primary, torn, ruptured or severed ligament, ankle; collateral	400
27696	both collateral ligaments	400
27698	Suture, secondary repair, torn, ruptured or severed ligament, ankle, collateral (WatsonJones procedure)	450
27700	Arthroplasty, ankle;	600
27702	w/ implant ("total ankle")	600
27703	secondary reconstruction, total ankle	650
27704	Removal of ankle implant	600
27705	Osteotomy; tibia	550
27707	fibula	550
27709	tibia and fibula	500
27712	multiple, w/ realignment on intramedullary rod (Sofield type procedure)	650
27715	Osteoplasty, tibia and fibula, lengthening	550
27720	Repair of nonunion or malunion, tibia; w/o graft, (e.g., compression technique)	550
27722	w/ sliding graft	550
27724	w/ iliac or other autograft (includes obtaining graft)	550
27725	by synostosis, w/ fibula, any method	550
27727	Repair of congenital pseudarthrosis, tibia	650
	with lengthening	650
27730	Epiphyseal arrest by epiphysiodesis or stapling; distal tibia	550
27732	distal fibula	550
27734	distal tibia and fibula	500

27740	Epiphyseal arrest by epiphysiodesis or stapling, combined, proximal and distal tibia and fibula;	650
27742	and distal femur	650
27745	Prophylactic treatment (nailing, pinning, plating or wiring) w/ or w/o methylmethacrylate, tibia	600
29902	Lateral ligament complex reconstruction, Ankle (Brostrom-Gould procedure)	550
29903	Excision/Osteotomy of Haglund's Deformity	550
29904	Hallux Valgus (bunion) correction (Scarf procedure) w/ or w/o Weil's osteotomy/ies	600

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
29958	Nonanatomic lateral ligament reconstruction (Modified Chrisman-Snook Procedure)	550
29959	Anatomic lateral ligament reconstruction with tendon transfer	600
29960	Direct syndesmotic repair	400
29961	Direct syndesmotic repair with instrument	500
29962	Direct syndesmotic repair with graft	550
29963	Acute direct repair of medial ankle sprain (without suture anchors)	400
29964	Acute direct repair of medial ankle sprain (with suture anchors)	550
29965	Anatomic medial ligament reconstruction with tendon transfer	600
<b>Fracture and/or Dislocation</b>		
27750	Closed treatment of tibial shaft fracture (w/ or w/o fibular fracture)	400
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	350
27756	Percutaneous skeletal fixation of tibial shaft fracture (w/ or w/o fibular fracture) (e.g., pins or screws)	500
27758	Open treatment of tibial shaft fracture (w/ or w/o fibular fracture) w/ plate/screws, w/ or w/o cerclage	500
27759	Open treatment of tibial shaft fracture (w/ or w/o fibular fracture) by intramedullary implant, w/ or w/o interlocking screws and/or cerclage	550
27760	Closed treatment of medial malleolus fracture	400
27766	Open treatment of medial malleolus fracture, w/ or w/o internal or external fixation	450
27780	Closed treatment of proximal fibula or shaft fracture	350
27784	Open treatment of proximal fibula or shaft fracture, w/ or w/o internal or external fixation	450
27786	Closed treatment of distal fibular fracture (lateral malleolus)	400



27792	Open treatment of distal fibular fracture (lateral malleolus), w/ or w/o internal or external fixation w/o manipulation	450
27808	Closed treatment of bimalleolar ankle fracture, (including Potts)	400
27814	Open treatment of bimalleolar ankle fracture, w/ or w/o internal or external fixation	500
27816	Closed treatment of trimalleolar ankle fracture	400
27822	Open treatment of trimalleolar ankle fracture, w/ or w/o internal or external fixation, medial and/or lateral malleolus; w/o fixation of posterior lip	500
27823	w/ fixation of posterior lip	550
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (e.g., pilon or tibial plafond)	400
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), w/ internal or external fixation; of fibula only	500
27827	of tibia only	500
27828	of both tibia and fibula	550

CODE	DESCRIPTIVE TERMS	RVS 2020
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, w/ or w/o internal or external fixation	500
27830	Closed treatment of proximal tibiofibular joint dislocation	400
27832	Open treatment of proximal tibiofibular joint dislocation, w/ or w/o internal or external fixation, or w/ excision of proximal fibula	500
27840	Closed treatment of ankle dislocation	500
27846	Open treatment of ankle dislocation, w/ or w/o percutaneous skeletal fixation; w/o repair or internal fixation	500
27848	w/ repair or internal or external fixation	500
<b>Arthrodesis</b>		
27870	Arthrodesis, ankle, any method	550
27871	Arthrodesis, tibiofibular joint, proximal or distal	550
<b>Amputation</b>		
27880	Amputation, leg, through tibia and fibula; (BKA)	500
	with osteochondral plug or similar material	450
27881	w/ immediate fitting technique including application of first cast	500
27882	open, circular (guillotine)	450
27884	secondary closure or scar revision	400
27886	re-amputation	450

27888	Amputation, ankle, through malleoli of tibia and fibula (Syme, Pirogoff type procedures), w/ plastic closure and resection of nerves	500
27889	Ankle disarticulation	450
<b>Other Procedures</b>		
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, w/ debridement of nonviable muscle and/or nerve	400
27893	posterior compartment(s) only, w/ debridement of nonviable muscle and/or nerve	400
27894	anterior and/or lateral, and posterior compartment(s), w/ debridement of nonviable muscle and/or nerve	400
29905	Intraarticular injection, Ankle Joint	250
29906	Intraarticular injection, Subtalar Joint	400
29907	Intraarticular injection, midfoot Joint, any	350
29908	Intraarticular injection, 1st MTPJoint	350
<b>Foot and Toes</b>		
<b>Incision</b>		
28001	Incision and drainage, infected bursa, foot	350
28002	Deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; single bursal space, specify	400
28003	multiple areas	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
28005	Incision, deep, w/ opening of bone cortex (e.g. for osteomyelitis or bone abscess), foot	450
28008	Fasciotomy, foot and/or toe	450
28010	Tenotomy, subcutaneous, toe; single	350
28011	multiple	400
28020	Arthrotomy, w/ exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	400
28022	metatarsophalangeal joint	400
28024	interphalangeal joint	400
28030	Neurectomy of intrinsic musculature of foot	450
28035	Tarsal tunnel release (posterior tibial nerve decompression)	500
29944	Neurolysis of the common digital nerves and its terminal branches	500
29945	Excision of recurrent neuroma	450
29946	Revision neurolysis of a failed tarsal tunnel syndrome release	500

29947	Revision neurolysis and Vein-Wrap of a failed tarsal tunnel syndrome release	550
29948	Peripheral nerve stimulation for failed tarsal tunnel syndrome release	550
29949	Epineurial repair of acute nerve transection of the foot and/or ankle (w/o graft)	550
29950	Epineurial repair of acute nerve transection of the foot and/or ankle (with graft)	600
29951	Nerve transection for neuroma of the foot and/or ankle (any nerve)	500
29952	Release of the first branch of the lateral plantar nerve	450
29953	Medial plantar nerve release	450
29954	Superficial peroneal nerve release	450
29955	Deep peroneal nerve release	450
29956	Sural nerve release	450
29957	Saphenous nerve release	450

### Excision

28043	Excision, tumor, foot; subcutaneous	300
28045	deep, subfascial, intramuscular	400
28046	Radical resection of tumor (e.g., malignant neoplasm), soft tissue of foot	500
28050	Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint	400
28052	metatarsophalangeal joint	400
28054	interphalangeal joint	400
28060	Fasciectomy, excision of plantar fascia; partial	500
28062	radical	550
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	450
28072	metatarsophalangeal joint, each	450
28080	Excision of interdigital (Morton) neuroma, single, each	500
28086	Synovectomy, tendon sheath, foot; flexor	400

CODE	DESCRIPTIVE TERMS	RVS 2020
28088	extensor	400
28090	Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot	400
28092	toes	250
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus	550
28102	w/ iliac or other autograft (includes obtaining graft)	550
28103	w/ allograft	550

28104	Excision or curettage of bone cyst or benign tumor, talus or metatarsal bones, except tarsal or calcaneus;	550
28106	w/ iliac or other autograft (includes obtaining graft)	550
28107	w/ allograft	550
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	550
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette)	500
28111	Ostectomy, complete excision; first metatarsal head	500
28112	other metatarsal head (second, third or fourth)	500
28113	fifth metatarsal head	500
28114	all metatarsal heads, w/ partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)	550
28116	Ostectomy, excision of tarsal coalition	550
28118	Ostectomy, calcaneus;	550
28119	for spur, w/ or w/o plantar fascial release	550
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) of bone (e.g., for osteomyelitis or talar bossing), talus or calcaneus	400
28122	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or tarsal bossing), tarsal or metatarsal bone, except talus or calcaneus	450
28124	Partial excision (craterization, saucerization, or diaphysectomy) of bone (e.g., for osteomyelitis or dorsal bossing), phalanx of toe	450
28126	Resection, partial or complete, phalangeal base, single toe, each	450
28130	Talectomy (astragalectomy)	550
28140	Metatarsectomy	500
28150	Phalangectomy of toe, single, each	500
28153	Resection, head of phalanx, toe	500
28160	Hemiphalangectomy or interphalangeal joint excision, toe, single, each	500
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)	500
28173	metatarsal	500
28175	phalanx of toe	450
29909	Excision of accessory navicular	
<b>Repair, Revision, and/or Reconstruction</b>		

CODE	DESCRIPTIVE TERMS	RVS 2020
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<b>28200</b>	Repair or suture of tendon, foot, flexor, single; primary or secondary, w/o free graft, each tendon	<b>450</b>
<b>28202</b>	secondary w/ free graft, each tendon (includes obtaining graft)	<b>550</b>
<b>28208</b>	Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon	<b>450</b>
<b>28210</b>	secondary w/ free graft, each tendon (includes obtaining graft)	<b>500</b>
<b>28220</b>	Tenolysis, flexor, foot; single	<b>450</b>
<b>28222</b>	multiple (through same incision)	<b>450</b>
<b>28225</b>	Tenolysis, extensor, foot; single	<b>400</b>
<b>28226</b>	multiple (through same incision)	<b>450</b>
<b>28230</b>	Tenotomy, open, flexor; foot, single or multiple	<b>450</b>
<b>28232</b>	toe, single	<b>400</b>
<b>28234</b>	Tenotomy, open, extensor, foot or toe	<b>450</b>
<b>28238</b>	Advancement of posterior tibial tendon w/ excision of accessory navicular bone (Kidner type procedure)	<b>550</b>
<b>28240</b>	Tenotomy, lengthening, or release, abductor hallucis muscle	<b>450</b>
<b>28250</b>	Division of plantar fascia and muscle ("Steindler stripping")	<b>500</b>
<b>28260</b>	Capsulotomy, midfoot; medial release only	<b>450</b>
<b>28261</b>	w/ tendon lengthening	<b>500</b>
<b>28262</b>	extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity	<b>550</b>
	bilateral	<b>650</b>
<b>28264</b>	Capsulotomy, midtarsal (Heyman type procedure)	<b>450</b>
<b>28270</b>	Capsulotomy; metatarsophalangeal joint, w/ or w/o tenorrhaphy, single, each joint	<b>450</b>
<b>28272</b>	interphalangeal joint, single each joint	<b>450</b>
<b>28280</b>	Webbing operation (create syndactylism of toes) (Kelikian type procedure)	<b>500</b>
<b>28285</b>	Hammertoe operation, one toe (e.g., interphalangeal fusion, filleting, phalangectomy)	<b>500</b>
<b>28286</b>	Cock-up fifth toe operation w/ plastic skin closure (Ruiz-Mora type procedure)	<b>450</b>
<b>28288</b>	Ostectomy, partial, exostectomy or condylectomy, single, metatarsal head, first through fifth, each metatarsal head	<b>450</b>
<b>28290</b>	Hallux valgus (bunion) correction, w/ or w/o sesamoidectomy; simple exostectomy (Silver type procedure)	<b>500</b>
<b>28292</b>	Keller, McBride, or Mayo type procedure	<b>500</b>
<b>28293</b>	resection of joint w/ implant	<b>500</b>
<b>28294</b>	w/ tendon transplants (Joplin type procedure)	<b>500</b>

28296	w/ metatarsal osteotomy (e.g., Mitchell, Chevron, or concentric type procedures)	550
28297	Lapidus type procedure	500
28298	by phalanx osteotomy	500
28299	by other methods (e.g., double osteotomy)	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
28300	Osteotomy; calcaneus (Dwyer or Chambers type procedure), w/ or w/o internal fixation	550
28302	talus	600
28304	Osteotomy, midtarsal bones, other than calcaneus or talus;	550
28305	w/ autograft (includes obtaining graft)(Fowler type)	550
28306	Osteotomy, metatarsal, base or shaft, single, w/ or w/o lengthening, for shortening or angular correction; first metatarsal	550
28307	first metatarsal w/ autograft	550
28308	other than first metatarsal	550
28309	Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)	550
28310	Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe	550
28312	other phalanges, any toe	550
28313	Reconstruction, angular deformity of toe (overlapping second toe, fifth toe, curly toes), soft tissue procedures only	450
28315	Sesamoidectomy, first toe	450
28320	Repair of nonunion or malunion; tarsal bones (e.g., calcaneus, talus)	450
28322	metatarsal, w/ or w/o bone graft (includes obtaining graft)	450
28340	Reconstruction, toe, macrodactyly; soft tissue resection	450
28341	requiring bone resection	450
28344	Reconstruction, toe(s); polydactyly	450
28345	syndactyly, w/ or w/o skin graft(s)	550
28360	Reconstruction, cleft foot	500
29910	Calcaneal stop procedure for childhood flatfoot using either titanium or bioabsorbable screws	450
29911	Percutaneous tenotomy, heel cord	300
29912	Hallux Valgus (bunion) correction (Scarf procedure) w/ or w/o Weil's osteotomy/ies	600
29913	Wedge resection for ingrown toenail	250

29914	Removal of Ingrown toenail	200
29915	Open Plantar Fascia release	450
29966	Primary repair of ruptured Anterior Tibial tendon (without implant)	450
29967	Primary repair of ruptured Anterior Tibial tendon (with implant)	500
29968	Anterior Tibial tendon sling or turn-down	450
29969	Delayed repair of ruptured Anterior Tibial tendon using Extensor Hallucis Longus transfer	500
29970	Delayed repair of ruptured Anterior Tibial tendon using hamstring autograft or allograft reconstruction	550
29971	Open release of the Flexor Hallucis Longus	450
29972	Excision of the Os Trigonum through a lateral or medial approach	500
29973	Peroneal tenosynovectomy	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
29974	Os Peroneum excision	450
29975	Os Peroneum excision and reattachment of tendon with implant	500
29976	Peroneal Tendon tenodesis	450
29977	Primary repair of Peroneal Tendon longus longitudinal tear	400
29978	Primary repair of Peroneal Tendon longus longitudinal tear with use of turn-down, free graft, or with an FDL or FHL tendon transfer	550
29979	Primary repair and tendon debridment of Peroneus Brevis	450
29980	Primary repair and tendon debridment of Peroneus Brevis with turn-down of proximal tendon	500
29981	Primary repair and tendon debridment of Peroneus Brevis with free graft transfer	550
29982	Primary repair and tendon debridment of Peroneus Brevis with tenodesis	450
29983	Flexor Digitorum Longus transfer for Peroneus Brevis lesions	500
29984	Direct Superior Peroneal Retinaculum repair	400
29985	Direct Superior Peroneal Retinaculum reinforcement and repair	450
29986	Reconstruction of Superior Peroneal Retinaculum (with Achilles tendon sling, Plantaris sling, Peroneus brevis sling or Anomalous muscles)	500
29987	Reconstruction of Superior Peroneal Retinaculum with bone block procedures (Lateral Malleolar osteotomy or Sliding graft of the Lateral Malleolus) (Kelly technique or DuVries technique)	550
29988	Reconstruction of Superior Peroneal Retinaculum with groove deepening and osteoperiosteal flap osteoperiosteal flap	550

29989	Reconstruction of Superior Peroneal Retinaculum using rerouting procedures beneath the calcaneofibular ligament	600
29990	Direct repair of dislocating Posterior Tibial tendon	450
29991	Direct repair of dislocating Posterior Tibial tendon with groove deepening technique	550
29992	Anterior tendon transfer	550
29993	Split tendon transfer	550
29994	Posterior tendon transfer	550
29995	Lateral tendon transfer	550
29996	Distal tendon transfer	550

### Fracture and/or Dislocation

28400	Closed treatment of calcaneal fracture	400
28406	Percutaneous skeletal fixation of calcaneal fracture, w/ manipulation	500
28415	Open treatment of calcaneal fracture, w/ or w/o internal or external fixation;	450
28420	w/ primary iliac or other autogenous bone graft (includes obtaining graft)	450
28430	Closed treatment of talus fracture	400
28436	Percutaneous skeletal fixation of talus fracture, w/ manipulation	500
28445	Open treatment of talus fracture, w/ or w/o internal or external fixation	450
28450	Treatment of tarsal bone fracture (except talus and calcaneus)	400

CODE	DESCRIPTIVE TERMS	RVS 2020
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), w/ manipulation	500
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), w/ or w/o internal or external fixation	450
28470	Closed treatment of metatarsal fracture	400
28476	Percutaneous skeletal fixation of metatarsal fracture, w/ manipulation	500
28485	Open treatment of metatarsal fracture, w/ or w/o internal or external fixation	450
28490	Closed treatment of fracture great toe, phalanx or phalanges	400
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, w/ manipulation	500
28505	Open treatment of fracture great toe, phalanx or phalanges, w/ or w/o internal or external fixation	450
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe	400
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, w/ or w/o internal or external fixation	450



28530	Closed treatment of sesamoid fracture	300
28531	Open treatment of sesamoid fracture, w/ or w/o internal fixation	450
28540	Closed treatment of tarsal bone dislocation, other than talotarsal	400
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, w/ manipulation	500
28555	Open treatment of tarsal bone dislocation, w/ or w/o internal or external fixation	500
28570	Closed treatment of talotarsal joint dislocation	400
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, w/ manipulation	500
28585	Open treatment of talotarsal joint dislocation, w/ or w/o internal or external fixation	500
28600	Closed treatment of tarsometatarsal joint dislocation	400
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, w/ manipulation	500
28615	Open treatment of tarsometatarsal joint dislocation, w/ or w/o internal or external fixation	500
28630	Closed treatment of metatarsophalangeal joint dislocation	400
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, w/ manipulation	500
28645	Open treatment of metatarsophalangeal joint dislocation, w/ or w/o internal or external fixation	500
28660	Closed treatment of interphalangeal joint dislocation	400
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, w/ manipulation	500
28675	Open treatment of interphalangeal joint dislocation, w/ or w/o internal or external fixation	500
29916	Percutaneous skeletal fixation distal tibia (pilon fractures) with plates and screws	600
29917	Percutaneous skeletal fixation distal fibula with plates and screws	600
29918	Open treatment of tillaux chaput fracture	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
29919	Percutaneous internal fixation of bimalleolar fracture with plates and screw	600
<b>Arthrodesis</b>		
28705	Pantalar arthrodesis	600
28715	Triple arthrodesis	600
28725	Subtalar arthrodesis	550
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	500
28735	w/ osteotomy as for flatfoot correction	500

28737	Arthrodesis, midtarsal navicular-cuneiform, w/ tendon lengthening and advancement (Miller type procedure)	500
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	500
28750	Arthrodesis, great toe; metatarsophalangeal joint	500
28755	interphalangeal joint	500
28760	Arthrodesis, great toe, interphalangeal joint, w/ extensor hallucis longus transfer to first metatarsal neck (Jones type procedure)	500

## Amputation

28800	Amputation, foot; midtarsal (Chopart type procedure)	400
28802	Deep dissection below fascia, for deep infection of foot, w/ or w/o tendon sheath involvement; single bursal space specify	400
28805	transmetatarsal	400
28810	Amputation, metatarsal, w/ toe, single	400
28820	Amputation, toe; metatarsophalangeal joint	400
28825	interphalangeal joint	400

## Body and Upper Extremity

### Casts

29000	Application of halo type body cast (see 20661-20663 for insertion)	500
29010	Application of Risser jacket, localizer, body; only	500
29015	including head	500
29020	Application of turnbuckle jacket, body; only	500
29025	including head	500
29035	Application of body cast, shoulder to hips;	500
29040	including head, Minerva type	500
29044	including one thigh	500
29046	including both thighs	500
29055	shoulder spica	450
29058	plaster Velpeau	450
29065	shoulder to hand (long arm)	350
29075	elbow to finger (short arm)	350

CODE	DESCRIPTIVE TERMS	RVS 2020
29085	hand and lower forearm (gauntlet)	300

## Lower Extremity

### Casts

29305	Application of hip spica cast; one leg	450
29325	one and one-half spica or both legs	450
29345	Application of long leg cast (thigh to toes);	450
29355	walker or ambulatory type	300
29358	Application of long leg cast brace	300
29365	Application of cylinder cast (thigh to ankle)	300
29405	Application of short leg cast (below knee to toes);	350
29425	walking or ambulatory type	300
29435	Application of patellar tendon bearing (PTB) cast	300
29445	Application of rigid total contact leg cast	300
29450	Application of clubfoot cast w/ molding or manipulation, long or short leg	300
29920	Application of cast for congenital vertical talus	200
29921	Removal of cast, Lower extremity	150
29922	Application of long leg posterior mold	50
29923	Application of short leg posterior mold	50
29924	Application of sugar-tong splint/ "U" mold, lower extremity	50
29925	Application of skeletal traction, Calcaneus	350
29926	Application of compressive bandaging, Ankle or Foot	50

### Arthroscopy

29800	Arthroscopy, temporomandibular joint, diagnostic, w/ or w/o synovial biopsy	
29804	Arthroscopy, temporomandibular joint, surgical	
29815	Arthroscopy, shoulder, diagnostic, w/ or w/o synovial biopsy	550
29819	Arthroscopy, shoulder, surgical; w/ removal of loose body or foreign body	550
29820	synovectomy, partial	600
29821	synovectomy, complete	650
29822	debridement, limited	550
29823	debridement, extensive	600
29824	Arthroscopy, shoulder, surgical; distal claviclectomyincluding distal articular surface excision (Mumford procedure)	550

29825	w/ lysis and resection of adhesions, w/ or w/o manipulation	600
29826	decompression of subacromial space w/ partial acromioplasty, w/ or w/o coracoacromial release	600
29827	Arthroscopy, shoulder, surgical; rotator cuff repair	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
	small	550
	medium	600
	large and massive	600
	with graft (autologous, biologic or synthetic)	600
	Arthroscopy, shoulder, surgical; stabilization	600
	capsular shift, for anterior instability	600
	labral repair	600
	labral repair with capsular shift/plication	600
	superior labral anterior-posterior lesion repair	600
	with bony stabilization	600
	Remplissage procedure	600
	Arthroscopy, shoulder, surgical; biceps, including intra-articular examination	550
	tenotomy	550
29828	intra-articular tenodesis	550
	with mini-open supra- or sub-pectoral tenodesis	600
	Arthroscopic nerve release	600
	Arthroscopy, shoulder, surgical; acromioclavicular joint	550
	coracoclavicular fixation	600
	coracoclavicular and acromioclavicular fixation	600
	Arthroscopy, shoulder, surgical; adhesive capsulitis: arthroscopic release +/- manipulation	550

	Arthroscopy, shoulder, surgical; calcific tendinitis without rotator cuff repair	600
	with rotator cuff repair	650
29830	Arthroscopy, elbow, diagnostic, w/ or w/o synovial biopsy	550
29834	Arthroscopy, elbow, surgical ; w/ removal of loose body or foreign body	600
29835	synovectomy, partial	550
29836	synovectomy, complete	600
29837	debridement, limited	550
29838	debridement, extensive	600
29840	Arthroscopy, wrist, diagnostic, w/ or w/o synovial biopsy	550
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	550
29844	synovectomy, partial	550
29845	synovectomy, complete	600
29846	excision and/or repair of triangular fibrocartilage and/or joint debridement	600
29847	internal fixation for fracture or instability	600
29848	w/ release of transverse carpal ligament	600

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, w/ or w/o manipulation; w/o internal or external fixation (includes arthroscopy)	600
29851	w/ internal or external fixation (includes arthroscopy)	600
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, w/ or w/o internal or external fixation (includes arthroscopy)	600
29856	bicondylar, w/ or w/o internal or external fixation (includes arthroscopy)	600
29870	Arthroscopy, knee, diagnostic, w/ or w/o synovial biopsy	550
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	550
29874	for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	550
29875	synovectomy, limited (e.g., plica or shelf resection)	550
29876	synovectomy, major, two or more compartments (e.g., medial or lateral)	600
29877	debridement/shaving of articular cartilage (chondroplasty)	600
29879	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling	550

	Arthroscopy, knee; chondroplasty, mosaicplasty of chondral defect	600
	Arthroscopy, knee; chondroplasty, cartilage implantation (ACI or MACI) of chondral defect	600
	Arthroscopy, knee; chondroplasty with biologics (PRP, BMA, MSCs)	550
	Arthroscopy, knee; chondroplasty with synthetic scaffolds	550
	Arthroscopy, knee; chondroplasty with BOTH biologics and scaffold	600
29880	w/ meniscectomy (medial AND lateral, including any meniscal shaving)	550
29881	w/ meniscectomy (medial OR lateral, including any meniscal shaving)	600
29882	w/ meniscus repair (medial OR lateral)	550
29883	w/ meniscus repair (medial AND lateral)	600
29884	w/ lysis of adhesions, w/ or w/o manipulation	600
	Arthroscopic anterior cruciate ligament (ACL) repair/augmentation or reconstruction	550
29885	drilling for osteochondritis dissecans w/ bone grafting, w/ or w/o internal fixation (including debridement of base of lesion)	600
29886	drilling for intact osteochondritis dissecans lesion	550
29887	drilling for intact osteochondritis dissecans lesion w/ internal fixation	600
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction(ACL)	600
	Arthroscopic posterior cruciate ligament (PCL) repair/augmentation or reconstruction	600
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	600
	Arthroscopic medial patellofemoral ligament (MPFL) repair/augmentation or reconstruction	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
	Arthroscopically-aided medial patellofemoral ligament (MPFL) repair/ augmentation or reconstruction	550
	Arthroscopic multi-ligament reconstruction or repair/augmentation (two or more, including ACL, PCL, LCL, MPFL)	650
	Arthroscopic tendon repair (calcaneal tendon)	500
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; w/ removal of loose body or foreign body	550
29895	synovectomy, partial	550
29897	debridement, limited	550

29898	debridement, extensive	600
29927	excision of anterior spurs, bony impingement	550
29928	microfracture drilling and/or abrasion chondroplasty	550
29929	ankle ligament reconstruction/repair	550
29930	Hindfoot endoscopy (tibiotalar and subtalar joints)	550
29931	synovectomy	550
29932	Excision of Os Trigonum and/or decompression of flexor hallucis longus	550
29933	Tenolysis, flexor tendons, Achilles tendon debridement	550
29934	Achilles tendon repair/reconstruction with or w/o implant	550
29935	Peroneal tendon repair/reconstruction, tenosynovectomy	550
29936	Fibular groove deepening, retinacular repair	550
29937	Arthroscopic arthrodesis, tibiotalar	550
29938	subtalar arthrodesis	550
29939	triple arthrodesis	550
29940	tibiotalocalcaneal arthrodesis	600
29941	Cartilage reconstruction, arthroscopic-assisted (OATS, AMIC, ACI)	600
29942	Endoscopic gastrocnemius recession	450
29943	Endoscopic plantar fascial release	550

## Respiratory System

### Open Knee Procedures

	Open tendon repair (patellar, quadriceps, calcaneal)	400
	Excision of ossicle (patellar tendon, calcaneal tendon)	350
	Intraarticular injection of hyaluronic acid (HA), knee	200
	Intraarticular injection of platelet-rich plasma (PRP), knee	250
	Intraarticular injection of bone marrow aspirate (BMA), knee	350
	Intraarticular injection of mesenchymal stem cells (MSCs), knee	500

### Proposed New Arthroscopic Procedures

	Arthroscopic ACL reconstruction with single Open ligament (PCL or MCL or LCL or PLC) reconstruction	650
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
	Arthroscopic ACL reconstruction with multiple Open ligament (PCL or MCL or LCL or PLC) reconstruction	650
	Arthroscopic ACL reconstruction with PCL with single Open ligament (MCL or LCL or PLC) reconstruction	650
	Arthroscopic ACL reconstruction with PCL with multiple Open ligament (MCL or LCL or PLC) reconstruction	650
	Open single ligament (MCL or LCL or PLC) reconstruction w/ autograft tendon	600
	Open multiple ligament (MCL or LCL or PLC) reconstruction w/ autograft tendon	650
	Open meniscal transplantation w/ allograft	650
	Arthroscopic hip partial synovectomy/ capsulotomy	600
	Arthroscopic hip partial synovectomy/ capsulotomy with removal of foreign body/osteochondral fragment	600
	Arthroscopic hip partial synovectomy/ capsulotomy with labral repair	650
	Arthroscopic hip partial synovectomy/ capsulotomy with labral repair with microfracture and debridement and chondroplasty	650
	Arthroscopic hip partial synovectomy/ capsulotomy with endoscopic management of Femoroacetabular impingement	650
<b>Nose</b>		
<b>Incision</b>		
<b>30000</b>	Drainage abscess or hematoma, nasal, internal approach	<b>200</b>
<b>30020</b>	Drainage abscess or hematoma, nasal septum	<b>200</b>
<b>Excision</b>		
<b>30100</b>	Biopsy, intranasal	<b>150</b>
<b>30110</b>	Excision, nasal polyp(s), simple	<b>150</b>
<b>30115</b>	Excision, nasal polyp(s), extensive	<b>250</b>
<b>30117</b>	Excision or destruction, any method (including laser), intranasal lesion; internal approach	<b>350</b>
<b>30118</b>	external approach (lateral rhinotomy)	<b>300</b>
<b>30130</b>	Excision turbinate, partial or complete	<b>450</b>
<b>30140</b>	Submucous resection turbinate, partial or complete	<b>450</b>
<b>Removal of Foreign Body</b>		
<b>30310</b>	Removal foreign body, intranasal; requiring general anesthesia	<b>50</b>



30320	by lateral rhinotomy	350
30460	Rhinoplasty for nasal deformity secondary to congenital cleft tip and/or palate, including columellar lengthening; tip only	500
30462	tip, septum, osteotomies	450
30465	Rhinoplasty for nasal vestibular stenosis	500
<b>Repair</b>		

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
30520	Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft	450
30540	Repair choanal atresia; intranasal	350
30545	transpalatine	350
30560	Lysis intranasal synechia	150
30580	Repair fistula; oromaxillary (combine w/ 31030 if antrotomy is included)	350
30600	oronasal	350
30630	Repair nasal septal perforations	350
<b>Destruction</b>		
30801	Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, superficial	350
30802	intramural	350
<b>Other Procedures</b>		
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	100
30905	Control nasal hemorrhage, posterior, w/ posterior nasal packs and/or cauterization, any method; initial	350
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	300
30915	Ligation arteries; ethmoidal	450
30920	internal maxillary artery, transantral	450
30930	Fracture nasal turbinate(s), therapeutic	200
<b>Accessory Sinuses</b>		
<b>Incision</b>		
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	150
31002	sphenoid sinus	250

31020	Sinusotomy, maxillary (antrotomy); intranasal	350
31030	radical (Caldwell-Luc) w/o removal of antrochoanal polyps	350
31032	radical (Caldwell-Luc) w/ removal of antrochoanal polyps	350
31040	Pterygomaxillary fossa surgery, any approach	500
31050	Sinusotomy, sphenoid, w/ or w/o biopsy;	400
31051	w/ mucosal stripping or removal of polyp(s)	400
31070	Sinusotomy frontal; external, simple (trephine operation)	350
31075	transorbital, unilateral (for mucocele or osteoma, Lynch type)	450
31080	obliterative w/o osteoplastic flap, brow incision (includes ablation)	400
31081	obliterative, w/o osteoplastic flap, coronal incision (includes ablation)	450
31084	obliterative, w/ osteoplastic flap, brow incision	500
31085	obliterative, w/ osteoplastic flap, coronal incision	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
31086	nonobliterative, w/ osteoplastic flap, brow incision	500
31087	nonobliterative, w/ osteoplastic flap, coronal incision	500
31090	Sinusotomy combined, three or more sinuses	450
<b>Excision</b>		
31200	Ethmoidectomy; intranasal, anterior	350
31201	intranasal, total	400
31205	extranasal, total	400
31225	Maxillectomy; w/o orbital exenteration	500
31230	w/ orbital exenteration (en bloc)	600
<b>Endoscopy</b>		
31231	Nasal endoscopy, diagnostic, unilateral or bilateral	200
31233	Nasal/sinus endoscopy, diagnostic w/ maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	250
31235	Nasal/sinus endoscopy, diagnostic w/ sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	250
31237	Nasal/sinus endoscopy, surgical; w/ biopsy, polypectomy or debridement	350
31238	w/ control of epistaxis	350
31239	w/ dacrylocystorhinostomy	350

31240	w/ concha bullosa resection	350
31254	Nasal/sinus endoscopy, surgical; w/ ethmoidectomy, partial (anterior)	350
31255	w/ ethmoidectomy, total (anterior and posterior)	400
31256	Nasal/sinus endoscopy, surgical, w/ maxillary antrostomy(FESS)	350
31267	w/ removal of tissue from maxillary sinus	350
31276	Nasal/sinus endoscopy, surgical w/ frontal sinus exploration, w/ or w/o removal of tissue from frontal sinus	450
31287	Nasal/sinus endoscopy, surgical, w/ sphenoidotomy	400
31288	w/ removal of tissue from the sphenoid sinus	450
31290	Nasal/sinus endoscopy, surgical, w/ repair of cerebrospinal fluid leak; ethmoid region	500
31291	sphenoid region	550
31292	Nasal/sinus endoscopy, surgical; w/ medial or inferior orbital wall decompression	500
31293	w/ medial orbital wall and inferior orbital wall decompression	500
31294	w/ optic nerve decompression	550

## Larynx

### Excision

31300	Laryngotomy (thyrotomy, laryngofissure); w/ removal of tumor or laryngocele, cordectomy	350
31360	Laryngectomy; total, w/o radical neck dissection	450

CODE	DESCRIPTIVE TERMS	RVS 2020
31365	total, w/ radical neck dissection	500
31367	subtotal supraglottic, w/o radical neck dissection	450
31368	subtotal supraglottic, w/ radical neck dissection	500
31370	Partial laryngectomy (hemilaryngectomy); horizontal	450
31375	laterovertical	450
31380	anterovertical	450
31382	antero-latero-vertical	450
31390	Pharyngolaryngectomy, w/ radical neck dissection; w/o reconstruction	500
31395	w/ reconstruction	500
31400	Arytenoidectomy or arytenoidopexy, external approach	400
31420	Epiglottidectomy	350

## Introduction

<b>31500</b>	Intubation, endotracheal, emergency emergency procedure	<b>100</b>
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## Endoscopy

<b>31515</b>	Laryngoscopy direct, w/ or w/o tracheoscopy; for aspiration	<b>350</b>
<b>31520</b>	diagnostic, newborn	<b>400</b>
<b>31525</b>	diagnostic, except newborn	<b>350</b>
<b>31526</b>	diagnostic, w/ operating microscope	<b>350</b>
<b>31527</b>	w/ insertion of obturator	<b>350</b>
<b>31528</b>	w/ dilatation, initial	<b>350</b>
<b>31529</b>	w/ dilatation, subsequent	<b>350</b>
<b>31530</b>	Laryngoscopy, direct, operative, w/ foreign body removal;	<b>400</b>
<b>31531</b>	w/ operating microscope	<b>400</b>
<b>31535</b>	Laryngoscopy, direct, operative, w/ biopsy;	<b>400</b>
<b>31536</b>	w/ operating microscope	<b>400</b>
<b>31540</b>	Laryngoscopy, direct, operative, w/ excision of tumor and/or stripping of vocal cords or epiglottis;	<b>400</b>
<b>31541</b>	w/ operating microscope	<b>400</b>
<b>31560</b>	Laryngoscopy, direct, operative, w/ arytenoidectomy;	<b>400</b>
<b>31561</b>	w/ operating microscope	<b>400</b>
<b>31570</b>	Laryngoscopy, direct, w/ injection into vocal cord(s), therapeutic;	<b>300</b>
<b>31571</b>	w/ operating microscope	<b>300</b>
<b>31575</b>	Laryngoscopy, flexible fiberoptic; diagnostic	<b>300</b>
<b>31576</b>	w/ biopsy	<b>150</b>
<b>31577</b>	w/ removal of foreign body	<b>150</b>
<b>31578</b>	w/ removal of lesion	<b>150</b>
<b>31579</b>	Laryngoscopy, flexible or rigid fiberoptic, w/ stroboscopy	<b>150</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>Repair</b>		
<b>31580</b>	Laryngoplasty; for laryngeal web, two stage, w/ keel insertion and removal	<b>450</b>
<b>31582</b>	for laryngeal stenosis, w/ graft or core mold, including tracheotomy	<b>450</b>
<b>31584</b>	w/ open reduction of fracture	<b>450</b>

31586	w/ closed manipulative reduction	450
31587	Laryngoplasty, cricoid split	450
31588	Laryngoplasty, not otherwise specified (e.g., for burns, reconstruction after partial laryngectomy)	350
31590	Laryngeal reinnervation by neuromuscular pedicle	500
<b>Destruction</b>		
31595	Section recurrent laryngeal nerve, therapeutic , unilateral	450
<b>Trachea and Bronchi</b>		
<b>Incision</b>		
31600	Tracheostomy, planned ;	300
31601	under two years	400
31603	Tracheostomy, emergency procedure; transtracheal	350
31605	cricothyroid membrane	250
31610	Tracheostomy, fenestration procedure with skin flaps	400
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (e.g., voice button, Blom-Singer prosthesis)	400
31612	Tracheal puncture, percutaneous w/ transtracheal aspiration and/or injection	150
31613	Tracheostoma revision; simple, w/o flap rotation	250
31614	complex, w/ flap rotation	350
<b>Endoscopy</b>		
31615	Tracheobronchoscopy through established tracheostomy incision	250
31620	endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s)	400
31622	Bronchoscopy; diagnostic, (flexible or rigid), w/ or w/o cell washing or brushing	400
31623	with brushing or protected brushings	400
31624	with bronchial alveolar lavage	400
31625	w/ biopsy	450
31626	with placement of fiducial markers, single or multiple	400
31627	with computer-assisted, image-guided navigation	450
31628	w/ transbronchial lung biopsy, w/ or w/o fluoroscopic guidance	350
31629	w/ transbronchial needle aspiration biopsy	350
31630	w/ tracheal or bronchial dilation or closed reduction of fracture	450
31631	w/ tracheal dilation and placement of tracheal stent	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
31632	with transbronchial lung biopsy(s), each additional lobe	350
31633	with transbronchial needle aspiration biopsy(s), each additional lobe	350
31634	with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg fibrin glue), if performed	400
31635	w/ removal of foreign body	450
31636	w/ placement of bronchial stents	450
31637	each additional major bronchus stented	500
31638	with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	500
31640	w/ excision of tumor	450
31641	w/ destruction of tumor or relief of stenosis by any method other than excision (e.g., laser)	500
31643	w/ placement of catheters for intracavitary radioelement application	350
31645	w/ therapeutic aspiration of tracheobronchial tree, (e.g., drainage of lung abscess)	350
31646	with therapeutic aspiration of tracheobronchial tree, subsequent	300
31647	with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	350
31648	with removal of bronchial valve(s), initial lobe	
31649	with removal of bronchial valve(s), each additional lobe	
31651	with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe	350
<b>Bronchial Thermoplasty</b>		
31660	bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	300
31661	with bronchial thermoplasty, 2 or more lobes	300
31717	catheterization with bronchial brush biopsy	300
31720	catheter aspiration	300
31725	tracheobronchial with fiberscope, bedside	300
31730	transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	350
<b>Introduction</b>		
31710	Catheterization for bronchography, w/ or w/o instillation of contrast material	
31717	Catheterization w/ bronchial brush biopsy	300

31720	catheter aspiration	300
31725	tracheobronchial with fiberscope, bedside	300
31730	transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	350
<b>Repair</b>		
31750	Tracheoplasty; cervical	400
31755	tracheopharyngeal fistulization, each stage	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
31760	intrathoracic	450
31766	Carinal reconstruction	500
31770	Bronchoplasty; graft repair	550
31775	excision stenosis and anastomosis	550
31780	Excision tracheal stenosis and anastomosis; cervical	550
31781	cervicothoracic	550
31785	Excision of tracheal tumor or carcinoma; cervical	550
31786	thoracic	550
31800	Suture of tracheal wound or injury; cervical	400
31805	intrathoracic	500
31820	Surgical closure tracheostomy or fistula w/o plastic repair	300
31825	Surgical closure tracheostomy or fistula with plastic repair	400
31830	revision of tracheostomy scar	
31899	unlisted procedure, trachea, bronchi	

## Lungs and Pleura

### Incision

32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	
32002	Thoracentesis w/ insertion of tube w/ or w/o water seal (e.g., for pneumothorax)	
32005	Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)	
32020	Tube thoracostomy w/ or w/o water seal (e.g., for abscess, hemothorax, empyema)(CTT)	
32035	Thoracostomy; w/ rib resection for empyema	400

32036	w/ open flap drainage for empyema	400
32095	Thoracotomy, limited, for biopsy of lung or pleura	
32096	thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg wedge, incisional), unilateral	500
32097	thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg wedge, incisional), unilateral	500
32098	thoracotomy, with biopsy(ies) of pleura	350
32100	Thoracotomy, major; w/ exploration and biopsy	450
32110	w/ control of traumatic hemorrhage and/or repair of lung tear	500
32120	for postoperative complications	500
32124	w/ open intrapleural pneumonolysis	450
32140	w/ cyst(s) removal, w/ or w/o a pleural procedure	450
32141	w/ excision-plication of bullae, w/ or w/o a pleural procedure	450
32150	w/ removal of intrapleural foreign body or fibrin deposit	500
32151	w/ removal of intrapulmonary foreign body	500
32160	w/ cardiac massage	550

CODE	DESCRIPTIVE TERMS	RVS 2020
32200	Pneumonostomy, w/ open drainage of abscess or cyst	450
32215	Pleural scarification for repeat pneumothorax	350
32220	Decortication, pulmonary ; total	450
32225	partial	450
<b>Excision</b>		
32310	Pleurectomy, parietal	400
32320	Decortication and parietal pleurectomy	450
32400	Biopsy, pleura; percutaneous needle	150
32402	open	
32405	Biopsy, lung or mediastinum, percutaneous needle	150
32420	Pneumonocentesis, puncture of lung for aspiration	
32440	Removal of lung, total pneumonectomy	600
32442	w/ resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	600



32445	extrapleural	600
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	500
32482	two lobes (bilobectomy)	500
32484	single segment (segmentectomy)	500
32486	w/ circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	550
32488	all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	600
32491	excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, w/ or w/o any pleural procedure	450
32500	wedge resection, single or multiple	
32501	resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy	550
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)	550
32504	with chest wall reconstruction	600
32505	thoracotomy; with therapeutic wedge resection (eg mass, nodule), initial	450
32506	with therapeutic wedge resection (eg mass or nodule), each additional resection, ipsilateral	450
32507	with diagnostic wedge resection followed by anatomic lung resection	500
32520	Resection of lung; w/ resection of chest wall	
32522	w/ reconstruction of chest wall, w/o prosthesis	
32525	w/ major reconstruction of chest wall, w/ prosthesis	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
32540	Extrapleural enucleation of empyema (empyemectomy)	450
<b>Endoscopy</b>		
32601	Thoracoscopy, diagnostic ; lungs and pleural space, w/o biopsy(VATS)	350
32602	lungs and pleural space, w/ biopsy	
32603	pericardial sac, w/o biopsy	
32604	pericardial sac, w/ biopsy	400

32605	mediastinal space, w/o biopsy	
32606	mediastinal space, w/ biopsy	400
32607	thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg wedge, incisional), unilateral	450
32608	with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg wedge, incisional), unilateral	450
32609	with biopsy(ies) of pleura	400
32650	Thoracoscopy, surgical; w/ pleurodesis, any method	450
32651	w/ partial pulmonary decortication	450
32652	w/ total pulmonary decortication, including intrapleural pneumonolysis	500
32653	w/ removal of intrapleural foreign body or fibrin deposit	450
32654	w/ control of traumatic hemorrhage	550
32655	w/ excision-plectomy of bullae, including any pleural procedure	600
32656	w/ parietal pleurectomy	450
23657	w/ wedge resection of lung, single or multiple	
32658	w/ removal of clot or foreign body from pericardial sac	450
32659	w/ creation of pericardial window or partial resection of pericardial sac for drainage	550
32660	w/ total pericardiectomy	
32661	w/ excision of pericardial cyst, tumor, or mass	600
32662	w/ excision of mediastinal cyst, tumor, or mass	600
32663	w/ lobectomy, total or segmental	600
32664	w/ thoracic sympathectomy	500
32665	w/ esophagomyotomy (Heller type)	600
32666	with therapeutic wedge resection (eg mass, nodule), initial unilateral	550
32667	with therapeutic wedge resection (eg mass or nodule), each additional resection, ipsilateral	600
32668	with diagnostic wedge resection followed by anatomic lung resection	650
32669	with removal of single lung segment (segmentectomy)	650
32670	with removal of two lobes (bilobectomy)	650
32671	with removal of lung (pneumonectomy)	650

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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32672	with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	600
32673	with resection of thymus, unilateral or bilateral	600
32674	with mediastinal and regional lymphadenectomy	550
<b>Repair</b>		
32800	Repair lung hernia through chest wall	450
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	450
32815	Open closure of major bronchial fistula	500
32820	Major reconstruction, chest wall (posttraumatic)	550
<b>Lung Transplant</b>		
32850	Donor pneumonectomy(ies) w/ preparation and maintenance of allograft (cadaver)	500
32851	Lung transplant, single; w/o cardiopulmonary bypass	650
32852	w/ cardiopulmonary bypass	650
32853	Lung transplant, double (bilateral sequential or en bloc); w/o cardiopulmonary bypass	650
32854	w/ cardiopulmonary bypass	650
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation,	200
32856	including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral bilateral	250
<b>Surgical Collapse Therapy; Thoracoplasty</b>		
32900	Resection of ribs, extrapleural, all stages	450
32905	Thoracoplasty, Schede type or extrapleural (all stages);	500
32906	w/ closure of bronchial fistula	550
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	450
32960	Pneumothorax, therapeutic, intrapleural injection of air	300
<b>Cardiovascular System</b>		
<b>Heart and Pericardium</b>		
33010	Pericardiocentesis	150
33011	subsequent	150
33015	Tube pericardiostomy	300
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	400

33025	Creation of pericardial window or partial resection for drainage	400
33030	Pericardiectomy, subtotal or complete; w/o cardiopulmonary bypass	500
33031	w/ cardiopulmonary bypass	550
33050	Excision of pericardial cyst or tumor	500

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Cardiac Tumor</b>		
33120	Excision of intracardiac tumor, resection w/ cardiopulmonary bypass	600
33130	Resection of external cardiac tumor	350
<b>Pacemaker or Defibrillator</b>		
33200	Insertion of permanent pacemaker w/ epicardial electrode(s); by thoracotomy	
33201	by xiphoid approach	
33202	insertion of epicardial electrode(s); open incision (eg thoracotomy, median sternotomy, subxiphoid approach)	300
33203	endoscopic approach (eg thoracoscopy, pericardioscopy)	350
33206	Insertion or replacement of permanent pacemaker w/ transvenous electrode(s); atrial	300
33207	ventricular	300
33208	atrial and ventricular	350
33210	Insertion or placement of temporary transvenous single chamber cardiac electrodes	200
33211	Insertion or replacement of temporary transvenous dual chamber cardiac electrodes	250
33212	Insertion or replacement of pacemaker pulse generator only; single chamber	100
33213	dual chamber	100
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	300
33215	repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	300
33216	Insertion, replacement or repositioning of permanent transvenous electrode(s) only (15 days or more after initial insertion); single chamber, atrial or ventricular	300
33217	dual chamber	350
33218	Repair of single transvenous electrode for a single chamber, permanent pacemaker or single chamber pacing cardioverter-defibrillator	300

33220	Repair of two transvenous electrode for a dual chamber, permanent pacemaker or dual chamber pacing cardioverter-defibrillator	350
33221	with existing multiple leads	100
33222	Revision or relocation of skin pocket for pacemaker	150
33223	Revision or relocation of skin pocket for single or dual chamber pacing cardioverterdefibrillator	150
33224	insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	300
33233	Removal of transvenous pacemaker pulse generator	
33234	Removal of permanent of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
33235	dual lead chamber	
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	
33237	dual lead chamber	
33238	Removal of permanent transvenous electrode(s) by thoracotomy	
33240	Insertion or replacement of implantable cardioverter-defibrillator pulse generator (AICD)	
33241	Removal of implantable cardioverter-defibrillator pulse generator	
33243	Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy	
33244	by transvenous extraction	
33245	Implantation or replacement of implantable cardioverter-defibrillator pads by thoracotomy, w/ or w/o sensing electrodes;	
33246	w/ insertion of implantable cardioverter-defibrillator pulse generator	
33249	w/ insertion of cardio-defibrillator pulse generator	
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (e.g., WolffParkinson-White, A-V node reentry), tract(s) and/or focus (foci); w/o cardiopulmonary bypass	350
33251	w/ cardiopulmonary bypass	450

33253	Operative incisions and reconstruction of atria for treatment of atrial fibrillation or atrial flutter (e.g., maze procedure)	
33254	operative tissue ablation and reconstruction of atria, limited (eg modified maze procedure)	350
33255	operative tissue ablation and reconstruction of atria, extensive (eg maze procedure); without cardiopulmonary bypass	400
33256	with cardiopulmonary bypass	500
33257	operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedures(s) limited (eg modified maze procedure)	350
33258	operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedures(s) extensive (eg modified maze procedure) without	350
33259	operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedures(s) extensive (eg modified maze procedure) with cardiopulmonary	500
33261	Operative ablation of ventricular arrhythmogenic focus w/ cardiopulmonary bypass	500
33273	repositioning of previously implanted subcutaneous implantable defibrillator electrode	300

### Wounds of the Heart and Great Vessels

33300	Repair of cardiac wound; w/o bypass	350
33305	w/ cardiopulmonary bypass	400
33310	Cardiotomy, exploratory (includes removal of foreign body); w/o bypass	450
33315	w/ cardiopulmonary bypass	550
33320	Suture repair of aorta or great vessels; w/o shunt or cardiopulmonary bypass	300

CODE	DESCRIPTIVE TERMS	RVS 2020
33321	w/ shunt bypass	500
33322	w/ cardiopulmonary bypass	550
33330	Insertion of graft, aorta or great vessels; w/o shunt, or cardiopulmonary bypass	400
33332	w/ shunt bypass	
33335	w/ cardiopulmonary bypass	600
<b>Cardiac Valves</b>		
<b>Aortic Valve</b>		
33400	Valvuloplasty, aortic valve; open, w/ cardiopulmonary bypass	500
33401	open, w/ inflow occlusion	400
33403	using transventricular dilation, w/ cardiopulmonary bypass	500

33404	Construction of apica-aortic conduit	450
33405	Replacement, aortic valve, w/ cardiopulmonary bypass; w/ prosthetic valve other than homograft	550
33406	w/ homograft valve (freehand)	600
33410	with stentless tissue valve	600
33411	Replacement, aortic valve; w/ aortic annulus enlargement, noncoronary cusp	550
33412	w/ transventricular aortic annulus enlargement (Konno procedure)	600
33413	w/ translocation of autologous pulmonary valve w/ homograft replacement of pulmonary valve (Ross procedure)	600
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	500
33415	Resection or incision of subvalvular tissue for discrete subaortic stenosis (e.g., asymmetric septal hypertrophy)	450
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (e.g., asymmetric septal hypertrophy)	550
33417	Aortoplasty (gusset) for supra-aortic stenosis	500
<b>Mitral Valve</b>		
33418	transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	350
33419	additional prosthesis(es) during same session	400
33420	Valvotomy, mitral valve; closed heart	350
33422	open heart, w/ cardiopulmonary bypass	500
33425	Valvuloplasty, mitral valve, w/ cardiopulmonary bypass;	500
33426	w/ prosthetic ring	550
33427	radical reconstruction, w/ or w/o ring	600
33430	Replacement, mitral valve, w/ cardiopulmonary bypass	500
<b>Tricuspid Valve</b>		
33460	Valvectomy, tricuspid valve, w/ cardiopulmonary bypass	450
33463	Valvuloplasty, tricuspid valve; w/o ring insertion	500

CODE	DESCRIPTIVE TERMS	RVS 2020
33464	w/ ring insertion	550
33465	Replacement, tricuspid valve, w/ cardiopulmonary bypass	550
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	600

## Pulmonary Valve

33470	Valvotomy, pulmonary valve, closed heart; transventricular	350
33471	via pulmonary artery	300
33472	Valvotomy, pulmonary valve, open heart; w/ inflow occlusion	
33474	w/ cardiopulmonary bypass	450
33475	Replacement, pulmonary valve	500
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	500
33478	Outflow tract augmentation (gusset), w/ or w/o commissurotomy or infundibular resection	500
33496	repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	550

## Coronary Artery Anomalies

33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; w/ cardiopulmonary bypass	500
33501	w/o cardiopulmonary bypass	350
33502	Repair of anomalous coronary artery; by ligation	350
33503	by graft, w/o cardiopulmonary bypass	350
33504	by graft, w/ cardiopulmonary bypass	500
33505	with construction of intrapulmonary artery tunnel (Takeuchi procedure)	550
33506	by translocation from pulmonary artery to aorta	550
33507	repair of anomalous (eg intramural) aortic origin of coronary artery by unroofing or translocation	550

## Endoscopy

33508	endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure	350
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## Venous Grafting Only for Coronary Artery Bypass

33510	Coronary artery bypass, vein only; single coronary venous graft(CABG)	500
33511	two coronary venous grafts	550
33512	three coronary venous grafts	550
33513	four coronary venous grafts	550



33514	five coronary venous grafts	550
33516	6 or more coronary venous grafts	550
<b>Combined Arterial-Venous Grafting for Coronary Bypass</b>		
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (list separately in addition to code for arterial graft) (CABG)	550

CODE	DESCRIPTIVE TERMS	RVS 2020
33518	two venous grafts (list separately in addition to code for arterial graft)	550
33519	three venous grafts (list separately in addition to code for arterial graft)	550
33521	four venous grafts (list separately in addition to code for arterial graft)	550
33522	five venous grafts (list separately in addition to code for arterial graft)	550
33523	six or more venous grafts (list separately in addition to code for arterial graft)	550
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (list separately in addition to code for primary procedure)	600

### Arterial Grafting for Coronary Artery Bypass

33533	Coronary artery bypass, using arterial graft(s); single arterial graft(CABG)	550
33534	two coronary arterial grafts	550
33535	three coronary arterial grafts	550
33536	four or more coronary arterial grafts	550
33542	Myocardial resection (e.g., ventricular aneurysmectomy)	600
33545	Repair of postinfarction ventricular septal defect, w/ or w/o myocardial resection	600
33548	surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg ventricular remodelling, SVR, SAVER, Dor procedures)	600

### Coronary Endarterectomy

33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction w/ coronary artery bypass graft procedure, each vessel (list separately in addition to primary procedure)	100
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### Single Ventricle and Other Complex Cardiac Anomalies

33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	450
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	450
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)	600

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	600
33610	Repair of complex cardiac anomalies (e.g., single ventricle with subaortic obstruction) by surgical enlargement of interventricular septal defect	550
33611	Repair of double outlet right ventricle with intraventricular tunnel repair	600
33612	with repair of right ventricular outflow tract obstruction	550
33615	Repair of complex cardiac anomalies (e.g., tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan	550
33617	Repair of complex cardiac anomalies (e.g., single ventricle) by modified Fontan procedure	550
33619	Repair of single ventricle w/ aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (e.g., Norwood procedure)	660
<b>Septal Defect</b>		
33641	Repair atrial septal defect, secundum, w/ cardiopulmonary bypass, w/ or w/o patch	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
33645	Direct or patch closure, sinus venosus, w/ or w/o anomalous pulmonary venous drainage	500
33647	Repair of atrial septal defect and ventricular septal defect, w/ direct or patch closure	550
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), w/ or w/o atrioventricular valve repair	550
33665	Repair of intermediate or transitional atrioventricular canal, w/ or w/o atrioventricular valve repair	550
33670	Repair of complete atrioventricular canal, w/ or w/o prosthetic valve	600
33681	Closure of ventricular septal defect, w/ or w/o patch;	500
33684	with pulmonary valvotomy or infundibular resection (acyanotic)	550
33688	with removal of pulmonary artery band, w/ or w/o gusset	550
33690	Banding of pulmonary artery	250
33692	Complete repair of tetralogy of Fallot w/o pulmonary atresia;(TOF)	550
33694	with transannular patch	550
<b>Sinus of Valsalva</b>		
33697	Complete repair of tetralogy of Fallot w/ pulmonary atresia including construction of conduit right ventricle to pulmonary artery and closure of ventricular septal defect	600
33702	Repair sinus of Valsalva fistula, w/ cardiopulmonary bypass	500
33710	with repair of ventricular septal defect	500

33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	500
33722	Closure of aortico-left ventricular tunnel	500
	total anomalous pulmonary venous drainage	550
<b>Total Anomalous Pulmonary Venous Drainage</b>		
33730	Complete repair of anomalous venous return (supracardiac, intracardiac, or infracardiac types)	550
33732	Repair of cor triatum or supra-valvular mitral ring by resection of left atrial membrane	500
<b>Shunting Procedures</b>		
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	300
33736	open heart w/ cardiopulmonary bypass	450
33737	open heart with inflow occlusion	350
33750	Shunt; subclavian to pulmonary artery (Blalock- Taussig type operation)	300
33764	central, w/ prosthetic graft	300
33766	superior vena cava to pulmonary artery for flow to one lung (classical Glenn procedure)	400
33767	superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	400
<b>Transposition of Great Vessels</b>		
33770	Repair of transposition of great arteries w/ ventricular septal defect and subpulmonary stenosis; w/o surgical enlargement of ventricular septal defect	650

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
33771	with surgical enlargement of ventricular septal defect	650
33774	Repair of transposition of the great arteries, atrial baffle procedure (e.g., Mustard or Senning type) w/ cardiopulmonary bypass	650
33775	w/ removal of pulmonary band	650
33776	w/ closure of ventricular septal defect	650
33777	w/ repair of subpulmonic obstruction	650
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (e.g., Jatene type)	650
33779	w/ removal of pulmonary band	650
33780	w/ closure of ventricular septal defect	650
33781	w/ repair of subpulmonic obstruction	650
<b>Truncus Arteriosus</b>		

33786	Total repair, truncus arteriosus (Rastelli type operation)	650
33788	Reimplantation of an anomalous pulmonary artery	650
<b>Aortic Anomalies</b>		
33800	Aortic suspension (aortopexy) for tracheal decompression (e.g., for tracheomalacia)	300
33802	Division of aberrant vessel (vascular ring)	300
33803	w/ reanastomosis	450
33813	obliteration of aortopulmonary defect septal defect; without cardiopulmonary bypass	350
33814	w/ cardiopulmonary bypass	500
33820	Repair of patent ductus arteriosus; by ligation	300
33822	by division, under 18 years	350
33824	by division, 18 years and older	400
33840	Excision of coarctation of aorta, w/ or w/o associated patent ductus arteriosus; w/ direct anastomosis	350
33845	with graft	400
33851	repair using either left subclavian artery or prosthetic material as gusset for enlargement	350
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; w/o cardiopulmonary bypass w/o cardiopulmonary bypass	450
33853	w/ cardiopulmonary bypass	550
<b>Thoracic Aortic Aneurysm</b>		
33860	Ascending aorta graft, w/ cardiopulmonary bypass, w/ or w/o valve suspension;	650
33861	w/ coronary reconstruction	
33863	w/ aortic root replacement using composite prosthesis and coronary reconstruction ascending aortic graft, with cardiopulmonary bypass with valve suspension, with	650
33864	coronary reconstruction and valve-sparing aortic root remodelling (eg David procedure, Yacoub procedure)	650

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
33870	Transverse arch graft, w/ cardiopulmonary bypass	650
33875	Descending thoracic aorta graft, w/ or w/o bypass	650
33876	Descending thoracic aorta graft, with bypass	
33877	Repair of thoracoabdominal aortic aneurysm w/ graft, w/ or w/o cardiopulmonary bypass	650

33878	Repair of Thoracoabdominal Aortic Aneurysm with graft, with cardiopulmonary bypass	
33880	Endovascular repair of descending thoracic aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), involving coverage of left subclavian artery	650
33881	not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	650
33883	placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural	650
33884	each additional proximal extension (List separately in addition to code for primary procedure)	400
33886	placement of distal extension prostehsis(s) delayed after endovascular repair of descending thoracic aorta	450
33889	open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	450
<b>Pulmonary Artery</b>		
33891	bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck	500
33910	Pulmonary artery embolectomy; w/ cardiopulmonary bypass	500
33915	w/o cardiopulmonary bypass	350
33916	Pulmonary endarterectomy, w/ or w/o embolectomy, w/ cardiopulmonary bypass	550
33917	Repair of pulmonary artery stenosis by reconstruction w/ patch or graft	500
33918	Repair of pulmonary atresia w/ ventricular septal defect, by unifocalization of pulmonary arteries; w/o cardiopulmonary bypass	
33919	w/ cardiopulmonary bypass	
33920	Repair of pulmonary atresia w/ ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	600
33922	Transection of pulmonary artery w/ cardiopulmonary bypass	450
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction w/ a congenital heart procedure (List separately in addition to code for primary	400
33924	ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure	400
33925	repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	500
33926	with cardiopulmonary bypass	600
<b>Heart/Lung Transplantation</b>		
33930	Donor cardiectomy-pneumonectomy, w/ preparation and maintenance of allograft	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to	100
33935	Heart-lung transplant w/ recipient cardiectomy-pneumonectomy	650
33940	Donor cardiectomy, w/ preparation and maintenance of allograft	400
33944	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to	100
33945	Heart transplant, w/ or w/o recipient cardiectomy	650
<b>EXTRACORPOREAL MEMBRANE OXYGENATION or</b>		
33946	Extracorporeal membrane oxygenation (ECMO)/Extracorporeal life support services (ECLS) provided by physician initiation, veno-venous	450
33947	initiation, veno-arterial	450
33948	daily management, each day, veno-venous	200
33949	daily management, each day, veno-arterial	200
33951	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes flourosopic guidance, when performed)	400
33952	insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes flourosopic guidance, when performed)	400
33953	insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	400
33954	insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	350
33955	insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	350
33957	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes flourosopic guidance, when performed)	150
33958	reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes flourosopic guidance, when performed)	150
33959	reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes flourosopic guidance, when performed)	250
33962	reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes flourosopic guidance, when performed)	250
33963	reposition central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes flourosopic guidance, when performed)	250
33964	reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes flourosopic guidance, when performed)	250
33965	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	50
33966	removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	50

33969	removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	150
33984	removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	150
33985	removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	200
33986	removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	200

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
33987	arterial exposure with creation of graft conduit (eg chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	150
33988	insertion of left heart vent by thoracic incision (eg sternotomy, thoracotomy) for ECMO/ECLS	500
33989	removal of left heart vent by thoracic incision (eg sternotomy, thoracotomy)	350
<b>Cardiac Assist</b>		
33967	insertion of intra-aortic balloon assist device, percutaneous	200
33968	removal of intra-aortic balloon assist device, percutaneous	150
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	250
33971	Removal of intra-aortic balloon assist device including repair of femoral artery w/ or w/o graft	200
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	350
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, w/ or w/o graft	400
33975	Implantation of ventricular assist device; single ventricle support	500
33976	biventricular support	550
33977	Removal of ventricular assist device; single ventricle support	400
33978	biventricular support	450
33979	insertion of ventricular assist device, implantable intracorporeal, single ventricle	600
33980	removal of ventricular assist device, implantable intracorporeal, single ventricle	400
33981	replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	350
33982	replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	450
33983	implantable intracorporeal, single ventricle, with cardiopulmonary bypass	550
33990	insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	500

33991	both arterial and venous access, with transeptal puncture	550
33992	removal of percutaneous ventricular assist device at separate and distinct session from insertion	300
33993	repositioning of ventricular assist device with imaging guidance and distinct session from insertion	400

## Embolectomy/Thrombectomy

### Arterial, with or Without Catheter

34001	Embolectomy or thrombectomy, w/ or w/o catheter; carotid, subclavian or innominate artery, by neck incision	400
34051	innominate, subclavian artery, by thoracic incision	500
34101	axillary, brachial, innominate, subclavian artery, by arm incision	400
34111	radial or ulnar artery, by arm incision	400

CODE	DESCRIPTIVE TERMS	RVS 2020
34151	renal, celiac, mesentery, aortoiliac artery, by abdominal incision	500
34201	femoropopliteal, aortoiliac artery, by leg incision	400
34203	popliteal-tibio-peroneal artery, by leg incision	500

### Venous, Direct or With Catheter

34401	Thrombectomy, direct or w/ catheter; vena cava, iliac vein, by abdominal incision	500
34421	vena cava, iliac, femoropopliteal vein, by leg incision	400
34451	vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	500
34471	subclavian vein, by neck incision	400
34490	axillary and subclavian vein, by arm incision	400

### Venous Reconstruction

34501	Valvuloplasty, femoral vein	400
34502	Reconstruction of vena cava, any method	500
34510	Venous valve transposition, any vein donor	400
34520	Cross-over vein graft to venous system	400
34530	Saphenopopliteal vein anastomosis	400
34800	endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	450
34802	using modular bifurcated prosthesis (1 docking limb)	450
34803	using modular bifurcated prosthesis (2 docking limbs)	450



34804	using unibody bifurcated prosthesis	450
34805	using aorto-uniliac or aorto-unifemoral prosthesis	400
34806	transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	
34808	endovascular placement of iliac artery occlusion device	400
34812	open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral	350
34813	placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair	350
34820	open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral	400
34825	placement of proximal or distal extension prosthesis for endovascular repair for infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	400
34826	each additional vessel	400
34830	open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	500
34831	aorto-bi-iliac prosthesis	450
34832	aorto-bifemoral prosthesis	450

CODE	DESCRIPTIVE TERMS	RVS 2020
34833	open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral	400
34834	open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral	350
<b>FENESTRATED ENDOVASCULAR REPAIR of the VISCERAL and</b>		
34839	physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	
34841	endovascular repair of visceral aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a	650
34842	including two visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	650
34843	including three visceral visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	650
34844	including four or more visceral artery endoprotheses (superior mesenteric, celiac and/or renal artery[s])	650

34845	endovascular repair of visceral aorta and infrarenal abdominal aorta (eg aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	650
34846	including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	650
34847	including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	650
34848	including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	650

### **ENDOVASCULAR REPAIR of ILIAC ANEURYSM**

34900	endovascular repair of iliac artery (eg aneurysm, pseudoaneurysm, arterovenous malformation, trauma) using ilio-iliac tube endoprosthesis	350
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### **Direct Repair of Aneurysm or Excision (Partial or Total) Insertion and Graft for Aneurysm, False Aneurysm, Ruptured Aneurysm and Associated Occlusive Disease**

35001	Direct repair of aneurysm, false aneurysm, or excision (partial or total) and graft insertion, w/ or w/o patch graft; for aneurysm and associated occlusive disease, carotid,	450
35002	for ruptured aneurysm, carotid, subclavian artery, by neck incision	450
35005	for aneurysm, false aneurysm, and associated occlusive disease, vertebral artery	450
35011	for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	450
35013	for ruptured aneurysm, axillary-brachial artery, by arm incision	450
35021	for aneurysm, false aneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
35022	for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	450
35045	for aneurysm, false aneurysm, and associated occlusive disease, radial or ulnar artery	450
35081	for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta	500
35082	for ruptured aneurysm, abdominal aorta	600
35091	for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	600

35092	for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	600
35102	for aneurysm, false aneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	600
35103	for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	600
35111	for aneurysm, false aneurysm, and associated occlusive disease, splenic artery	600
35112	for ruptured aneurysm, splenic artery	600
35121	for aneurysm, false aneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	
35122	for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	600
35131	for aneurysm, false aneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	550
35132	for ruptured aneurysm, iliac artery (common, hypogastric, external)	600
35141	for aneurysm, false aneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	500
35142	for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	500
35151	for aneurysm, false aneurysm, and associated occlusive disease, popliteal artery	500
35152	for ruptured aneurysm, popliteal artery	550
35161	for aneurysm, false aneurysm, and associated occlusive disease, other arteries	500
35162	for ruptured aneurysm, other arteries	550
<b>Repair Arteriovenous Fistula</b>		
35180	Repair, congenital arteriovenous fistula; head and neck	500
35182	thorax and abdomen	600
35184	extremities	550
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	500
35189	thorax and abdomen	550
35190	extremities	500
<b>Repair Blood Vessel Other Than for Fistula, With or Without Patch</b>		
<b>Angioplasty</b>		
35201	Repair blood vessel, direct; neck	400
35206	upper extremity	300

CODE	DESCRIPTIVE TERMS	RVS 2020
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35207	hand, finger	300
35211	intrathoracic, w/ bypass	400
35216	intrathoracic, w/o bypass	450
35221	intra-abdominal	450
35226	lower extremity	450
35231	Repair blood vessel w/ vein graft; neck	450
35236	upper extremity	450
35241	intrathoracic, w/ bypass	450
35246	intrathoracic, w/o bypass	450
35251	intra-abdominal	450
35256	lower extremity	450
35261	Repair blood vessel w/ graft other than vein; neck	300
35266	upper extremity	300
35271	intrathoracic, w/ bypass	450
35276	intrathoracic, w/o bypass	450
35281	intra-abdominal	450
35286	lower extremity	400
<b>Thromboendarterectomy</b>		
35301	Thromboendarterectomy, w/ or w/o patch graft; carotid, vertebral, subclavian, by neck incision	400
35302	Superficial Femoral artery	400
35303	Popliteal artery	400
35304	Tibio - peroneal Trunk artery	400
35305	Tibial or Peroneal artery, initial vessel	400
35306	Each additional tibial or peroneal artery (list separately in addition to code for primary procedure)	400
35311	subclavian, innominate, by thoracic incision	450
35321	axillary-brachial	400
35331	abdominal aorta	450
35341	mesenteric, celiac, or renal	450
35351	iliac	400
35355	iliofemoral	450
35361	combined aortoiliac	450
35363	combined aortoiliofemoral	450
35371	common femoral	400

35372	deep (profunda) femoral	400
35381	femoral and/or popliteal, and/or tibioperoneal	400
35390	reoperation, carotid, thromboendarterectomy, more than 1 month after original operation	500

CODE	DESCRIPTIVE TERMS	RVS 2020
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## Transluminal Angioplasty

### Open

35450	Transluminal balloon angioplasty, open; renal or other visceral artery	450
35452	aortic	450
35454	iliac	450
35456	femoral-popliteal	450
35458	brachiocephalic trunk or branches, each vessel	450
35459	tibioperoneal trunk and branches	450
35460	venous	450

### Percutaneous

35470	Transluminal balloon angioplasty, percutaneous; tibioperoneal trunk or branches, each vessel (PTCA)	450
35471	renal or visceral artery	450
35472	aortic	600
35473	iliac	450
35474	femoral-popliteal	450
35475	brachiocephalic trunk or branches, each vessel	450
35476	venous	400

## Transluminal Atherectomy

### Open

35480	Transluminal peripheral atherectomy, open; renal or other visceral artery	450
35481	aortic	500
35482	iliac	500
35483	femoral-popliteal	450
35484	brachiocephalic trunk or branches, each vessel	450
35485	tibioperoneal trunk and branches	450

## Percutaneous

<b>35490</b>	Transluminal peripheral atherectomy, percutaneous; renal or other visceral artery	<b>450</b>
<b>35491</b>	aortic	<b>500</b>
<b>35492</b>	iliac	<b>500</b>
<b>35493</b>	femoral-popliteal	<b>450</b>
<b>35494</b>	branchiocephalic trunk or branches, each vessel	<b>450</b>
<b>35495</b>	tibioperoneal trunk and branches	<b>450</b>

## Bypass Graft

### Vein

<b>35500</b>	harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure	<b>400</b>
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>35501</b>	Bypass graft, w/ vein; carotid	<b>400</b>
<b>35506</b>	carotid-subclavian	<b>500</b>
<b>35507</b>	subclavian-carotid	<b>500</b>
<b>35508</b>	carotid-vertebral	<b>500</b>
<b>35509</b>	carotid-Contralateral carotid	<b>500</b>
<b>35510</b>	carotid Brachial	<b>500</b>
<b>35511</b>	subclavian-subclavian	<b>500</b>
<b>35512</b>	subclavian-Brachial	<b>500</b>
<b>35515</b>	subclavian-vertebral	<b>500</b>
<b>35516</b>	subclavian-axillary	<b>500</b>
<b>35518</b>	axillary-axillary	<b>500</b>
<b>35521</b>	Axillary - Femoral	<b>500</b>
<b>35522</b>	Axillary - Brachial	<b>500</b>
<b>35523</b>	Brachial - Ulnar or Radial	<b>500</b>
<b>35525</b>	Brachial - Brachial	<b>500</b>
<b>35526</b>	aortosubclavian or carotid	<b>650</b>
<b>35531</b>	aortoceliac or aortomesenteric	<b>550</b>
<b>35533</b>	axillary-femoral-femoral	<b>550</b>
<b>35535</b>	hepatorenal	<b>550</b>
<b>35536</b>	splenorenal	<b>550</b>

35537	Aorto - Iliac	650
35538	Aorto - Bi - Iliac	650
35539	Aorto - Femoral	600
35540	Aorto - Bi - Femoral	650
35541	aortoiliac or bi-iliac	650
35546	aortofemoral or bifemoral	650
35548	aortoillofemoral, unilateral	650
35549	aortoillofemoral, bilateral	650
35551	aortofemoral - popliteal	650
35556	femoral - popliteal	500
35558	femoral-femoral	500
35560	aortorenal	600
35563	ilioiliac	500
35565	iliofemoral	500
35566	femoral - anterior tibial, posterior tibial, peroneal artery or other distal vessels	500
35570	tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	500
35571	popliteal-tibial, peroneal artery or other distal vessels	500
35572	harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg aortic, vena caval, coronary, peripheral artery)	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>In - Situ Vein</b>		
35582	In-situ vein bypass; aortofemoral-popliteal (only femoral-popliteal portion in-situ)	500
35583	femoral-popliteal	500
35585	femoral-anterior tibial, posterior tibial, or peroneal artery	500
35587	popliteal -tibial, peroneal	500
<b>Other Than Vein</b>		
35600	harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure	400
35601	Bypass graft, with other than vein; carotid	400
35606	carotid-subclavian	400
35612	subclavian-subclavian	400
35616	subclavian-axillary	450

35621	axillary-femoral	450
35623	axillary-popliteal or -tibial	450
35626	aortosubclavian or carotid	500
35631	aortoceliac, aortomesenteric, aortorenal	500
35632	ilio-celiac	500
35633	ilio-mesenteric	500
35634	iliorenal	500
35636	splenorenal (splenic to renal arterial anastomosis)	500
35641	aortoiliac or bi-iliac	
35642	carotid-vertebral	550
35645	subclavian-vertebral	450
35646	aortofemoral or bifemoral	550
35647	Aorto - femoral	550
35650	axillary-axillary	450
35651	aortofemoral-popliteal	500
35654	axillary-femoral-femoral	500
35656	femoral-popliteal	500
35661	femoral-femoral	500
35663	ilioiliac	500
35665	iliofemoral	500
35666	femoral-anterior tibial, posterior tibial, or peroneal artery	500
35671	popliteal-tibial or -peroneal artery	500
35681	Bypass graft, composite	650

### Arterial Transposition

35691	Transposition and/or reimplantation; vertebral to carotid artery	500
35693	vertebral to subclavian artery	500
35694	subclavian to carotid artery	500

CODE	DESCRIPTIVE TERMS	RVS 2020
35695	carotid to subclavian artery	500
35697	reimplantation, visceral artery to infrarenal aortic prosthesis, each artery	500
<b>Exploration</b>		



35700	Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial,posterior tibial, peroneal artery or other distal vessels, more than one month after original operation	450
35701	Exploration (not followed by surgical repair), w/ or w/o lysis of artery; carotid artery	400
35721	femoral artery	400
35741	popliteal artery	400
35761	other vessels	400
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	400
35820	chest	400
35840	abdomen	400
35860	extremity	400
35870	Repair of graft-enteric fistula	450
35875	Thrombectomy of arterial or venous graft;	400
35876	w/ revision of arterial or venous graft	450
35879	revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	450
35881	with segmental vein interposition	450
35883	revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft	450
35884	with autogenous vein patch graft	400
35901	Excision of infected graft; neck	400
35903	extremity	400
35905	thorax	400
35907	abdomen	400

## Vascular Injection Procedures

### Intravenous

36000	introduction of needle or intracatheter, vein	150
36002	injection procedures (eg thrombin) for percutaneous treatment of extremity pseudoaneurysm	250
36005	injection procedure for extremity venography (including introduction of needle or intracatheter)	250
36010	Introduction of catheter, superior or inferior vena cava	350
36011	Selective catheter placement, venous system; first order branch (e.g., renal vein, jugular vein)	350
36012	second order, or more selective, branch (e.g., left adrenal vein, petrosal sinus)	350
36013	Introduction of catheter, right heart or main pulmonary artery	350
36014	Selective catheter placement, left or right pulmonary artery	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	350
<b>Intra-Arterial-Intra-Aortic</b>		
36100	Introduction of needle or intracatheter, carotid or vertebral artery	350
36120	Introduction of needle or intracatheter; retrograde brachial artery	350
36140	extremity artery	350
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)	350
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula) Initial access with complete radiological evaluation of dialysis access, including fluroscopy image documentation and report (includes access of shunt, injection of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the infereior or superior vena cava	350
36160	introduction of needle or intracatheter, aortic, translumbar	400
36200	Introduction of catheter, aorta	350
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, w/in a vascular family	350
36216	initial second order thoracic or brachiocephalic branch, w/in a vascular family	350
36217	initial third order or more selective thoracic or brachiocephalic branch, w/in a vascular family	350
36218	additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family	350
36221	non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	350
36222	selective catheter replacement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	350
36223	selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	350
<b>ANGIOGRAPHY / CAROTID ARTERY</b>		

<b>36224</b>	selective catheter placement, internal carotid artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	<b>350</b>
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>36225</b>	selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	<b>350</b>
<b>36226</b>	selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	<b>350</b>
<b>36227</b>	selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and	<b>350</b>
<b>36228</b>	selective catheter placement, each intracranial branch of the internal carotid artery or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all	<b>350</b>
<b>36245</b>	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, w/in a vascular family	<b>350</b>
<b>36246</b>	initial second order abdominal, pelvic or lower extremity artery branch, w/in a vascular family	<b>350</b>
<b>36247</b>	initial third order or more selective abdominal, pelvic or lower extremity artery branch, w/in a vascular family	<b>350</b>
<b>36248</b>	additional second order, third order, and beyond, abdominal, pelvic or lower extremity artery branch, within a vascular family	<b>350</b>
<b>36251</b>	selective catheter placement (first order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed unilateral	<b>350</b>
<b>36252</b>	bilateral	<b>350</b>
<b>36253</b>	superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	<b>350</b>
<b>36254</b>	bilateral	<b>350</b>
<b>36260</b>	Insertion of implantable intra-arterial infusion pump (e.g., for chemotherapy of liver)	<b>300</b>
<b>36261</b>	Revision of implanted intra-arterial infusion pump	<b>300</b>

36262	Removal of implanted intra-arterial infusion pump	300
<b>Venous</b>		
36450	Exchange transfusion, blood	
36468	single or mutple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	100
36470	Injection of sclerosing solution; single vein	100
36471	Injection of sclerosing solution; multiple veins, same leg	150

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	350
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	350
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	350
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	350
36481	Percutaneous portal vein catheterization by any method	350
36488	Placement of central venous catheter (subclavian, jugular, or other vein) (e.g., for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous or cutdown	200
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	150
36511	Therapeutic apheresis	

### **CENTRAL VENOUS ACCESS PROCEDURES**

36555	insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	300
36556	age 5 years or older	250
36557	insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	300
36558	age 5 years or older	250
36560	insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	350
36561	age 5 years or older	300

36563	insertion of tunneled centrally inserted central venous access device, with subcutaneous pump	300
36565	insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg Tesio type catheter)	250
36566	with subcutaneous port(s)	250
36568	insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	250
36569	age 5 years or older	250
36570	insertion of peripherally inserted central venous catheter device, with subcutaneous port; younger than 5 years of age	250
36571	age 5 years or older	250
<b>REPAIR of CENTRAL VENOUS ACCESS DEVICE</b>		
36575	repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	300

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
36576	repair of central venous access device, with subcutaneous port or pump; central or peripheral insertion site	300
36578	replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	300
36580	replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	300
36581	replacement, complete, of a tunneled centrally inserted central venous catheter, with subcutaneous port or pump, through same venous access subcutaneous port or pump,	300
36583	replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	300
36584	replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	300
36585	replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	300
36588	percutaneous UTZ-guided Tunnelled CVC Access	300
<b>REMOVAL of CENTRAL VENOUS ACCESS DEVICE</b>		
36589	removal of tunneled central venous catheter, without subcutaneous port or pump	100
36590	removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	150
36591	collection of blood specimen from a completely implantable venous access device	50
36592	collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	50

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	200
36598	contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	
36600	arterial puncture, withdrawal of blood for diagnosis	
36620	arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	
36625	cutdown	100
<b>Arterial</b>		
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	250
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	200
<b>Intervascular Cannulization or Shunt</b>		
36680	placement of needle for intraosseous infusion	
36781	Percutaneousportal vein catheterization by any method(PORTA CATH)	
36800	Insertion of cannula for hemodialysis, other purpose ; vein to vein	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
36810	arteriovenous, external (Scribner type)	200
36815	arteriovenous, external revision, or closure	200
36818	arteriovenous anastomosis, open; by upper arm cephalic vein transposition	200
36819	by upper arm basilic vein transposition	250
36820	by forearm vein transposition	250
36821	Arteriovenous anastomosis, direct, any site (e.g., Cimino type)	200
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO)	250
<b>ARTERIOVENOUS ANASTOMOSIS / DIRECT</b>		
36823	insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without	

36825	creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	350
36830	nonautogenous graft	350
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or non - autogenous dialysis graft	400
36832	Revision of an arteriovenous fistula, w/ or w/o thrombectomy, autogenous or nonautogenous graft	400
36833	with throlmbectomy, autogenous or nonautogenous dialysis graft	400
36834	Plastic repair of arteriovenous aneurysm	
36835	Insertion of Thomas shunt	400
36838	distal revascularization and interval ligation (DRILL), upper extremity hemodialysis access (Steal syndrome)	400
36860	external cannula declotting (separate procedure); without balloon catheter	400
36861	with balloon catheter	400
36870	thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	400

### **Portal Decompression Procedures**

37140	Venous anastomosis; portocaval	500
37145	renoportal	500
37160	caval-mesenteric	600
37180	splenorenal, proximal	500
37181	splenorenal, distal (selective decompression of esophagogastric varices, any technique)	500
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) includes venous access, hepatic and portal vein catheterization, portography, hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	

### **TRANSCATHETER PROCEDURES**

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>ARTERIAL MECHANICAL THROMBECTOMY</b>		
37184	Primary percutaneous transluminal mechanical thrombectomy, non-coronary, arterial or arterial bypass graft including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections; one or more vessels	350

37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections; second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical procedure)	350
37186	secondary percutaneous transluminal thrombectomy (eg nonprimary mechanical, snare basket, suction technique), noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy	350

## VENOUS MECHANICAL THROMBECTOMY

37187	Percutaneous transluminal mechanical thrombectomy, veins, including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance; one or more vessels	350
37188	percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	400
37124	cessation of thrombolysis including removal of catheter and vessel closure by any method	50
37202	transcatheter therapy, infusion other than for thrombolysis, any type (eg spasmolytic, vasoconstrictive)	300
37215	transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	350
37216	without distal embolic protection	350
37217	transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	450
37218	transcatheter placement of intravascular stent(s), intrathoracic common carotid or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	350
37200	Transcatheter biopsy	350
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	350
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (e.g., spasmolytic, vasoconstrictive)	350
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter)	350

CODE	DESCRIPTIVE TERMS	RVS 2020
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37204	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, noncentral nervous system, non-head or neck	350
37205	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), percutaneous; initial vessel	350
37207	Transcatheter placement of an intravascular stent(s), (non-coronary vessel), open; initial vessel	350
<b>ENDOVASCULAR REVASCULARIZATION</b>		
<b>(Open or Percutaneous Transcatheter)</b>		
37220	revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	350
<b>TRANSLUMINAL BALLOON ANGIOPLASTY</b>		
37221	with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	350
37222	revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty	400
37223	with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	400
37224	revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	400
37225	with atherectomy, includes angioplasty within the same vessel, when performed	400
37226	with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	400
37227	with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	400
37228	revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	400
37229	with atherectomy, includes angioplasty within the same vessel, when performed	400
37230	with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	400
37231	with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	400
37232	revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty	400
<b>ILIAC and LOWER EXTREMITY ATRIAL ANATOMY TERRITORY</b>		
37233	with atherectomy, includes angioplasty within the same vessel, when performed	400
37234	with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	400
37235	with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
37236	transcatheter placement of an intravascular stent(s)(except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	400
37237	each additional artery	400
37242	Vascular embolize / occlude anatomy	350
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS	350
<b>Ligation and Other Procedures</b>		
37565	Ligation, internal jugular vein	300
37600	Ligation; external carotid artery	300
37605	internal or common carotid artery	300
37606	internal or common carotid artery, w/ gradual occlusion, as w/ Selverstone or Crutchfield camp	300
37607	Ligation or banding of angioaccess arteriovenous fistula	300
37609	Ligation or biopsy, temporal artery	250
37615	Ligation, major artery (e.g., post-traumatic, rupture); neck	400
37616	chest	400
37617	abdomen	450
37618	extremity	400
37619	Vena cava	400
37620	Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)Filter Insertion	400
37650	Ligation of femoral vein	300
37660	Ligation of common iliac vein	400
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	400
37718	Ligation and stripping of short saphenous vein	400
37720	Ligation and division and complete stripping of long or short saphenous veins (Varicose Vein)	350
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	350
37730	Ligation and division and complete stripping of long and short saphenous veins	350

37735	Ligation and division/excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, w/ excision of deep fascian and complete stripping of long or short saphenous veins w/ radical	450
37760	Ligation of perforators, subfascial, radical (Linton type), w/ or w/o skin graft	450
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	450
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	450

CODE	DESCRIPTIVE TERMS	RVS 2020
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions division, and/or excision of varicose vein cluster(s), one leg	400
37780	Ligation and division of short saphenous vein at saphenopopliteal junction	350
37788	Penile revascularization, artery, w/ or w/o vein graft	500
37790	Penile venous occlusive procedure	450

## Hemic and Lymphatic System

### Spleen

#### Excision

38100	Splenectomy; total	400
38101	partial	400
38102	total, en bloc for extensive disease, in conjunction w/ other procedure	400

#### Repair

38115	Repair of ruptured spleen (splenorrhaphy) w/ or w/o partial splenectomy	450
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### Laparoscopy

38120	Laparoscopy, surgical; splenectomy	450
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## Bone Marrow or Stem Cell Services and Procedures

38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation	
38220	Bone marrow aspiration or biopsy	
38230	Bone marrow harvesting for transplantation	
38240	Bone marrow or peripheral blood derived peripheral stem cell transplantation	

## Lymph Nodes and Lymphatic Channels

### Incision

38300	Drainage of lymph node abscess or lymphadenitis	150
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38380	Suture and/or ligation of thoracic duct; cervical approach	350
38381	thoracic approach	350
38382	abdominal approach	350
	Ultrasound guided needle aspiration biopsy of axillary lymph node	250
	Ultrasound guided core needle biopsy of axillary lymph node	300
<b>Excision</b>		
38500	Biopsy or excision of lymph node(s); superficial	150
38505	by needle, superficial (e.g., cervical, inguinal, axillary) (FNAB LYMP)	100
38510	deep cervical node(s)	100
38520	deep cervical node(s) w/ excision scalene fat pad	150
38525	deep axillary node(s)	250
	Ultrasound-guided Biopsy or excision of deep axillary node(s)	350
38530	internal mammary node(s)	300

CODE	DESCRIPTIVE TERMS	RVS 2020
38542	Dissection, deep jugular node(s)	300
38550	Excision of cystic hygroma, axillary or cervical; w/o deep neurovascular dissection	300
38555	w/ deep neurovascular dissection	300
<b>Laparoscopy</b>		
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	350
38571	with bilateral total pelvic lymphadenectomy	400
38572	with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	450
<b>Radical Lymphadenectomy</b>		
38700	Suprahyoid lymphadenectomy	450
38720	Cervical lymphadenectomy (complete)	500
38724	Cervical lymphadenectomy (modified radical neck dissection)	500
38740	Axillary lymphadenectomy; superficial	450
38745	complete	400
38746	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes	
38747	Abdominal lymphadenectomy, regional, including celiac, para-aortic and venal caval nodes	
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node	

38765	Inguinofemoral lymphadenectomy, superficial, in continuity w/ pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes	
<b>Mediastinum and Diaphragm</b>		
<b>Mediastinum</b>		
<b>Incision</b>		
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	400
39010	Transthoracic approach, including either transthoracic or median sternotomy	500
<b>Excision</b>		
39200	Excision of mediastinal cyst	400
39220	Excision of mediastinal tumor	550
<b>Endoscopy</b>		
39400	Mediastinoscopy, with or without biopsy	400
<b>Diaphragm Repair</b>		
39501	Repair, laceration of diaphragm, any approach	400

CODE	DESCRIPTIVE TERMS	RVS 2020
39502	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal	400
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	400
39520	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic	400
39530	combined, thoracoabdominal	450
39531	combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)	450
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	450
39541	chronic	450
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	450
39560	resection, diaphragm; with simple repair (eg primary suture)	450
39561	with complex repair (eg prosthetic material, local muscle flap)	550
<b>Digestive System</b>		

## Lips

### Excision

<b>40490</b>	Biopsy of lip	<b>50</b>
<b>40500</b>	Vermilionectomy (lip shave), w/ mucosal advancement	<b>100</b>
<b>40510</b>	Excision of lip; transverse wedge excision w/ primary closure	<b>100</b>
<b>40520</b>	V-excision w/ primary defect linear closure	<b>100</b>
<b>40525</b>	full thickness, reconstruction w/ local flap (e.g., Estlander or fan)	<b>200</b>
<b>40527</b>	full thickness, reconstruction w/ cross lip flap (Abbe-Estlander)	<b>200</b>
<b>40530</b>	Resection of lip, more than one-fourth, w/o reconstruction	<b>100</b>

### Repair (Cheiloplasty)

<b>40650</b>	Repair lip, full thickness; vermilion only	<b>150</b>
<b>40652</b>	up to half vertical height	<b>400</b>
<b>40654</b>	over one-half vertical height, or complex	<b>150</b>
<b>40700</b>	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	<b>450</b>
<b>40701</b>	primary bilateral, one stage procedure	<b>450</b>
<b>40702</b>	primary bilateral, one of two stages	<b>450</b>
<b>40720</b>	secondary, by recreation of defect and reclosure	<b>500</b>
<b>40761</b>	w/ cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	<b>500</b>

### Vestibule of Mouth

#### Incision

<b>40800</b>	Drainage of abscess, cyst, hematoma, vestibule of mouth	<b>100</b>
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#### Excision, Destruction

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>40808</b>	Biopsy, vestibule of mouth	<b>100</b>
<b>40810</b>	Excision of lesion of mucosa and submucosa, vestibule of mouth	<b>100</b>
<b>40818</b>	Excision of mucosa of vestibule of mouth as donor graft	<b>150</b>
<b>40819</b>	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	<b>100</b>
<b>Repair</b>		
<b>40830</b>	Closure of laceration, vestibule of mouth; 2.5 cm or less	<b>100</b>

<b>40831</b>	over 2.5 cm or complex	<b>100</b>
<b>40840</b>	Vestibuloplasty; anterior	<b>150</b>
<b>40842</b>	posterior, unilateral	<b>150</b>
<b>40843</b>	posterior, bilateral	<b>150</b>
<b>40844</b>	entire arch	<b>200</b>
<b>40845</b>	complex (including ridge extension, muscle repositioning)	<b>250</b>

## Tongue and Floor of Mouth

### Incision

<b>41000</b>	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	<b>100</b>
<b>41005</b>	sublingual, superficial	<b>100</b>
<b>41006</b>	sublingual, deep, supramylohyoid	<b>100</b>
<b>41007</b>	submental space	<b>100</b>
<b>41008</b>	submandibular space	<b>100</b>
<b>41009</b>	masticator space	<b>100</b>
<b>41015</b>	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	<b>150</b>
<b>41016</b>	submental	<b>150</b>
<b>41017</b>	submandibular	<b>150</b>
<b>41018</b>	masticator space	<b>150</b>

### Excision

<b>41100</b>	Biopsy of tongue; anterior two-thirds	<b>150</b>
<b>41105</b>	posterior one-third	<b>150</b>
<b>41108</b>	Biopsy of floor of mouth	<b>150</b>
<b>41110</b>	Excision of lesion of tongue w/o closure	<b>150</b>
<b>41112</b>	Excision of lesion of tongue w/ closure; anterior two-thirds	<b>150</b>
<b>41113</b>	posterior one-third	<b>150</b>
<b>41114</b>	w/ local tongue flap	<b>200</b>
<b>41115</b>	Excision of lingual frenum (frenectomy) Tongue Tie	<b>100</b>
<b>41116</b>	Excision, lesion of floor of mouth	<b>150</b>
<b>41120</b>	Glossectomy; less than one-half tongue	<b>200</b>
<b>41130</b>	hemiglossectomy	<b>350</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
41135	partial, w/ unilateral radical neck dissection	450
41140	complete or total, w/ or w/o tracheostomy, w/o radical neck dissection	450
41145	complete or total, w/ or w/o tracheostomy, w/ unilateral radical neck dissection	500
41150	composite procedure w/ resection floor of mouth and mandibular resection, w/o radical neck dissection	500
41153	composite procedure w/ resection floor of mouth, w/ suprahyoid neck dissection	500
41155	composite procedure w/ resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	500
<b>Repair</b>		
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	100
41251	posterior one-third of tongue	100
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	100
<b>Other Procedures</b>		
41500	Frenoplasty (surgical revision of frenum, eg, w/ Z-plasty)	250
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	250
41520	Frenoplasty (surgical revision of frenum, eg, w/ Z-plasty)	250
<b>Dentoalveolar Structures</b>		
<b>Incision</b>		
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	
41806	bone	
<b>Excision, Destruction</b>		
41820	Gingivectomy, excision gingiva	
41821	Operculectomy, excision pericoronal tissues	
41822	Excision of fibrous tuberosities, dentoalveolar structures	
41823	Excision of osseous tuberosities, dentoalveolar structures	
41825	Excision of lesion or or tumor (except listed above), dentoalveolar structures	500
41828	Excision of hyperplastic alveolar mucosa	



<b>41830</b>	Alveolectomy, including curettage of osteitis or sequestrectomy	
<b>41850</b>	Destruction of lesion (except excision), dentoalveolar structures	
<b>Other Procedures</b>		
<b>41870</b>	Periodontal mucosal grafting	
<b>41872</b>	Gingivoplasty	
<b>41874</b>	Alveoloplasty	
<b>Palate and Uvula</b>		
<b>Incision</b>		

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>42000</b>	Drainage of abscess of palate, uvula	<b>50</b>
<b>Excision, Destruction</b>		
<b>42100</b>	Biopsy of palate, uvula	<b>50</b>
<b>42104</b>	Excision, lesion of palate, uvula; w/o closure	<b>100</b>
<b>42106</b>	w/ simple primary closure	<b>100</b>
<b>42107</b>	w/ local flap closure	<b>150</b>
<b>42120</b>	Resection of palate or extensive resection of lesion	<b>400</b>
<b>42140</b>	Uvulectomy, excision of uvula	<b>250</b>
<b>42145</b>	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)(UPPP)	<b>400</b>
<b>42160</b>	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	<b>100</b>
<b>Repair</b>		
<b>42180</b>	Repair, laceration of palate; up to 2 cm	<b>100</b>
<b>42182</b>	over 2 cm or complex	<b>100</b>
<b>42200</b>	Palatoplasty for cleft palate, soft and/or hard palate only	<b>400</b>
<b>42205</b>	Palatoplasty for cleft palate, w/ closure of alveolar ridge; soft tissue only	<b>400</b>
<b>42210</b>	w/ bone graft to alveolar ridge (includes obtaining graft)	<b>450</b>
<b>42215</b>	Palatoplasty for cleft palate; major revision	<b>450</b>
<b>42220</b>	secondary lengthening procedure	<b>400</b>
<b>42225</b>	attachment pharyngeal flap	<b>450</b>

42226	Lengthening of palate, and pharyngeal flap	400
42227	Lengthening of palate, w/ island flap	400
42235	Repair of anterior palate, including vomer flap	400
42260	Repair of nasolabial fistula	400

## Salivary Gland and Ducts

### Incision

42300	Drainage of abscess; parotid	50
42310	Drainage of abscess; submaxillary or sublingual, intraoral	50
42320	submaxillary, external	50
42325	Fistulization of sublingual salivary cyst (ranula);	50
42326	w/ prosthesis	150
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, intraoral	150

### Excision

42400	Biopsy of salivary gland; needle	50
42405	incisional	100
42408	Excision of sublingual salivary cyst (ranula)	100
42409	Marsupialization of sublingual salivary cyst (ranula)	100
42410	Excision of parotid tumor or parotid gland; lateral lobe, w/o nerve dissection	400

CODE	DESCRIPTIVE TERMS	RVS 2020
42415	lateral lobe, w/ dissection and preservation of facial nerve	400
42420	total, w/ dissection and preservation of facial nerve	400
42425	total, en bloc removal w/ sacrifice of facial nerve	450
42426	total, w/ unilateral radical neck dissection	500
42440	Excision of submandibular (submaxillary) gland	300
42450	Excision of sublingual gland	300
<b>Repair</b>		
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	300
42505	secondary or complicated	300
42507	Parotid duct diversion, bilateral (Wilke type procedure);	300
42508	w/ excision of one submandibular gland	300
42509	w/ excision of both submandibular glands	300

42510	w/ ligation of both submandibular (Wharton's) ducts	300
<b>Other Procedures</b>		
42600	Closure salivary fistula	150
42665	Ligation salivary duct, intraoral	150
<b>Pharynx, Adenoids, and Tonsils</b>		
<b>Incision</b>		
42700	Incision and drainage abscess; peritonsillar	150
42720	retropharyngeal or parapharyngeal, intraoral approach	150
42725	retropharyngeal or parapharyngeal, external approach	150
<b>Excision, Destruction</b>		
42800	Biopsy; oropharynx	200
42802	hypopharynx	200
42804	nasopharynx, visible lesion, simple	200
42806	nasopharynx, survey for unknown primary lesion	200
42809	Removal of foreign body from pharynx	200
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	300
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	300
42820	Tonsillectomy and adenoidectomy	300
42825	Tonsillectomy, primary or secondary	300
42830	Adenoidectomy, primary	300
42835	Adenoidectomy, secondary	300
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; w/o closure	150
42844	closure w/ local flap (e.g., tongue, buccal)	300
42845	closure w/ other flap	250

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
42860	Excision of tonsil tags	200
42870	Excision or destruction lingual tonsil, any method	200
42890	Limited pharyngectomy	350
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	450

42894	Resection of pharyngeal wall requiring closure w/ myocutaneous flap	450
<b>Repair</b>		
42900	Suture pharynx for wound or injury	200
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	250
42953	Pharyngoesophageal repair	250
<b>Other Procedures</b>		
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	250
<b>Esophagus</b>		
<b>Incision</b>		
43020	Esophagotomy, cervical approach, w/ removal of foreign body	400
43030	Cricopharyngeal myotomy	450
43045	Esophagotomy, thoracic approach, w/ removal of foreign body	450
<b>Excision</b>		
43100	excision of lesion, esophagus, with primary repair; cervical approach	450
43101	thoracic or abdominal approach	400
43107	Total or near esophagectomy, w/o thoracotomy; w/ pharyngogastrostomy or cervical esophagogastrostomy, w/ or w/o pyloroplasty (transhiatal)	500
43108	w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es)	550
43112	Total or near total esophagectomy, w/ thoracotomy; w/ pharyngogastrostomy, or cervical esophagogastrostomy, w/ or w/o pyloroplasty	550
43113	w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation and anastomosis(es)	550
43116	Partial esophagectomy, cervical, w/ free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	550
43117	Partial esophagectomy, distal two-thirds, w/ thoracotomy and separate abdominal incision, w/ or w/o proximal gastrectomy; w/ thoracic esophagogastrotomy, w/ or w/o	550
43118	w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(ses)	550
43121	Partial esophagectomy, distal two-thirds, w/ thoracotomy only, w/ or w/o proximal gastrectomy, w/ thoracic esophagogastrostomy, w/ or w/o pyloroplasty	550
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ esophagogastrotomy, w/ or w/o pyloroplasty	550
43123	w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(ses)	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
43124	Total or partial esophagectomy, w/o reconstruction (any approach), w/ cervical esophagostomy	500
43130	Diverticulectomy of hypopharynx, or esophagus, w/ or w/o myotomy; cervical approach	450
43135	thoracic approach	400
<b>Endoscopy</b>		
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	400
43191	esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed	400
43192	with directed submucosal injection(s), any substance	400
43193	with biopsy, single or multiple	400
43194	with removal of foreign body(s)	400
43195	with balloon dilation (less than 30mm diameter)	400
43196	with insertion of guide wire followed by dilation over guide wire	400
43197	esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed	300
43198	with biopsy, single or multiple	300
43200	Esophagoscopy, rigid or flexible; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	300
43201	with directed submucosal injection(s), any substance	300
43202	w/ biopsy, single or multiple	300
43204	w/ injection sclerosis of esophageal varices	300
43205	w/ band ligation of esophageal varices	300
43206	with optical endomicroscopy	350
43211	with endoscopic mucosal resection	400
43212	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	400
43213	with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	450
43214	with dilation of esophagus, by balloon (30mm diameter or larger) (includes fluoroscopic guidance, when performed)	450
43215	w/ removal of foreign body	400
43216	w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	400

43217	w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	400
43219	w/ insertion of plastic tube or stent	
43220	w/ balloon dilation (less than 30 mm diameter)	400
43226	w/ insertion of guide wire followed by dilation over guide wire	400
43227	w/ control of bleeding, any method	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
43228	w/ ablation of tumor(s) polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
43229	with ablation of tumor(s), polyp(s), or other lesion(s)(includes pre- and post-dilation and guide wire passage, when performed)	400
43231	with endoscopic ultrasounf examination	350
43232	with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	350
43234	Upper gastrointestinal endoscopy, simple primary examination ( e.g. w/ small diameter flexible endoscope)	
<b>ESOPHAGO GASTRO DUODENOSCOPY</b>		
43233	with dilation of esophagus, by balloon (30mm diameter or larger) (includes fluoroscopic guidance, when performed)	500
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, w/ or w/o collection of	300
43236	with directed submucosal injection(s), any substance	300
43237	with endoscopic ultrasounf examination limited to the esophagus, stomach or duodenum, and adjacent structures	300
43238	with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)(includes endoscopic ultrasound examination limited to the	400
43239	with biopsy, single or multiple	300
43240	with transmural drainage of pseudocyst (includes placement of transmural drainage catheter(s)/stent(s), when performed, and endoscopic ultrasound, when performed)	300
43241	w/ transendoscopic tube or catheter placement	300
43242	with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)(includes endoscopic ultrasound examination of the esophagus,	400
43243	w/ injection sclerosis of esophageal and/or gastric varices	250
43244	w/ band ligation of esophageal and/or gastric varices	300
43245	w/ dilation of gastric outlet for obstruction, any method	200
43246	w/ directed placement of percutaneous gastrostomy tube ( PEG )	300
43247	w/ removal or foreign body	400

43248	w/ insertion of guide wire followed by dilation of esophagus over guide wire	300
43249	w/ ballon dilation of esophagus (less than 30 mm diameter)	300
43250	w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	400
43251	w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	400
43255	w/ control of bleeding, any method	400
43257	with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	400
43258	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
43259	w/ endoscopic ultrasound examination	400

CODE	DESCRIPTIVE TERMS	RVS 2020
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	
43261	w/ biopsy, single or multiple	
43262	w/ sphincterotomy/papillotomy	
43263	w/ pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)	
43264	w/ endoscopic retrograde removal of stone(s) from biliary and/or pancreatic ducts	
43265	w/ endoscopic retrograde destruction, lithotripsy of stone(s), any method	
43266	with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	400
43267	w/ endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	
43268	w/ endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	
43269	w/ endoscopic retrograde removal of foreign body and/or change of tube or stent	
43270	with ablation of tumor(s), polyp(s), or other lesion(s)(includes pre- and post-dilation and guide wire passage, when performed)	400
43271	w/ endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	
43272	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
<b>Laparoscopy</b>		
43279	laparoscopy, surgical, esophagomyotomy (Heller type) with fundoplasty, when performed	600

43280	Laparoscopy, surgical, esophagogastic fundoplasty (e.g., Nissen, Toupet procedures)	500
43280	laparoscopy, surgical, esophagogastic fundoplasty (eg Nissen, Toupet procedures)	600
43281	laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	600
43282	with implantation of mesh	600
43283	laparoscopy, surgical, esophageal lengthening procedure (eg Collis gastroplasty or wedge gastroplasty)	650
43289	unlisted laparoscopy procedure, esophagus	650
<b>Repair</b>		
43300	Esophagoplasty, (plastic repair or reconstruction), cervical approach; w/o repair of tracheoesophageal fistula	400
43305	w/ repair of tracheoesophageal fistula	400
43310	Esophagoplasty, (plastic repair or reconstruction), thoracic approach; w/o repair of tracheoesophageal fistula	400
43312	w/ repair of tracheoesophageal fistula esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic	450
43313	approach; without repair of congenital tracheoesophageal fistula	
43314	with repair of congenital tracheoesophageal fistula	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
43320	Esophagogastrostomy (cardioplasty), w/ or w/o vagotomy and pyloroplasty, transabdominal or transthoracic approach	450
43324	Esophagogastic fundoplasty (e.g., Nissen, Belsey IV, Hill procedures)	450
43325	Esophagogastic fundoplasty; w/ fundic patch (Thal-Nissen procedure)	450
43326	w/ gastroplasty (e.g., Collis)	450
43327	esophagogastic fundoplasty partial or complete; laparotomy	500
43328	thoracotomy	
43330	Esophagomyotomy (Heller type); abdominal approach	400
43331	thoracic approach	400
43332	repair, paraesophageal hiatal hernia (including fundoplication) via laparotomy, except neonatal; without implantation of mesh or other prosthesis	500
43333	with implantation of mesh or other prosthesis	500
43334	repair, paraesophageal hiatal hernia (including fundoplication) via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	500
43335	with implantation of mesh or other prosthesis	550



43336	repair, paraesophageal hiatal hernia (including fundoplication) via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	550
43337	with implantation of mesh or other prosthesis	500
43338	esophageal lengthening procedure (eg Collis gastroplasty or wedge gastroplasty)	500
43340	Esophagojejunostomy (w/o total gastrectomy); abdominal approach	400
43341	thoracic approach	400
43350	Esophagostomy, fistulization of esophagus, external ; abdominal approach	350
43351	thoracic approach	400
43352	cervical approach	300
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; w/ stomach, w/ or w/o pyloroplasty	450
43361	w/ colon interposition or small bowel reconstruction, including bowel mobilization, preparation, and anastomosis(es)	500
43400	Ligation, direct, esophageal varices	400
43401	Transection of esophagus w/ repair, for esophageal varices	400
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	400
43410	Suture of esophageal wound or injury; cervical approach	300
43415	transthoracic or transabdominal approach	400
43420	Closure of esophagostomy or fistula; cervical approach	300
43425	transthoracic or transabdominal approach	400
<b>Manipulation</b>		
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	400
43453	Dilation of esophagus, over guide wire	400

CODE	DESCRIPTIVE TERMS	RVS 2020
43456	Dilation of esophagus, by balloon or dilator, retrograde	
43458	Dilation of esophagus w/ balloon (30 mm diameter or larger) for achalasia	400
43460	Esophagogastric tamponade, w/ balloon (Sengstaaken type)	
43496	Free jejunum transfer w/ microvascular anastomosis	550
<b>Stomach</b>		
<b>Incision</b>		

43500	Gastrotomy; w/ exploration or foreign body removal	400
43501	w/ suture repair of bleeding ulcer	400
43502	w/ suture repair of pre-existing esophagogastric laceration (e.g., Mallory-Weiss)	400
43510	w/ esophageal dilation and insertion of permanent intraluminal tube (e.g., Celestin or Mousseaux-Barbin)	400
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	400
<b>Excision</b>		
43600	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	100
43605	by laparotomy	400
43610	Excision, local; ulcer or benign tumor of stomach	400
43611	malignant tumor of stomach	450
43620	Gastrectomy, total; w/ esophagoenterostomy	500
43621	w/ Roux-en-Y reconstruction	500
43622	w/ formation of intestinal pouch, any type	600
43631	Gastrectomy, partial, distal; w/ gastroduodenostomy	600
43632	w/ gastrojejunostomy	600
43633	w/ Roux-en-Y reconstruction	600
43634	w/ formation of intestinal pouch	600
43638	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, w/ vagotomy;	600
43639	w/ pyloroplasty or pyloromyotomy	450
43640	Vagotomy including pyloroplasty, w/ or w/o gastrostomy; truncal or selective	400
43641	parietal cell (highly selective)	450
<b>Laparoscopy</b>		
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	400
43652	transection of vagus nerve, selective or highly selective	450
43653	gastrostomy, without construction of gastric tube (e.g., Stamm Procedure)	400
43750	Percutaneous placement of gastrostomy tube (PEG)	350
43760	Change of gastrostomy tube (PEG replacement)	100
<b>Other Procedures</b>		
43800	Pyloroplasty	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
43810	Gastroduodenostomy	400
43820	Gastrojejunostomy; w/o vagotomy	400
43825	w/ vagotomy, any type	400
43830	Gastrostomy, temporary (tube, rubber or plastic);	350
43831	neonatal, for feeding	350
43832	Gastrostomy, permanent, w/ construction of gastric tube	400
43840	Open gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound or injury	400
43842	Sleeve gastrectomy, gastric restrictive procedure, w/o gastric bypass for morbid obesity	450
43843	other than vertical-banded gastroplasty	450
43846	RYGB, gastric restrictive procedure, with gastric bypass for morbid obesity; w/ short limb (less than 100 cm) roux-en-y gastroenterostomy	500
43847	w/ small bowel reconstruction to limit absorption	500
43848	Revision of gastric restrictive procedure for morbid obesity	500
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) w/ reconstruction; w/o vagotomy	500
43855	w/ vagotomy	500
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) w/ reconstruction, w/ or w/o partial gastrectomy or bowel resection; w/o vagotomy	500
43865	w/ vagotomy	500
43870	Closure of gastrostomy, surgical	400
43880	Closure of gastrocolic fistula	450
<b>Intestines (Except Rectum)</b>		
<b>Incision</b>		
44005	Enterolysis (freeing of intestinal adhesion)	450
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	400
44020	Enterotomy, small bowel, other than duodenum; for exploration, biopsy(s), or foreign body removal	350
44021	for decompression (e.g., Baker tube)	350
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	350
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	400
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (e.g., Ladds procedure)	450

## Excision

<b>44100</b>	Biopsy of intestine by capsule, tube, peroral (one or more specimens)	<b>100</b>
<b>44110</b>	Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy	<b>300</b>
<b>44111</b>	multiple enterotomies	<b>300</b>
<b>44120</b>	Enterectomy, resection of small intestine; single resection and anastomosis	<b>400</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>44125</b>	w/ enterostomy	<b>400</b>
<b>44130</b>	Enteroenterostomy, anastomosis of intestine, w/ or w/o cutaneous enterostomy	<b>450</b>
<b>44132</b>	donor enterectomy (including cold preservation from) open from cadaver donor	<b>550</b>
<b>44133</b>	partial from living donor	<b>550</b>
<b>44135</b>	intestinal allotransplantation for cadaver donor	<b>550</b>
<b>44136</b>	from living donor	<b>550</b>
<b>44137</b>	removal of transplanted intestinal allograft, complete	<b>500</b>
<b>44140</b>	Colectomy, partial; w/ anastomosis	<b>450</b>
<b>44141</b>	w/ skin level cecostomy or colostomy	<b>450</b>
<b>44143</b>	w/ end colostomy and closure of distal segment (Hartmann type procedure)	<b>450</b>
<b>44144</b>	w/ resection, w/ colostomy or ileostomy and creation of mucofistula	<b>450</b>
<b>44145</b>	w/ coloproctostomy (low pelvic anastomosis)	<b>450</b>
<b>44146</b>	w/ coloproctostomy (low pelvic anastomosis), w/ colostomy	<b>450</b>
<b>44147</b>	abdominal and transanal approach	<b>450</b>
<b>44150</b>	Colectomy, total, abdominal, w/o proctectomy; w/ ileostomy or ileoproctostomy	<b>400</b>
<b>44151</b>	w/ continent ileostomy	<b>400</b>
<b>44152</b>	w/ rectal mucosectomy, ileoanal anastomosis, w/ or w/o loop ileostomy	<b>400</b>
<b>44153</b>	w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy	<b>400</b>
<b>44155</b>	Colectomy, total, abdominal, w/ proctectomy; w/ ileostomy	<b>400</b>
<b>44156</b>	w/ continent ileostomy	<b>400</b>
<b>44160</b>	Colectomy w/ removal of terminal ileum and ileocolostomy	<b>400</b>
<b>Laparsocopy</b>		
<b>44180</b>	Laparoscopic enterolysis	<b>500</b>
<b>44186</b>	Laparoscopic jejunal feeding tube insertion	<b>400</b>

44187	ileostomy or jejunostomy, non-tube	400
44188	Laparoscopic colostomy	400
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	450
44204	colectomy, partial, with anastomosis	450
44205	Laparoscopic right hemicolectomy	500
44206	Laparoscopic colectomy with colostomy & hartmann pouch	500
44207	Laparoscopic low anterior resection	550
44208	colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	550
44210	colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	550
44211	colectomy, total, abdominal, with proctectomy, with ileo-anal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy	550
44212	colectomy, total, abdominal, with proctectomy, with ileostomy	550

CODE	DESCRIPTIVE TERMS	RVS 2020
44227	Laparoscopy, surgical; closure of enterostomy, large or small intestine, with resection and anastomosis	400
<b>Enterostomy - External Fistulization of Intestines</b>		
44300	Enterostomy or cecostomy, tube (e.g., for decompression or feeding)	300
44310	Ileostomy or jejunostomy, non- tube	350
44312	Revision of ileostomy; simple (release of superficial scar)	350
44314	complicated (reconstruction in-depth)	350
44316	Continent ileostomy (Koch procedure)	350
44320	Colostomy or skin level cecostomy;	350
44322	w/ multiple biopsies (e.g., for Hirschsprung disease)	400
44340	Revision of colostomy; simple (release of superficial scar)	300
44345	complicated (reconstruction in - depth )	300
44346	Parastomal hernia repair laparoscopic approach	500
<b>Endoscopy, Small Bowel and Stomal</b>		
44360	Small intestinal endoscopy, enteroscopy, beyond second portion of duodenum, not including ileum; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	150
44361	w/ biopsy, single or multiple	150
44363	w/ removal of foreign body	200

44364	w/ removal of tumor(s), polyp(s), or other lesions(s) by snare technique	200
44365	w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	200
44366	w/ control of bleeding, any method	250
44369	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	250
44372	w/ placement of percutaneous jejunostomy tube	300
44373	w/ conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	300
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	250
44377	w/ biopsy, single or multiple	250
44378	w/ control of bleeding, any method	300
44380	Ileoscopy, through stoma; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	150
44382	w/ biopsy, single or multiple	150
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	150
44386	w/ biopsy, single or multiple	150
44388	Colonoscopy through stoma; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	150
44389	w/ biopsy, single or multiple	150
44390	w/ removal of foreign body	150

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
44391	w/ control of bleeding, any method	200
44392	w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	200
44393	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	250
44394	w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	250
<b>Introduction</b>		
44500	Introduction of long gastrointestinal tube (e.g., Miller-Abbott)	50
<b>Repair</b>		
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	350
44603	multiple perforation	400

44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/o colostomy	400
44605	w/ colostomy	400
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) w/ or w/o dilation, for intestinal obstruction	400
44620	Closure of enterostomy, large or small intestine;	400
44625	w/ resection and anastomosis	350
44640	Closure of intestinal cutaneous fistula	350
44650	Closure of enteroenteric or enterocolic fistula	350
44660	Closure of enterovesical fistula; w/o intestinal or bladder resection	350
44661	w/ bowel and/or bladder resection	350

### Intestinal transplantation

44715	backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation including mobilization and fashioning of superior mesenteric artery and	300
44720	backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	350
44721	arterial anastomosis, each	350

### Meckel's Diverticulum and the Mesentery

#### Excision

44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	400
44820	Excision of lesion of mesentery	400

#### Suture

44850	Suture of mesentery	300
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### Appendix

#### Incision

44900	Incision and drainage of appendiceal abscess, transabdominal	300
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#### Excision

CODE	DESCRIPTIVE TERMS	RVS 2020
44950	Appendectomy;	300
44960	for ruptured appendix w/ abscess or generalized peritonitis	350
<b>Laparoscopy</b>		

<b>44970</b>	Laparoscopic appendectomy for non-ruptured appendicitis	<b>400</b>
<b>Rectum</b>		
<b>Incision</b>		
<b>45000</b>	Transrectal drainage of pelvic abscess	<b>250</b>
<b>45005</b>	Incision and drainage of submucosal abscess, rectum	<b>250</b>
<b>45020</b>	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	<b>300</b>
<b>Excision</b>		
<b>45100</b>	Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)	<b>300</b>
<b>45108</b>	Anorectal myomectomy	<b>300</b>
<b>45110</b>	Proctectomy; complete, combined abdominoperineal, w/ colostomy	<b>500</b>
<b>45111</b>	partial resection of rectum, transabdominal approach	<b>500</b>
<b>45112</b>	Proctectomy, combined abdominoperineal, pull-through procedure (e.g., colo-anal anastomosis)	<b>500</b>
<b>45113</b>	Proctectomy, partial, w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy	<b>500</b>
<b>45114</b>	Proctectomy, partial, w/ anastomosis; abdominal and transsacral approach	<b>500</b>
<b>45116</b>	transsacral approach only (Kraske type)	<b>450</b>
<b>45120</b>	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ pull-through procedure and anastomosis (e.g., Swenson, Duhamel, or Soave type	<b>500</b>
<b>45121</b>	w/ subtotal or total colectomy, w/ multiple biopsies	<b>500</b>
<b>45123</b>	Proctectomy, partial, w/o anastomosis, perineal approach	<b>500</b>
<b>45130</b>	Excision of rectal procidentia, w/ anatomosis; perineal approach	<b>450</b>
<b>45135</b>	abdominal and perineal approach(APR)	<b>500</b>
<b>45150</b>	Division of stricture of rectum	<b>250</b>
<b>45160</b>	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	<b>400</b>
<b>45170</b>	Excision of rectal tumor, transanal approach	<b>250</b>
<b>Destruction</b>		
<b>45190</b>	Destruction of rectal tumor, any method (e.g., electrodesiccation) transanal approach	<b>250</b>
<b>Endoscopy</b>		
<b>45300</b>	Proctosigmoidoscopy, rigid; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	<b>50</b>
<b>45303</b>	w/ dilation, any method	<b>100</b>
<b>45305</b>	w/ biopsy, single or multiple	<b>50</b>



<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
45307	w/ removal of foreign body	50
45308	w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	100
45309	w/ removal of single tumor, polyp, or other lesion by snare technique	100
45315	w/ removal of multiple tumors, polyps or other lesions by hot biopsy forceps, bipolar cautery or snare technique	100
45317	w/ control of bleeding, any method	100
45320	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (e.g., laser)	150
45321	w/ decompression of volvulus	150
45330	Sigmoidoscopy, flexible; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	100
45331	w/ biopsy, single or multiple	100
45332	w/ removal of foreign body	100
45333	w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	100
45334	w/ control of bleeding, any method	150
45337	w/ decompression of volvulus, any method	150
45338	w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	150
45339	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	150
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	100
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing, w/ or w/o colon decompression	150
45379	w/ removal of foreign body	150
45380	w/ biopsy, single or multiple	150
45382	w/ control of bleeding, any method	150
45383	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	150
45384	w/ removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	150
45385	w/ removal of tumor(s), polyp(s), or other lesion(s) by snare technique	150
<b>Laparoscopy</b>		
45395	Laparoscopic abdomino perineal resection	550

45397	proctectomy, combined abdominoperineal pull through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed	550
45400	Laparoscopy, surgical; proctopexy (for prolapse)	400
45402	proctopexy (for prolapse), with sigmoid resection	450
<b>Repair</b>		
45500	Proctoplasty; for stenosis	300

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
45505	for prolapse of mucous membrane	300
45540	Proctopexy for prolapse; abdominal approach	350
45541	perineal approach	300
45550	Proctopexy combined w/ sigmoid resection, abdominal approach	350
45560	Repair of rectocele	350
45562	Exploration, repair and presacral drainage for rectal injury;	350
45563	w/ colostomy	450
45800	Closure of rectovesical fistula;	400
45805	w/ colostomy	400
45820	Closure of rectourethral fistula;	400
45825	w/ colostomy	400
<b>Manipulation</b>		
45905	Dilation of anal sphincter under anesthesia other than local	150
45910	Dilation of rectal stricture under anesthesia other than local	150
45915	Removal of fecal impaction or foreign body under anesthesia	150
<b>Anus</b>		
<b>Incision</b>		
46040	Incision and drainage of ischiorectal and/or perirectal abscess	150
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	150
46050	Incision and drainage, perianal abscess, superficial	150
46060	Incision and drainage of ischiorectal or intramural abscess, w/ fistulectomy or stulotomy, submuscular, w/ or w/o placement of seton	150
46070	Incision, anal septum (infant)	150

46080	Sphincterotomy, anal, division of sphincter	150
46083	Incision of thrombosed hemorrhoid, external	150
<b>Excision</b>		
46200	Fissurectomy, w/ or w/o sphincterotomy	250
46210	Cryptectomy; single	250
46211	multiple	250
46220	Papillectomy or excision of single tag, anus	250
46221	Hemorrhoidectomy, by simple ligature (e.g., rubber band)	250
46230	Excision of external hemorrhoid tags and/or multiple papillae	250
46250	Hemorrhoidectomy, external, complete	250
46255	Hemorrhoidectomy, internal and external, simple;	250
46257	w/ fissurectomy	250
46258	w/ fistulectomy, w/ or w/o fissurectomy	250
46260	Hemorrhoidectomy, internal and external, complex or extensive;	250

CODE	DESCRIPTIVE TERMS	RVS 2020
46261	w/ fissurectomy	250
46262	w/ fistulectomy, w/ or w/o fissurectomy	250
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	250
46275	submuscular	250
46280	complex or multiple, w/ or w/o placement of seton	250
46285	second stage	250
46288	Closure of anal fistula w/ rectal advancement flap	350
46320	Enucleation or excision of external thrombotic hemorrhoid	250
<b>Endoscopy</b>		
46600	Anoscopy; diagnostic, w/ or w/o collection of specimen(s) by brushing or washing	50
46604	w/ dilation, any method	50
46606	w/ biopsy, single or multiple	50
46608	w/ removal of foreign body	50
46610	w/ removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	200
46611	w/ removal of single tumor, polyp or other lesion by snare technique	200

46612	w/ removal of multiple tumor, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	200
46614	w/ control of bleeding, any method	200
46615	w/ ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	250
<b>Repair</b>		
46700	Anoplasty, plastic operation for stricture; adult	250
46705	infant	
46715	Repair of low imperforate anus; w/ anoperineal fistula ("cut-back" procedure)	350
46716	w/ transportation of anoperineal or anovestibular fistula	400
46730	Repair of high imperforate anus w/o fistula; perineal or sacroperineal approach	450
46735	combined transabdominal and sacroperineal approaches	450
46740	Repair of high imperforate anus w/ rectourethral or rectovaginal fistula; perineal or sacroperineal approach	500
46742	combined transabdominal and sacroperineal approaches	450
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	500
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	500
46748	w/ vaginal lengthening by intestinal graft or pedicle flaps	500
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	350
46751	child	
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	250
46754	Removal of Thiersch wire or suture, anal canal	200

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	450
46761	levator muscle imbrication (Park posterior anal repair)	300
46762	implantation artificial sphincter	450
<b>Destruction</b>		
46900	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	250
46910	electrodesiccation	250
46916	cryosurgery	300
46917	laser surgery	300
46922	surgical excision	250

46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive, any method	250
46934	Destruction of hemorrhoids, any method; internal	300
46935	external	300
46936	internal and external	300
46937	Cryosurgery of rectal tumor; benign	300
46938	malignant	350
46940	Curettage or cauterization of anal fissure, including dilation of anal sphincter	300
<b>Suture</b>		
46945	Ligation of internal hemorrhoids	200
<b>Liver</b>		
<b>Incision</b>		
47000	Biopsy of liver, needle; percutaneous	200
47010	Hepatotomy for drainage of abscess or cyst, one or two stages	350
47015	Laparotomy, w/ aspiration and/or injection of hepatic parasitic (e.g., amoebic or echinococcal) cyst(s) or abscess(es)	350
<b>Excision</b>		
47100	Biopsy of liver, wedge	350
	Laparoscopic Biopsy of liver, wedge	500
47120	Hepatectomy, resection of liver; partial lobectomy	500
47122	trisegmentectomy	500
47125	total left lobectomy	500
47130	total right lobectomy	500
47133	Donor hepatectomy(including cold preservation) from cad donor	
47134	Donor hepatectomy, w/ preparation and maintenance of allograft; partial, from living donor	600
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	600
47136	heterotopic, partial or whole, from cadaver or living donor, any age	600

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
47140	Donor hepatectomy (including cold preservation) from living donor left lateral segment only (s2/3)	650
47141	Total left lobectomy (s2,3,4)	650
47142	total right lobectomy (S5,6,7,8)	650
47143	backbench standard preparation for cadaver donor whole liver graft prior to allotransplantation including cholecystectomy if necessary and dissection and removal	300

47144	with trisegment split of whole liver graft into 2 partial liver grafts	350
47145	with lobe split of whole liver graft into 2 partial liver grafts (ie left S2-4, right S1, 5-8)	350
47146	back bench reconstruction of cadaver or living donor liver graft prior to allotransplantation, venous anastomosis each	350
47147	arterial anastomosis, each	350
<b>Repair</b>		
47300	Marsupialization of cyst or abscess of liver	350
	Laparoscopic Drainage of abscess or unroofing of cyst/marsupializa	500
47350	Management of liver hemorrhage; simple suture of liver wound or injury	350
47360	complex suture of liver wound or injury, w/ or w/o hepatic artery ligation	350
47361	exploration of hepatic wound, extensive debridement, coagulation and/or suture, w/ or w/o packing of liver	400
47362	re-exploration of hepatic wound for removal of packing	350
<b>Laparoscopy</b>		
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s); radiofrequency	500
47371	cryosurgical	500
47120A	Laparoscopic hepatectomy, resection of liver, partial lobectomy	600
47122A	Laparoscopic hepatectomy, resection of liver, trisegmentectomy	600
47125A	Laparoscopic hepatectomy, resection of liver, left lobectomy	600
47130A	Laparoscopic hepatectomy, resection of liver, right lobectomy	600
47140A	Laparoscopic donor hepatectomy, w/ preparation and maintenance	600
<b>Other Procedures</b>		
47380	Ablation, open, of or more liver tumor(s); radiofrequency	500
47381	cryosurgical	500
47382	Ablation, one or more liver tumor(s), percutaneous radiofrequency	500
	Laparoscopic ablation of liver tumor, radiofrequency	500
<b>Biliary Tract</b>		
<b>Incision</b>		
47400	Hepaticotomy or hepaticostomy w/ exploration, drainage, or removal of calculus	500
47420	Choledochotomy or choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/o transduodenal sphincterotomy or sphincteroplasty	500
47425	w/ transduodenal sphincterotomy or sphincteroplasty	550

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
47460	Transduodenal sphincterotomy or sphincteroplasty, w/ or w/o transduodenal extraction of calculus	500
47480	Cholecystotomy or cholecystostomy w/ exploration, drainage, or removal of calculus	350
47490	Percutaneous cholecystostomy	300
<b>Introduction</b>		
47510	Introduction of percutaneous transhepatic catheter for biliary drainage(PTBD)	400
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	400
47525	Change of percutaneous biliary drainage catheter	250
47530	Revision and/or reinsertion of transhepatic tube	300
<b>Endoscopy</b>		
47552	Biliary endoscopy, percutaneous via T- tube or other tract; diagnostic, w/ or w/o collection of specimen(s) by brushing and/or washing	400
47553	w/ biopsy, single or multiple	400
47554	w/ removal of stone(s)	450
47555	w/ dilation of biliary duct stricture(s) w/o stent	450
47556	w/ dilation of biliary duct stricture(s) w/ stent	450
<b>Laparoscopy</b>		
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	450
47561	with guided transhepatic cholangiography, with biopsy	450
47562	cholecystectomy (any method)	400
47563	cholecystectomy with cholangiography	450
47564	cholecystectomy with exploration of common duct	550
47570	cholecystoenterostomy	450
<b>Excision</b>		
47600	Cholecystectomy;	350
47605	w/ cholangiography	450
47610	Cholecystectomy w/ exploration of common duct;(CBDE)	550
47612	w/ choledochoenterostomy	550
47620	w/ transduodenal sphincterotomy or sphincteroplasty, w/ or w/o cholangiography	550

47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (e.g., Burhenne technique)	450
47700	Exploration for congenital atresia of bile ducts, w/o repair, w/ or w/o liver biopsy, w/ or w/o cholangiography	400
47701	Portoenterostomy (e.g., Kasai procedure)	400
47711	Excision of bile duct tumor, w/ or w/o primary repair of bile duct; extrahepatic	550
47712	intrahepatic	600
47715	Excision of choledochal cyst	500

CODE	DESCRIPTIVE TERMS	RVS 2020
47716	Anastomosis, choledochal cyst, w/o excision	400
<b>Repair</b>		
47720	Cholecystoenterostomy; direct	350
47721	w/ gastroenterostomy	400
47740	Roux-en-Y	400
47741	Roux-en-Y w/ gastroenterostomy	400
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	400
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	400
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	400
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	400
47800	Reconstruction, plastic, of extrahepatic biliary ducts w/ end-to-end anastomosis	400
47801	Placement of choledochal stent	400
47802	U-tube hepaticoenterostomy	450
47900	Suture of extrahepatic biliary duct for pre-existing injury	350
	Laparoscopic excision of choledochal cyst with hepaticojejunostom	500
<b>Pancreas</b>		
<b>Incision</b>		
48000	Placement of drains, peripancreatic, for acute pancreatitis;	350
48001	w/ cholecystostomy, gastrostomy, and jejunostomy	400
48005	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	400
48020	Removal of pancreatic calculus	350
48100	Biopsy of pancreas, open, any method (e.g., fine needle aspiration, needle core biopsy, wedge biopsy)	300



48102	Biopsy of pancreas, percutaneous needle	350
48120	Excision of lesion of pancreas (e.g., cyst, adenoma)	400
48140	Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/o pancreaticojejunostomy	450
48145	w/ pancreaticojejunostomy	500
48146	Pancreatectomy, distal, near-total w/ preservation of duodenum (Child-type procedure)	500
48148	Excision of ampulla of Vater	450
48150	Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); w/ pancreatojejunostomy	550
48152	w/o pancreatojejunostomy	500
48153	Pancreatectomy, proximal subtotal w/ near total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type	550
48154	w/o pancreatojejunostomy	500
48155	Pancreatectomy, total	550

CODE	DESCRIPTIVE TERMS	RVS 2020
	Pancreatectomy, central	550
48160	Pancreatectomy, total or subtotal, w/ autologous transplantation of pancreas or pancreatic islets	600
48180	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	450
<b>Repair</b>		
48500	Marsupialization of cyst of pancreas	350
48510	External drainage, psuedocyst of pancreas	400
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	450
48540	Roux-en-Y	500
48545	Pancreatorrhaphy for trauma	400
48547	Duodenal exclusion w/ gastrojejunostomy for pancreatic trauma	450
<b>Pancreas Transplantation</b>		
48550	Donor pancreatectomy, w/ preparation and maintenance of allograft from cadaver donor, w/ or w/o duodenal segment for transplantation	500

48551	backbench standard prepartation of cadaver donor of pancreas allograft priot to transplantation, incuding dissection of allograft from surrounding soft tissues, splenectomy, duodenectomy, ligatino of bile duct, ligation of mesenteric vessels and Y graft arterial anastomosis from iliac artery to superior mesentric artery and tosplenic artery	300
48552	backbecnh reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	350
48554	Transplantation of pancreatic allograft	600
48556	Removal of transplanted pancreatic allograft	500

### Laparoscopic Pancreatic Procedures

	Placement of drains, peripancreatic, for acute pancreatitis;	400
	Placement of drains, peripancreatic, for acute pancreatitis; w/ cholecystostomy, gastrostomy, and jejunostomy	
	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis, Video Assisted Retroperitoneal Debridement (VARD)	450
	Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/o pancreaticojejunostomy	450
	Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/ pancreaticojejunostomy	500
	Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple- type procedure); w/	550
	Pancreatectomy, proximal subtotal w/ near total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type	550
	Pancreatectomy, total	550
	Marsupialization of cyst of pancreas	500
	Excision of lesion of pancreas (e.g., cyst, adenoma)	550

### Abdomen, Peritoneum, and Omentum

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Incision</b>		
49000	Exploratory laparotomy, exploratory celiotomy w/ or w/o biopsy(s)	350
49010	Exploration, retroperitoneal area w/ or w/o biopsy(s)	400
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	350
49021	percutaneous	250
49040	Drainage of subdiaphragmatic or subphrenic abscess	350

49060	Drainage of retroperitoneal abscess	400
49062	Drainage of lymphocele to peritoneal cavity, open	
49080	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic)(PIGTAIL)	200
49085	Removal of peritoneal foreign body from peritoneal cavity	350

### Excision, Destruction

49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	250
49200	Excision or destruction by any method of intra-abdominal or retroperitoneal tumors or cysts or endometriomas;	550
49201	extensive	600
49215	Excision of presacral or sacrococcygeal tumor	500
49220	Staging celiotomy (laparotomy) for Hodgkin's 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)	400
49250	Umbilectomy, omphalectomy, excision of umbilicus	300
49255	Omentectomy, epiploectomy, resection of omentum	300

### Laparoscopy

49320	Diagnostic laparoscopy	350
49321	Laparoscopy, surgical; with biopsy (single or multiple)	400
49322	with aspiration of cavity or cyst (single or multiple)	400
49323	with drainage of lymphocele to peritoneal cavity	350

### Introduction, Revision, and/or Removal

49420	Insertion of intraperitoneal cannula or catheter for drainage or dialysis(TENCHKOFF CATH.)	200
49425	Insertion of peritoneal-venous shunt	200
49406	peritoneal or retroperitoneal percutaneous	300
49405	image guided fluid collection drainage by catheter (abscess, hematoma, seroma), percutaneous	300
49060	drainage of retroperitoneal abscess, open	450

### Repair

### Hernioplasty, Herniorrhaphy, Herniotomy

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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49495	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; reducible	300
49496	incarcerated	300
49497	strangulated	350
49500	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; reducible	350
49501	incarcerated	350
49502	strangulated	400
49505	Repair initial inguinal hernia, age 5 years or over; reducible	350
49507	incarcerated	350
49509	strangulated	350
49520	Repair recurrent inguinal hernia, any age; reducible	250
49521	incarcerated	250
49522	strangulated	400
49525	Repair inguinal hernia, sliding, any age	250
49540	Repair lumbar hernia	300
49550	Repair initial femoral hernia, any age, reducible;	250
49553	incarcerated	250
49554	strangulated	400
49555	Repair recurrent femoral hernia; reducible	250
49557	incarcerated	250
49558	strangulated	400
49560	Repair initial incisional hernia; reducible	250
49561	incarcerated	250
49562	strangulated	400
49565	Repair recurrent incisional hernia; reducible	300
49566	incarcerated	300
49567	strangulated	400
49570	Repair epigastric hernia (e.g., preperitoneal fat); reducible	350
49572	incarcerated	350
49573	strangulated	450
49580	Repair umbilical hernia, under age 5 years; reducible	350
49582	incarcerated	350
49583	strangulated	450
49585	Repair umbilical hernia, age 5 years or over; reducible	400

49587	incarcerated	350
49588	strangulated	400
49590	Repair spigelian hernia	300
49600	Repair of small omphalocele, w/ primary closure	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
49605	Repair large omphalocele or gastroschisis; w/ or w/o prosthesis	450
49606	w/ removal of prosthesis, final reduction and closure, in operating room	450
49610	Repair of omphalocele (Gross type operation); first stage	400
49611	second stage	400
<b>Laparoscopy</b>		
49650	Laparoscopic repair of initial inguinal hernia, unilateral (TAPP/TEP/e-TEP) Transabdominal preperitoneal repair/totally extraperitoneal repair/enhanced view totally extraperitoneal repair	450
49651	Laparoscopic repair of any type of recurrent inguinal hernia	450
<b>Other Procedures</b>		
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	300
49905	Omental flap (e.g., for reconstruction of sternal and chest wall defects) (list separately in addition to code for primary procedure)	450
49906	Free omental flap w/ microvascular anastomosis	450
<b>Urinary System</b>		
<b>Kidney</b>		
<b>Incision</b>		
50010	Renal exploration, not necessitating other specific procedures	200
50020	Drainage of perirenal or renal abscess	200
50040	Nephrostomy, nephrotomy w/ drainage	250
50045	Nephrotomy, w/ exploration	250
50060	Nephrolithotomy; removal of calculus	350
50065	secondary surgical operation for calculus	400
50075	removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	400
50080	Percutaneous nephrostolithotomy or pyelolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	550
50081	over 2 cm	600

50100	Transection or repositioning of aberrant renal vessels	300
50120	Pyelotomy; w/ exploration	300
50125	w/ drainage, pyelostomy	300
50130	w/ removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	350
50135	complicated (e.g., secondary operation, congenital kidney abnormality)	400
<b>Excision</b>		
50200	Renal biopsy; percutaneous, by trocar or needle	200
50205	by surgical exposure of kidney	200
50220	Nephrectomy, including partial ureterectomy, any approach including rib resection;	300

CODE	DESCRIPTIVE TERMS	RVS 2020
50225	complicated because of previous surgery on same kidney	350
50230	radical, w/ regional lymphadenectomy and/or vena caval thrombectomy	400
50234	Nephrectomy w/ total ureterectomy and bladder cuff; through same incision	400
50236	through separate incision	450
50240	Nephrectomy, partial	400
50250	Ablation, open, one or more renal mass lesion(s), cryosurgical, including intraoperative	550
50280	Excision or unroofing of cyst(s) of kidney	250
50290	Excision of perinephric cyst	250
<b>Renal Transplantation</b>		
50300	donor nephrectomy (including cold preservation) from cad donor, unilateral or bilateral	550
50320	open from living donor	350
50323	backbench standard preparation of cadaver donor renal allograft prior to trasnsplantation including dissection and removal of perinephric fat, diaphragmatic and retropritoneal attachment, exc of adrnal gland and preparation of ureter, RV, RA,	300
50325	backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation including dissection and removal of perinephric fat and preparatin of ureter, RV, RA	300
50327	transplantation, venous anastomosis, each	350
50328	arterial anastomoisis, each	350
50329	ureteral anastomosis, each	350

50340	Recipient nephrectomy	300
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	450
50365	w/ recipient nephrectomy	550
50370	Removal of transplanted renal allograft	400
50380	Renal autotransplantation, reimplantation of kidney	500
<b>Introduction</b>		
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	200
50391	Instillation of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube	50
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	200
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	200
50395	Introduction of guide into renal pelvis and/or ureter w/ dilation to establish nephrostomy tract, percutaneous	200
<b>Repair</b>		

CODE	DESCRIPTIVE TERMS	RVS 2020
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, w/ or w/o plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting;	350
50405	complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolplasty)	400
50500	Nephrorrhaphy, suture of kidney wound or injury	300
50520	Closure of nephrocutaneous or pyelocutaneous fistula	300
50525	Closure of nephrovisceral fistula (e.g., renocolic), including visceral repair; abdominal approach	400
50526	thoracic approach	450
50540	Symphysiotomy for horseshoe kidney w/ or w/o pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation)	400
<b>Laparoscopy</b>		
50541	Laparoscopy, surgical; ablation of renal cysts	400
50542	ablation of renal mass lesion(s)	500
50543	partial nephrectomy	600
50544	pyeloplasty	600

50545	radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes and adrenalectomy)	600
50546	nephrectomy, including partial ureterectomy	500
50547	donor nephrectomy (including cold preservation), from living donor	500
50548	nephrectomy with total ureterectomy	550
<b>Endoscopy</b>		
50551	Renal endoscopy through established nephrostomy or pyelostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	300
50553	w/ ureteral catheterization, w/ or w/o dilation of ureter	350
50555	w/ biopsy	350
50557	w/ fulguration and/or incision, w/ or w/o biopsy	450
50559	w/ insertion of radioactive substance w/ or w/out biopsy and/or fulguration	450
50561	w/ removal of foreign body or calculus	400
50570	Renal endoscopy through nephrotomy or pyelotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	450
50572	w/ ureteral catheterization, w/ or w/o dilation of ureter	400
50574	w/ biopsy	400
50575	w/ endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	450
50576	w/ fulguration and/or incision, w/ or w/o biopsy	500
50578	w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration	450
50580	w/ removal of foreign body or calculus	500
<b>Other Procedures</b>		
50590	Lithotripsy, extracorporeal shock wave(ESWL)	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral frequency	450
<b>Ureter</b>		
<b>Incision</b>		
50600	Ureterotomy w/ exploration or drainage	250
50605	Ureterotomy for insertion of indwelling stent, all types	300
50610	Ureterolithotomy; upper one-third of ureter	300
50620	middle one-third of ureter	300
50630	lower one-third of ureter	350



## Excision

50650	Ureterectomy, w/ bladder cuff	350
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	350

## Repair

50700	Ureteroplasty, plastic operation on ureter (e.g., stricture)	350
50715	Ureterolysis, w/ or w/o repositioning of ureter for retroperitoneal fibrosis	350
50722	Ureterolysis for ovarian vein syndrome	350
50725	Ureterolysis for retrocaval ureter, w/ reanastomosis of upper urinary tract or vena cava	400
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	300
50728	w/ repair of fascial defect and hernia	350
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	350
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	400
50760	Ureteroureterostomy	300
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	350
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	350
50782	anastomosis of duplicated ureter to bladder	400
50783	w/ extensive ureteral tailoring	400
50785	w/ vesico-psoas hitch or bladder flap	400
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	350
50810	Ureterosigmoidostomy, w/ creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including bowel anastomosis	450
50815	Ureterocolon conduit, including bowel anastomosis	450
50820	Ureteroileal conduit (ileal bladder), including bowel anastomosis (Bricker operation)	450
50825	Continent diversion, including bowel anastomosis using any segment of small and/or large bowel (Kock pouch or Camey enterocystoplasty)	500
50830	Urinary undiversion (e.g., taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy w/ ureteroureterostomy or ureteroneocystostomy)	500
50840	Replacement of all or part of ureter by bowel segment, including bowel anastomosis	450

CODE	DESCRIPTIVE TERMS	RVS 2020
50845	Cutaneous appendico-vesicostomy	350
50860	Ureterostomy, transplantation of ureter to skin	300

<b>50900</b>	Ureterorrhaphy, suture of ureter	<b>250</b>
<b>50920</b>	Closure of ureterocutaneous fistula	<b>300</b>
<b>50930</b>	Closure of ureterovisceral fistula (including visceral repair)	<b>300</b>
<b>50940</b>	Deligation of ureter	<b>200</b>
<b>Laparoscopy</b>		
<b>50945</b>	Laparoscopy, surgical; ureterolithotomy	<b>450</b>
<b>50947</b>	ureteroneocystostomy with cystoscopy and ureteral stent placement	<b>500</b>
<b>50948</b>	ureteroneocystostomy without cystoscopy and ureteral stent placement	<b>500</b>
<b>Endoscopy</b>		
<b>50951</b>	Ureteral endoscopy through established ureterostomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	<b>300</b>
<b>50953</b>	w/ ureteral catheterization, w/ or w/o dilation of ureter	<b>350</b>
<b>50955</b>	w/ biopsy	<b>350</b>
<b>50957</b>	w/ fulguration and/or incision, w/ or w/o biopsy	<b>350</b>
<b>50959</b>	w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration (not including provision of material)	<b>350</b>
<b>50961</b>	w/ removal of foreign body or calculus	<b>350</b>
<b>50970</b>	Ureteral endoscopy through ureterotomy, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	<b>350</b>
<b>50972</b>	w/ ureteral catheterization, w/ or w/o dilation of ureter	<b>350</b>
<b>50974</b>	w/ biopsy	<b>350</b>
<b>50976</b>	w/ fulguration and/or incision, w/ or w/o biopsy	<b>350</b>
<b>50978</b>	w/ insertion of radioactive substance, w/ or w/o biopsy and/or fulguration (not including provision of material)	<b>350</b>
<b>50980</b>	w/ removal of foreign body or calculus	<b>350</b>
<b>Bladder</b>		
<b>Incision</b>		
<b>51010</b>	Aspiration of bladder; by trocar or intracatheter w/ insertion of suprapubic catheter	<b>100</b>
<b>51020</b>	Cystotomy or cystostomy; w/ fulguration and/or insertion of radioactive material	<b>300</b>
<b>51030</b>	w/ cryosurgical destruction of intravesical lesion	<b>450</b>
<b>51040</b>	Cystostomy, cystotomy w/ drainage	<b>200</b>
<b>51045</b>	Cystotomy, w/ insertion of ureteral catheter or stent	<b>300</b>
<b>51050</b>	Cystolithotomy, cystotomy w/ removal of calculus, w/o vesical neck resection	<b>300</b>
<b>51060</b>	Transvesical ureterolithotomy	<b>300</b>

51065	Cystotomy, w/ stone basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	450
51080	Drainage of perivesical or prevesical space abscess	100

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Excision</b>		
51500	Excision of urachal cyst or sinus, w/ or w/o umbilical hernia repair	350
51520	Cystotomy; for simple excision of vesical neck	350
51525	for excision of bladder diverticulum, single or multiple	350
51530	for excision of bladder tumor	350
51535	Cystotomy for excision, incision, or repair of ureterocele	350
51550	Cystectomy, partial	350
51555	complicated (e.g., postradiation, previous surgery, difficult location)	400
51565	Cystectomy, partial, w/ reimplantation of ureter(s) into bladder (ureteroneocystostomy)	400
51570	Cystectomy, complete;	400
51575	w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	400
51580	Cystectomy, complete, w/ ureterosigmoidostomy or ureterocutaneous transplantations;	500
51585	w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	500
51590	Cystectomy, complete, w/ ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	500
51595	w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	500
51596	Cystectomy, complete, w/ continent diversion, any technique, using any segment of small and/or large bowel to construct neobladder	500
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, w/ removal of bladder and ureteral transplantations, w/ or w/o hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	600
<b>Introduction</b>		
51600	Injection procedure for cystography or voiding urethrocytography	200
51720	Bladder instillation of anticarcinogenic agent	50
<b>Repair</b>		

51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, w/ or w/o wedge resection	450
51820	Cystourethroplasty w/ unilateral or bilateral ureteroneocystostomy	450
51840	Anterior vesicourethropexy, or urethropexy (Marshall-Marchetti-Krantz type)	350
51841	complicated (e.g., secondary repair)	400
51845	Abdomino-vaginal vesical neck suspension, w/ or w/o endoscopic control (e.g., Stamey, Raz, modified Pereyra)	350
51860	Cystorrhaphy, suture of bladder wound, injury or rupture	300
51880	Closure of cystostomy	300
51900	Closure of vesicovaginal fistula, abdominal approach	400

CODE	DESCRIPTIVE TERMS	RVS 2020
51920	Closure of vesicouterine fistula;	400
51925	w/ hysterectomy	350
51940	Closure of bladder exstrophy	500
51960	Enterocystoplasty, including bowel anastomosis	400
51980	Cutaneous vesicostomy	250
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	400
51992	sling operation for stress incontinence (e.g., fascia or synthetic)	400

### Endoscopy - Cystoscopy, Urethroscopy, Cystourethroscopy

52000	Cystourethroscopy	200
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	200
52005	Cystourethroscopy, w/ ureteral catheterization, w/ or w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service;(DJ Stent)(RGP)	250
52007	w/ brush biopsy of ureter and/or renal pelvis	300
52010	Cystourethroscopy, w/ ejaculatory duct catheterization, w/ or w/o irrigation, instillation, or duct radiography, exclusive of radiologic service	250

### Transurethral Surgery

#### Urethra and Bladder

52204	Cystourethroscopy, w/ biopsy	200
52214	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	350
52224	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) w/ or w/o biopsy	350

52234	Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 cm to 2.0 cm) (TURBT)	350
52235	MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	350
52240	LARGE bladder tumor(s)	400
52250	Cystourethroscopy w/ insertion of radioactive substance, w/ or w/o biopsy or fulguration	350
52260	Cystourethroscopy, w/ dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	300
52265	local anesthesia	200
52270	Cystourethroscopy, w/ internal urethrotomy; female	250
52275	male	250
52276	Cystourethroscopy w/ direct vision internal urethrotomy	250
52277	Cystourethroscopy, w/ resection of external sphincter (sphincterotomy)	250
52281	Cystourethroscopy, w/ calibration and/or dilation of urethral stricture or stenosis, w/ or w/o meatotomy and injection procedure for cystography, male or female	250
52283	Cystourethroscopy, w/ steroid injection into stricture	300
52285	Cystourethroscopy, for treatment of the female urethral syndrome w/ any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of	250
52290	Cystourethroscopy; w/ ureteral meatotomy, unilateral or bilateral	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
52300	w/ resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	300
52301	w/ resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	300
52305	w/ incision or resection of orifice of bladder diverticulum, single or multiple	300
52310	Cystourethroscopy, w/ removal of foreign body, calculus, or ureteral stent from urethra or bladder	300
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	350
52318	complicated or large (over 2.5 cm)	400
<b>Ureter and Pelvis</b>		
52320	Cystourethroscopy (including ureteral catheterization); w/ removal of ureteral calculus	350
52325	w/ fragmentation of ureteral calculus (e.g., ultrasonic or electro-hydraulic technique)	350
52327	w/ subureteric injection of implant material	250
52330	w/ manipulation, w/o removal of ureteral calculus	350

52332	Cystourethroscopy, w/ insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	250
52334	Cystourethroscopy w/ insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	250
52335	Cystourethroscopy, w/ ureteroscopy and/or pyeloscopy (includes dilation of the ureter and/or pyeloureteral junction by any method);	300
52336	w/ removal or manipulation of calculus (ureteral catheterization is included)	350
52337	w/ lithotripsy (ureteral catheterization is included)	350
52338	w/ biopsy and/or fulguration of lesion	350
52339	w/ resection of tumor	350

### Vesical Neck and Prostate

52340	Cystourethroscopy w/ incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	300
52450	Transurethral incision of prostate	300
52500	Transurethral resection of bladder neck	300
52510	Transurethral balloon dilation of the prostatic urethra, any method	250
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatomy, cystourethroscopy, urethral calibration	400
52630	of regrowth of obstructive tissue longer than one year postoperative	350
52640	of postoperative bladder neck contracture	250
52647	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or	400
52648	Contact laser vaporization w/ or w/o transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy,	400
52649	Laser enucleation of the prostate with morcellation, including control of post-operative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration	400

CODE	DESCRIPTIVE TERMS	RVS 2020
52700	Transurethral drainage of prostatic abscess	250
<b>Urethra</b>		
<b>Incision</b>		
53000	Urethrotomy or urethrostomy, external ; pendulous urethra	200
53010	perineal urethra, external	250
53020	Meatotomy, cutting of meatus ; except infant	100
53025	infant	200

53040	Drainage of deep periurethral abscess	150
53060	Drainage of Skene's gland abscess or cyst	100
53080	Drainage of perineal urinary extravasation	100

### Excision

53200	Biopsy of urethra	150
53210	Urethrectomy, total, including cystostomy; female	300
53215	male	350
53220	Excision of fulguration of carcinoma of urethra	250
53230	Excision of urethral diverticulum ; female	250
53235	male	250
53240	Marsupialization of urethral diverticulum, male or female	250
53250	Excision of bulbourethral gland (Cowper's gland)	250
53260	Excision or fulguration; urethral polyp(s), distal urethra	200
53265	urethral caruncle	100
53270	Skene's glands	100
53275	urethral prolapse	150

### Repair

53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (e.g., Johannsen type)	300
53405	second stage (formation of urethra), including urinary diversion	350
53410	Urethroplasty, one-stage reconstruction of male anterior urethra	350
53415	Urethroplasty, transpubic or perineal, one stage, for reconstruction or repair of prostatic or membranous urethra	350
53420	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	300
53425	second stage	350
53430	Urethroplasty, reconstruction of female urethra	300
53440	Operation for correction of male urinary incontinence, w/ or w/o introduction of prosthesis	300
53442	Removal of perineal prosthesis introduced for continence	300
53445	Operation for correction of urinary incontinence w/ placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir	350

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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53447	Removal, repair, or replacement of inflatable sphincter including pump and/or reservoir and/or cuff	350
53449	Surgical correction of hydraulic abnormality of inflatable sphincter device	300
53450	Urethromeatoplasty, w/ mucosal advancement	350
53460	Urethromeatoplasty, w/ partial excision of distal urethral segment (Richardson type procedure)	350
53502	Urethrorrhaphy, suture of urethral wound or injury, female	250
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	200
53510	perineal	300
53515	prostatomembranous	350
53520	Closure of urethrostomy or urethrocutaneous fistula, male	250
<b>Manipulation</b>		
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male	100
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	100
53605	Dilation of urethral stricture or vesical neck, male, general or conduction (spinal) anesthesia	200
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	200
<b>Other Procedures</b>		
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy i.e. Transurethral Microwave Thermotherapy (TUMT)	450
53852	by radiofrequency ablation i.e., Transurethral Needle Ablation (TUNA), transurethral laser incision of the prostate (TULIP)	350
<b>Male Genital System</b>		
<b>Penis</b>		
<b>Incision</b>		
54015	Incision and drainage of penis	100
<b>Destruction</b>		
54050	Destruction of lesion(s), penis (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), any method	100
<b>Excision</b>		
54100	Biopsy of penis	100
54110	Excision of penile plaque (Peyronie disease);	250
54111	w/ graft to 5 cm in length	250
54112	w/ graft greater than 5 cm in length	300



54115	Removal of foreign body from deep penile tissue (e.g., plastic implant)	300
54120	Amputation of penis; partial	300
54125	complete	350
54130	Amputation of penis, radical; w/ bilateral inguino-femoral lymphadenectomy	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
54135	in continuity w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	400
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	100
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn	50
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	150
<b>Introduction</b>		
54200	Injection procedure for Peyronie disease;	50
54205	w/ surgical exposure of plaque	100
54220	Irrigation of corpora cavernosa for priapism	200
<b>Repair</b>		
54300	Plastic operation of penis for straightening of chordee (e.g., hypospadias), w/ or w/o mobilization of urethra	300
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair w/ or w/o transplantation of prepuce and/or skin flaps	350
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	450
54312	greater than 3 cm	500
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) w/ free skin graft obtained from site other than genitalia	450
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (e.g., third stage Cecil repair)	450
54322	One stage distal hypospadias repair (w/ or w/o chordee or circumcision); w/ simple meatal advancement (e.g., Magpi, V-flap)	450
54324	w/ urethroplasty by local skin flaps (e.g., flip-flap, prepuce flap)	450
54326	w/ urethroplasty by local skin flaps and mobilization of urethra	450
54332	One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island	500
54336	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	500

54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	500
54344	requiring mobilization of skin flaps and urethroplasty w/ flap or patch graft	500
54348	requiring extensive dissection and urethroplasty w/ flap, patch or tubed graft (includes urinary diversion)	500
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and	500
54380	Plastic operation on penis for epispadias distal to external sphincter;	400
54385	w/ incontinence	400
54390	w/ exstrophy of bladder	500
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	300

CODE	DESCRIPTIVE TERMS	RVS 2020
54430	Corpora cavernosa-corporis spongiosum shunt (priapism operation), unilateral or bilateral	250
54435	Corpora cavernosa-glans penis fistulization (e.g., biopsy needle, Winter procedure, rongeur, or punch) for priapism	200
54440	Plastic operation of penis for injury	300
<b>Testis</b>		
<b>Excision</b>		
54500	Biopsy of testis, needle	100
54505	Biopsy of testis, incisional	150
54510	Excision of local lesion of testis	150
54520	Orchiectomy, simple (including subcapsular), w/ or w/o testicular prosthesis, scrotal or inguinal approach	300
54530	Orchiectomy, radical, for tumor; inguinal approach	300
54535	w/ abdominal exploration	350
54550	Exploration for undescended testis (inguinal or scrotal area)	300
54560	Exploration for undescended testis w/ abdominal exploration	350
<b>Repair</b>		
54600	Reduction of torsion of testis, surgical, w/ or w/o fixation of contralateral testis	300
54620	Fixation of contralateral testis	300
54640	Orchiopexy, inguinal approach, w/ or w/o hernia repair	300
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (e.g., Fowler-Stephens)	350

54670	Suture or repair of testicular injury	250
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	250
<b>Laparoscopy</b>		
54690	Laparoscopy, surgical; orchiectomy	350
54692	orchiopexy for intra-abdominal testis	350
<b>Epididymis</b>		
<b>Incision</b>		
54700	Incision and drainage of epididymis, testis and/or scrotal space (e.g., abscess or hematoma)	100
<b>Excision</b>		
54800	Biopsy of epididymis, needle	100
54820	Exploration of epididymis, w/ or w/o biopsy	250
54830	Excision of local lesion of epididymis	150
54840	Excision of spermatocele, w/ or w/o epididymectomy	150
54860	Epididymectomy; unilateral	150
54861	bilateral	150

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Repair</b>		
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	300
54901	bilateral	350
<b>Tunica Vaginalis</b>		
<b>Incision</b>		
55000	Puncture aspiration of hydrocele, tunica vaginalis, w/ or w/o injection of medication	100
<b>Excision</b>		
55040	Excision of hydrocele; unilateral	250
55041	bilateral	250
<b>Repair</b>		
55060	Repair of tunica vaginalis hydrocele (Bottle type)	200
<b>Scrotum</b>		

## Incision

55100	Drainage of scrotal wall abscess	100
55101	Drainage and debridement of Fournier's gangrene of the scrotum	300
55110	Scrotal exploration	300
55120	Removal of foreign body in scrotum	250

## Excision

55150	Resection of scrotum	250
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## Repair

55175	Scrotoplasty	250
55180	Scrotoplasty	250

## Vas Deferens

### Incision

55250	Vasectomy, unilateral or bilateral	100
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### Repair

55400	Vasovasostomy, vasovasorrhaphy	100
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## Spermatic Cord

### Excision

55500	Excision of hydrocele of spermatic cord, unilateral	250
55520	Excision of lesion of spermatic cord	100
55530	Excision of varicocele or ligation of spermatic veins for varicocele;	200
55535	abdominal approach	250
55540	w/ hernia repair	250

## Laparoscopy

CODE	DESCRIPTIVE TERMS	RVS 2020
55550	Laparoscopy, surgical; with ligation of spermatic veins for varicocele	350

## Seminal Vesicles

### Incision

55600	Vesiculotomy;	200
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55605	Vesiculotomy; complicated	200
<b>Excision</b>		
55650	Vesiculectomy, any approach	250
55680	Excision of Mullerian duct cyst	
<b>Prostate</b>		
<b>Incision</b>		
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	250
55705	Biopsy, prostate; incisional, any approach	200
55720	Prostatotomy, external drainage of prostatic abscess, any approach Simple	150
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	150
<b>Excision</b>		
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	350
55810	Prostatectomy, perineal radical;	400
55812	w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)	400
55815	w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	400
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, one or two stages	300
55831	retropubic, subtotal	300
55840	Prostatectomy, retropubic radical, w/ or w/o nerve sparing;	450
55842	w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)	450
55845	w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	500
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	300
55862	w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)	350
55865	w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	350
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing	550
<b>Other Procedures</b>		
55873	Cryosurgical ablation of the prostate (cryotherapy of the prostate)	450
<b>Female Genital System</b>		
<b>Vulva, Perineum and Introitus</b>		

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>Incision</b>		
56405	Incision and drainage of vulva or perineal abscess	
56420	Incision and drainage of Bartholin's gland abscess	
56440	Marsupialization of Bartholin's gland cyst	
56441	Lysis of labial adhesions	
<b>Destruction</b>		
56501	Destruction of lesion(s), vulva; any method (WART)	
<b>Excision</b>		
56605	Biopsy of vulva or perineum ; one lesion	
56620	Vulvectomy simple; partial	
56625	complete	
56630	Vulvectomy, radical, partial;	
56631	w/ unilateral inguinofemoral lymphadenectomy	
56632	w/ bilateral inguinofemoral lymphadenectomy	
56633	Vulvectomy, radical, complete;	
56634	w/ unilateral inguinofemoral lymphadenectomy	
56637	w/ bilateral inguinofemoral lymphadenectomy	
56640	Vulvectomy, radical, complete, w/ inguinofemoral, iliac, and pelvic lymphadenectomy	
56700	Partial hymenectomy or revision of hymenal ring	
56720	Hymenotomy, simple incision	
56740	Excision of Bartholin's gland or cyst	
<b>Vagina</b>		
<b>Incision</b>		
57000	Colpotomy; w/ exploration	

57020	Colpocentesis	
<b>Destruction</b>		
57061	Destruction of vaginal lesion(s)	
<b>Excision</b>		
57100	Biopsy of vaginal mucosa	
57108	Colpectomy, obliteration of vagina; partial	
57110	complete	
57120	Colpocleisis (Le Fort type)	
57130	Excision of vaginal septum	
57135	Excision of vaginal cyst or tumor	
<b>Introduction</b>		
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Repair</b>		
57200	Colporrhaphy, suture of injury of vagina (nonobsterical)	
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	
57220	Plastic operation on urethral sphincter, vaginal approach (e.g., Kelly urethral plication)	
57230	Plastic repair of urethrocele	
57240	Anterior colporrhaphy, repair of cystocele w/ or w/o repair of urethrocele	
57250	Posterior colporrhaphy, repair of rectocele w/ or w/o perineorrhaphy	
57260	Combined anteroposterior colporrhaphy;	
57265	w/ enterocele repair	
57268	Repair of enterocele, vaginal approach	
57270	Repair of enterocele, abdominal approach	
57280	Colpopexy, abdominal approach	

57284	Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)	
57288	Sling operation for stress incontinence (e.g., fascia or synthetic)	
57289	Pereyra procedure, including anterior colporrhaphy	
57300	Closure of rectovaginal fistula; vaginal or transanal approach	
57305	abdominal approach	
57307	abdominal approach, w/ concomitant colostomy	
57310	Closure of urethrovaginal fistula;	
57311	w/ bulbo cavernosus transplant	
57320	Closure of vesicovaginal fistula; vaginal approach	
57330	transvesical and vaginal approach	
<b>Manipulation</b>		
57415	Removal of impacted vaginal foreign body under anesthesia	
<b>Laparoscopy</b>		
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	
<b>Endoscopy</b>		
57452	Colposcopy (Vaginoscopy)	
57454	Colposcopy; w/ biopsy(s) of the cervix and/or endocervical curettage	
57460	Colposcopy; w/ loop electrode excision procedure of the cervix	
<b>Cervix Uteri</b>		
<b>Excision</b>		
57500	Biopsy, single or multiple, or local excision of lesion, w/ or w/o fulguration	
57510	Cauterization of cervix; any method	
57520	Conization of cervix, w/ or w/o fulguration, w/ or w/o dilation and curettage, w/ or w/o repair; cold knife or laser	

CODE	DESCRIPTIVE TERMS	RVS 2020
57522	loop electrode excision	



57530	Trachelectomy (cervicectomy), amputation of cervix	
57540	Excision of cervical stump, abdominal approach;	
57545	w/ pelvic floor repair	
57550	Excision of cervical stump, vaginal approach;	
57555	w/ anterior and/or posterior repair	
57556	w/ repair of enterocele	
<b>Repair</b>		
57700	Cerclage of uterine cervix, nonobstetrical	
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	
<b>Corpus Uteri</b>		
<b>Excision</b>		
58100	Endometrial sampling (biopsy) w/ or w/o endocervical sampling (biopsy), w/o cervical dilation, any method	
58120	Dilation and curettage	
58140	Myomectomy, excision of fibroid tumor of uterus, single or multiple ; abdominal approach	
58145	vaginal approach	
58150	Total abdominal hysterectomy (corpus and cervix), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s);	
58152	w/ colpo-urethrocytopexy (Marshall-Marchetti-Krantz type)	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	
58200	Total abdominal hysterectomy, including partial vaginectomy, w/ para-aortic and pelvic lymph node sampling, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	
58210	Radical abdominal hysterectomy, w/ bilateral total pelvic lymphadenectomy and paraaortic lymph node sampling (biopsy), w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s)	
58240	Pelvic exenteration for gynecologic malignancy, w/ total abdominal hysterectomy or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), w/ removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	
58260	Vaginal hysterectomy;	
58262	w/ removal of tube(s), and/or ovary(s)	

58263	w/ removal of tube(s), and/or ovary(s), w/ repair of enterocele	
58267	w/ colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, w/ or w/o endoscopic control)	
58270	w/ repair of enterocele	
58275	Vaginal hysterectomy, w/ total or partial colpectomy;	
58280	w/ repair of enterocele	
58285	Vaginal hysterectomy, radical (Schauta type operation)	

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Introduction</b>		
58300	Insertion of intrauterine device (IUD)	
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), w/ or w/o hysterosalpingography	
58346	Insertion of heyman capsules for brachytherapy	
<b>Repair</b>		
58400	Uterine suspension, w/ or w/o shortening of round ligaments, w/ or w/o shortening of sacrouterine ligaments;	
58410	w/ presacral sympathectomy	
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	
<b>Laparoscopy</b>		
58545	Laparoscopy, surgical, myomectomy, excision; intramural myomas and/or removal of surface myomas	
58550	Laparoscopy surgical, with vaginal hysterectomy;	
58552	with removal of tube(s) and/or ovary(s)	
58555	Hysteroscopy, diagnostic	
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	
58559	with lysis of intrauterine adhesions (any method)	
58560	with division or resection of intrauterine septum (any method)	

58561	with removal of leiomyomata	
58562	with removal of impacted foreign body	
58563	with endometrial ablation (e.g., endometrial resection, electrosurgical ablation thermoablation)	
58565	with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	
<b>Oviduct</b>		
<b>BTL</b>		
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or	
<b>Laparoscopy</b>		
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis)	
58661	with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	
58662	with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	
58670	with fulguration of oviducts (with or without transection)	
58671	with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	
58672	with fimbrioplasty	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
58673	with salpingostomy (salpingoneostomy)	
<b>Excision</b>		
58700	Salpingectomy, complete or partial, unilateral or bilateral	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral	
<b>Repair</b>		
58740	Lysis of adhesions (salpingolysis, ovariolysis)	
58750	Tubotubal anastomosis	
58760	Fimbrioplasty	
58770	Salpingostomy (salpingoneostomy)	

## Ovary

### Incision

<b>58800</b>	Drainage of ovarian cyst(s), unilateral or bilateral ; vaginal approach	<b>300</b>
<b>58805</b>	abdominal approach	<b>350</b>
<b>58820</b>	Drainage of ovarian abscess; vaginal approach	
<b>58822</b>	abdominal approach	
<b>58825</b>	Transposition, ovary(s)	

### Excision

<b>58900</b>	Biopsy of ovary, unilateral or bilateral	
<b>58920</b>	Wedge resection or bisection of ovary, unilateral or bilateral	<b>300</b>
<b>58925</b>	Ovarian cystectomy, unilateral or bilateral	<b>350</b>
<b>58940</b>	Oophorectomy, partial or total, unilateral or bilateral;	<b>350</b>
<b>58943</b>	for ovarian malignancy, w/ para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s),	<b>400</b>
<b>58950</b>	Resection of ovarian malignancy w/ bilateral salpingo-oophorectomy and omentectomy;	<b>450</b>
<b>58951</b>	w/ total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	
<b>58952</b>	w/ radical dissection for debulking	
<b>58960</b>	Laparotomy, for staging or restaging of ovarian malignancy ("second look"), w/ or w/o omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment w/ pelvic and limited para-aortic lymphadenectomy	

## Maternity Care and Delivery

### Excision

<b>59100</b>	Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion)	
<b>59120</b>	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	
<b>59121</b>	tubal or ovarian, w/o salpingectomy and/or oophorectomy	
<b>59130</b>	abdominal pregnancy	
<b>59135</b>	interstitial, uterine pregnancy requiring total hysterectomy	

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
59136	interstitial, uterine pregnancy w/ partial resection of uterus	
59140	cervical, w/ evacuation	
<b>Laparoscopy</b>		
59150	Laparoscopic treatment of ectopic pregnancy; w/o salpingectomy and/or oophorectomy	
59151	w/ salpingectomy and/or oophorectomy	
<b>Repair</b>		
59325	abdominal	
59350	Hysterorrhaphy of ruptured uterus	
<b>Vaginal Delivery, Antepartum and Postpartum Care</b>		
59400	Routine obstetric care including antepartum care, vaginal delivery and/or postpartum care (Normal Spontaneous Delivery Package) for hospitals	
59401	Routine Obstetric care including prenatal, delivery and newborn services of non-hospital facilities (Maternity Care Package), 1st claim	
59409	Vaginal delivery only (w/ episiotomy)	
59411	Breech extraction	
59430	Postpartum, (Maternity Care Package), 2nd claim	
<b>Cesarean Delivery</b>		
59514	Cesarian delivery	
59525	Subtotal or total hysterectomy after cesarean delivery	
<b>Delivery After Previous Cesarean Delivery</b>		
59612	Vaginal delivery only, after previous cesarean delivery (w/ or w/o episiotomy)	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
<b>Abortion</b>		
59812	Treatment of incomplete abortion, any trimester, completed surgically	
59814	Manual vacuum aspiration (MVA) for spontaneous abortion	
<b>Other Procedures</b>		
59870	Uterine evacuation and curettage for hydatidiform mole	

## Endocrine System

### Thyroid Gland

<b>60000</b>	Incision and drainage of thyroglossal cyst, infected	<b>150</b>
<b>Excision</b>		
<b>60001</b>	Aspiration and/or injection, thyroid cyst	<b>50</b>
<b>60100</b>	Biopsy thyroid, percutaneous core needle (FNAB)	<b>100</b>
<b>60200</b>	Excision of cyst or adenoma of thyroid , or transection of isthmus	<b>300</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>60210</b>	Partial thyroid lobectomy, unilateral; w/ or w/o isthmusectomy	<b>350</b>
<b>60212</b>	w/ contralateral subtotal lobectomy, including isthmusectomy	<b>350</b>
<b>60220</b>	Total thyroid lobectomy, unilateral; w/ or w/o isthmusectomy	<b>350</b>
<b>60225</b>	w/ contralateral subtotal lobectomy, including isthmusectomy	<b>350</b>
<b>60240</b>	Thyroidectomy, total or complete	<b>350</b>
<b>60252</b>	Thyroidectomy, total or subtotal for malignancy; w/ limited neck dissection	<b>400</b>
<b>60254</b>	w/ radical neck dissection	<b>500</b>
<b>60260</b>	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid(Completion Thyroidectomy)	<b>400</b>
<b>60270</b>	Thyroidectomy, including substernal thyroid gland; sternal split or transthoracic approach	<b>550</b>
<b>60271</b>	cervical approach	<b>550</b>
<b>60280</b>	Excision of thyroglossal duct cyst or sinus;	<b>300</b>
<b>60281</b>	recurrent	<b>350</b>

### Parathyroid, Thymus, Adrenal

### Glands, and Carotid Body

#### Excision

<b>60500</b>	Parathyroidectomy or exploration of parathyroid(s);	<b>400</b>
<b>60502</b>	re-exploration	<b>400</b>
<b>60505</b>	w/ mediastinal exploration, sternal split or transthoracic approach	
<b>60512</b>	Parathyroid autotransplantation	
<b>60520</b>	Thymectomy, partial or total; transcervical approach	
<b>60521</b>	sternal split or transthoracic approach, w/o radical mediastinal dissection	

60522	sternal split or transthoracic approach, w/ radical mediastinal dissection	
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal ;	
60545	w/ excision of adjacent retroperitoneal tumor	
60600	Excision of carotid body tumor; w/o excision of carotid artery	500
60605	w/ 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	

## Nervous System

### Skull, Meninges, and Brain

#### Injection, Drainage, or Aspiration

61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral	100
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir	50
61050	Cisternal or lateral cervical (C1-C2) puncture	150

#### Twist Drill, Burr Hole(s), or Trephine

CODE	DESCRIPTIVE TERMS	RVS 2020
61105	Twist drill hole for subdural or ventricular puncture; not followed by other surgery	100
61106	followed by other surgery	300
61107	for implanting ventricular catheter or pressure recording device	250
61108	for evacuation and/or drainage of subdural hematoma	300
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material); not followed by other surgery	250
61130	followed by other surgery	300
61140	Burr hole(s) or trephine; w/ biopsy of brain or intracranial lesion	500
61150	w/ drainage of brain abscess or cyst	300
61154	Burr hole(s) w/ evacuation and/or drainage of hematoma, extradural or subdural	300
61156	Burr hole(s); w/ aspiration of hematoma or cyst, intracerebral	400
61250	Burr hole(s) or trephine, supratentorial	200
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	300
<b>Craniectomy or Craniotomy</b>		
61304	Craniectomy or craniotomy, exploratory; supratentorial	400

61305	infratentorial (posterior fossa)	500
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	400
61313	intracerebral	400
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	500
61315	intracerebellar	500
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	400
61321	infratentorial	500
61330	Decompression of orbit only, transcranial approach	350
61332	Exploration of orbit (transcranial approach); w/ biopsy	350
61333	w/ removal of lesion	400
61334	w/ removal of foreign body	400
61340	Other cranial decompression (e.g., subtemporal), supratentorial	250
61343	Craniectomy, suboccipital w/ cervical laminectomy for decompression of medulla and spinal cord, w/ or w/o dural graft (e.g., Arnold-Chiari malformation)	400
61345	Other cranial decompression, posterior fossa	350
61440	Craniotomy for section of tentorium cerebelli	350
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	500
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	500
61460	for section of one or more cranial nerves	500
61470	for medullary tractotomy	600
61480	for mesencephalic tractotomy or pedunculotomy	600
61490	Craniotomy for lobotomy, including cingulotomy	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
61500	Craniectomy; w/ excision of tumor or other bone lesion of skull	400
61501	for osteomyelitis	350
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	600
61512	for excision of meningioma, supratentorial	650
61514	for excision of brain abscess, supratentorial	400
61516	for excision or fenestration of cyst, supratentorial	500
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	550



61519	meningioma	650
61520	cerebellopontine angle tumor	650
61521	midline tumor at base of skull	650
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	550
61524	for excision or fenestration of cyst,	550
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	650
61530	combined w/ middle/posterior fossa craniotomy/ craniectomy	650
61531	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring	550
61533	Craniotomy w/ elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring	550
61534	for excision of epileptogenic focus w/o electrocorticography during surgery	550
61535	for removal of epidural or subdural electrode array, w/o excision of cerebral tissue	550
61536	for excision of cerebral epileptogenic focus, w/ electrocorticography during surgery (includes removal of electrode array)	600
61538	for lobectomy w/ electrocorticography during surgery, temporal lobe for lobectomy w/ electrocorticography during surgery, other than temporal lobe, partial	550
61539	or total	550
61541	for transection of corpus callosum	550
61542	for total hemispherectomy	600
61543	for partial or subtotal hemispherectomy	600
61544	for excision of coagulation of choroid plexus	500
61545	for excision of craniopharyngioma	550
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	650
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	550
61550	Craniectomy for craniosynostosis; single cranial suture	350
61552	multiple cranial sutures	400
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap	450
61557	bifrontal bone flap	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull); not requiring bone grafts	450

61559	recontouring w/ multiple osteotomies and bone autografts (e.g., barrel-stave procedure) (includes obtaining grafts)	450
61563	Excision, intra and extracranial, benign tumor of cranial bone (e.g., fibrous dysplasia); w/o optic nerve decompression	400
61564	w/ optic nerve decompression	500
61570	Craniectomy or craniotomy; w/ excision of foreign body from brain	450
61571	w/ treatment of penetrating wound of brain	350
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	650
61576	requiring splitting of tongue and/or mandible (including tracheostomy)	650

## Surgery of Skull Base

### Approach Procedures

#### Anterior Cranial Fossa

61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, w/o maxillectomy or orbital exenteration	650
61581	extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	650
61582	extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	650
61583	intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	650
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); w/o orbital exenteration	650
61585	w/ orbital exenteration	650
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa w/ or w/o internal fixation, w/o bone graft	650

#### Middle Cranial Fossa

61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), w/ or w/o disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	650
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, w/ or w/o decompression and/or mobilization of contents of auditory canal or petrous carotid artery	650
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	650

#### Posterior Cranial Fossa

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, w/ or w/o mobilization	650
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, w/ or w/o mobilization of facial nerve and/or petrous carotid artery	650
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, w/ or w/o mobilization	650
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	650
<b>Definite Procedures</b>		
<b>Base of Anterior Cranial Fossa</b>		
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	650
61601	intradural, including dural repair, w/ or w/o graft	650
<b>Base of Middle Cranial Fossa</b>		
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	650
61606	intradural, including dural repair, w/ or w/o graft	650
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	650
61608	intradural, including dural repair, w/ or w/o graft	650
61609	Transection or ligation, carotid artery in cavernous sinus; w/o repair	650
61610	w/ repair by anastomosis or graft	650
61611	Transection or ligation, carotid artery in petrous canal; w/o repair	650
61612	w/ repair by anastomosis or graft	650
<b>Base of Posterior Cranial Fossa</b>		
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	650
61616	intradural, including dural repair, w/ or w/o graft	650

## Repair and / or Reconstruction of Surgical Defects of Skull

61618	Secondary repair of dura for CSF leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (e.g., pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	600
61619	by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea,temporalis, frontalis or occipitalis muscle)	600

## Endovascular Therapy

CODE	DESCRIPTIVE TERMS	RVS 2020
61624	Transcatheter occlusion or embolization (e.g., for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	650
61626	non-central nervous system, head or neck (extracranial, brachiocephalic branch)	550
61630	Baloon Angioplasty, intracranial, percutaneous	550
61635	Transcatheter placement of intravascular stent, intracranial, including angioplasty	600
61640	Ballon dilation of intracranial vsospasm, percutaneous	550
	Dural AVM Embolization, Simple	600
	Dural AVM Embolization, Complex	650
	Coiling of Aneurysm, vascular malformation or carotid-cavernous fistula with or without stenting	650

## Surgery for Aneurym, Arteriovenous Malformation or Vascular

61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	600
61682	supratentorial, complex	650
61684	infratentorial, simple	600
61686	infratentorial, complex	650
61690	dural, simple	550
61692	dural, complex	600
61700	Surgery of intracranial aneurysm, intracranial approach; carotid circulation	650
61702	vertebral-basilar circulation	650
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	250
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	650
61708	by intracranial electrothrombosis	550
61710	by intra-arterial embolization, injection procedure or balloon catheter	600

61711	Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries	600
61712	Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)	
<b>Stereotaxis</b>		
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	600
61735	subcortical structure(s) other than globus pallidus or thalamus	600
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	450
61751	w/ computerized axial tomography	450
61760	Stereotactic implantation of depth electrodes into the cerebrum for long term seizure monitoring	550
61770	Stereotactic localization, any method, including burr hole(s), w/ insertion of catheter(s) for brachytherapy	450

CODE	DESCRIPTIVE TERMS	RVS 2020
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion (RHIZOTOMY)	200
61791	trigeminal medullary tract	200
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator)	300
61795	Stereotactic computer assisted volumetric intracranial procedure	300
<b>Stereotatic Radiosurgery(Cranial)</b>		
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	450
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple	300
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	500
61800	Application of stereotactic headframe for stereotactic radiosurgery	100
<b>Neurostimulators (Intracranial)</b>		
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; cortical	400
61855	subcortical	
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical	550

61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrodes array in subcortical site (eg. Thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), WITHOUT use of intraoperative microelectrode recording, first array	500
61864	each additional array (list separately in addition to primary procedure)	350
61865	subcortical	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrodes array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), WITH use of intraoperative microelectrode recording, first array	550
61868	each additional array (List separately in addition to primary procedure)	400
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical	550
61875	subcortical	550
61880	Revision or removal of intracranial neurostimulator electrodes	300
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling	300
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling with connection to 2 or more electrode arrays	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	300
<b>Repair</b>		
62000	Elevation of depressed skull fracture; simple, extradural	400
62005	compound or comminuted, extradural	400
62010	w/ repair of dura and /or debridement of brain	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
62100	Craniotomy for repair of dural /CSF leak, including surgery for rhinorrhea/otorrhea	600
62115	Reduction of craniomegalic skull (e.g., treated hydrocephalus); not requiring bone grafts or cranioplasty	450
62116	w/ simple cranioplasty	400
62117	requiring craniotomy and reconstruction w/ or w/o bone graft (includes obtaining grafts)	500
62120	Repair of encephalocele, skull vault, including cranioplasty	450
62121	Craniotomy for repair of encephalocele , skull base	500
62140	Cranioplasty for skull defect; up to 5 cm diameter	400
62141	larger than 5 cm diameter	450
62142	Removal of bone flap or prosthetic plate of skull	400

62143	Replacement of bone flap or prosthetic plate of skull	400
62145	Cranioplasty for skull defect w/ reparative brain surgery	450
62146	Cranioplasty w/ autograft (includes obtaining bone grafts); up to 5 cm diameter	500
62147	larger than 5 cm diameter	550

### Neuroendoscopy

62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage	550
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cyst (including placement, replacement or removal of ventricular catheter)	550
62162	with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	600
62163	with retrieval of foreign body	550
62165	with excision of pituitary tumor, transnasal or transphenoidal approach	600

### CSF Shunt

62180	Ventriculocisternostomy (Torkildsen type operation)	350
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	450
62192	subarachnoid/subdural-peritoneal, -pleural, other terminus	350
62200	Ventriculocisternostomy, third ventricle;	550
62201	stereotactic method	550
62220	Creation of shunt; ventriculo-atrial, -jugular,-auricular	450
62223	ventriculo-peritoneal,-pleural, other terminus	350
62230	Replacement or revision of CSF (VP) shunt, obstructed valve, or distal catheter in shunt system	400

### Spine and Spinal Cord

#### Injection, Drainage or Aspiration

62268	Percutaneous aspiration, spinal cord cyst or syrinx	550
62269	Biopsy of spinal cord, percutaneous needle	550
62270	Spinal puncture, lumbar, diagnostic(Spinal,Lumbar Tap)	300

CODE	DESCRIPTIVE TERMS	RVS 2020
62272	Spinal puncture , therapeutic, for drainage of spinal fluid (by needle or catheter)	300
62287	Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar	500

## Catheter Implantation

62350	Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable	300
62351	reservoir or implantable infusion pump; w/o laminectomy w/ laminectomy	500

## Reservoir/ Pump Implantation

62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	450
62361	non-programmable pump	450
62362	programmable pump, including preparation of pump, w/ or w/o programming with excision of brain tumor, including placement of external ventricular catheter for	450
62464	drainage	650
62465	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	400
62467	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status, without reprogramming or refill.	50
62468	with reprogramming	100
62469	with reprogramming and refill	100
62470	with reprogramming or refill (requiring skill of a physician or other qualified health care professional)	100

## Posterior Extradural Laminotomy or Laminectomy for Exploration/

## Decompression of Neural Elements or Excision of Herniated Intervertebral

### Disks

63001	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), one or two vertebral segments; cervical	600
63003	thoracic	600
63005	lumbar, except for spondylolisthesis	600
63011	sacral	600
63012	Laminectomy w/ removal of abnormal facets and/or pars inter-articularis w/ decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	600
63015	Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy, (e.g., spinal stenosis), more than 2 vertebral segments; cervical	650
63016	thoracic	650
63017	lumbar	650

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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63020	Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy , foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical	550
63030	one interspace,lumbar	550
63040	Laminotomy (hemilaminectomy), w/ decompression of nerve root (s), including partial facetectomy , foraminotomy and/or excision or herniated intervertebral disk; re-exploration; cervical	600
63042	lumbar	600
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ decompression of spinal cord, cauda equina and/or nerve root(s), ( eg, spinal or lateral recess stenosis), single vertebral segment; cervical	550
63046	thoracic	550
63047	lumbar	550
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral w/ 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	550
<b>Transpedicular or Costovertebral Approach for</b>		
63055	Transpedicular approach w/ decompression of spinal cord, equina and/ or nerve root(s) (e.g., herniated intervetebral disk), single segment; thoracic	600
63056	lumbar	600
63057	Transpedicular approach with decompression of spinal cord, equina and/ or nerve root(s) (e.g. herniated intervetebral disk), single segment; each additional segment, thoracic or lumbar (list separately in addition to code for primary procedure)	600
63064	Costovertebral approach w/ decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disk), thoracic; single segment	600
63066	Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g. herniated intervertebral disk), thoracic; each additional segment (list separately in addition to code for primary procedure)	600
<b>Anterior or Anterolateral Approach for Extradural Exploration/Decompression</b>		
63075	Discectomy, anterior, w/ decompression of spinal cord and/ or nerve root(s), including osteophytectomy; cervical, single interspace osteophytectomy; cervical, single	600
63076	Discectomy, anterior, with decompression of spinal cord and/ or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure)	600
63077	thoracic, single interspace	600
	with instrumented spinal instrumentation, any spinal segment	600

	Diskectomy, anterior, w/ decompression of spinal cord and/ or nerve root(s), including osteophytectomy; cervical, 2 or more interspaces	
<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>63078</b>	Diskectomy, anterior, with decompression of spinal cord and/ or nerve root(s), including osteophytectomy; thoracic, each additional interspace (list separately in addition to code for primary procedure)	<b>600</b>
	thoracic, 2 or more interspaces	<b>600</b>
	with instrumented spinal fusion, any spinal segment	<b>650</b>
<b>63081</b>	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach w/ decompression of spinal cord and/ or nerve root(s); cervical, single segment	<b>600</b>
<b>63082</b>	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)	<b>600</b>
	with instrumented spinal fusion	<b>650</b>
	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach w/ decompression of spinal cord and/ or nerve root(s); cervical, 2 or more segment	<b>600</b>
	with instrumented spinal fusion	<b>650</b>
<b>63085</b>	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach w/ decompression of spinal cord and/ or nerve root(s); thoracic, single segment	<b>600</b>
	with instrumented spinal fusion	<b>650</b>
<b>63086</b>	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/ or nerve root(s); thoracic, each additional segment (list separately in addition to code for primary procedure)	<b>600</b>
	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach w/ decompression of spinal cord and/ or nerve root(s); thoracic, 2 or more segments	<b>650</b>
	with instrumented spinal fusion	<b>650</b>
<b>63087</b>	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	<b>600</b>
	with instrumented spinal fusion	<b>650</b>

<b>63088</b>	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (list separately in addition to code for primary procedure)	<b>600</b>
	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; 2 or more segments	<b>650</b>
	with instrumented spinal fusion	<b>650</b>
<b>63090</b>	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	<b>600</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
	with instrumented spinal fusion	<b>650</b>
<b>63091</b>	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; each additional segment (list separately in addition to code for primary procedure)	<b>600</b>
	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach w/ decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; 2 or more segments	<b>650</b>
	with instrumented spinal fusion	<b>650</b>
<b>Incision</b>		
<b>63170</b>	Laminectomy w/ myelotomy (e.g., Bischof or DREZ type), cervical thoracic, or thoracolumbar	<b>550</b>
<b>63172</b>	Laminectomy w/ drainage of intramedullary cyst/ syrinx; to subarachnoid space	<b>550</b>
<b>63173</b>	to peritoneal space	<b>600</b>
<b>63180</b>	Laminectomy and section of dentate ligaments, w/ or w/o dural graft, cervical; one of two segments	<b>550</b>
<b>63182</b>	more than two segments	<b>600</b>
<b>63185</b>	Laminectomy w/ rhizotomy; one or two segments	<b>550</b>
<b>63190</b>	more than two segments	<b>600</b>
<b>63191</b>	Laminectomy w/ section of spinal accessory nerve	<b>550</b>
<b>63194</b>	Laminectomy w/ cordotomy, w/ section of one spinothalamic tract, one stage ; cervical	<b>550</b>
<b>63195</b>	thoracic	<b>550</b>

63196	Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, one stage; cervical	600
63197	thoracic	600
63198	Laminectomy w/ cordotomy w/ section of both spinothalamic tracts, two stages w/in 14 days; cervical	650
63199	thoracic	650
63200	Laminectomy, w/ release of tethered spinal cord, lumbar	550

### Excision by Laminectomy of Lesion Other Than Herniated Disk

63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	650
63251	thoracic	650
63252	thoracolumbar	650
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm; extradural; cervical	650
63266	thoracic	650
63267	lumbar	650

CODE	DESCRIPTIVE TERMS	RVS 2020
63268	sacral	650
63270	Laminectomy for excision of intraspinal lesion other than neoplasm; intradural; cervical	650
63271	thoracic	650
63272	lumbar	650
63273	sacral	650
63275	Laminectomy for biopsy/ excision of intraspinal neoplasm; extradural, cervical	650
63276	extradural, thoracic	650
63277	extradural, lumbar	650
63280	intradural, extramedullary, cervical	650
63281	intradural, extramedullary, thoracic	650
63282	intradural, extramedullary, lumbar	650
63283	intradural, sacral	650
63285	intradural, intramedullary, cervical	650
63286	intradural, intramedullary, thoracic	650
63287	intradural, intramedullary, thoracolumbar	650

63290	combined extradural-intradural lesion, any level	650
<b>Excision, Anterior or Anterolateral Approach, Intraspinal Lesion</b>		
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	650
63301	extradural, thoracic by transthoracic approach	650
63302	extradural, thoracic by thoracolumbar approach	650
63303	extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	650
63304	intradural, cervical	650
63305	intradural, thoracic by transthoracic approach	650
63306	intradural, thoracic by thoracolumbar approach	650
63307	intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	650
<b>Craniocervical Junction</b>		
	Instrumented spinal fusion (Arthrodesis), posterior technique (Occipitocervical-occiputC2/C3), with or without decompression	650
	Instrumented spinal fusion (Arthrodesis), posterior technique (C1-C2) with or without decompression	550
<b>SPINE FRACTURES/DISLOCATIONS</b>		
	Cervical traction	200
	halo vest application	250
	Closed treatment of vertebral body fractures requiring bracing (any level)	50
<b>MISCELLANEOUS PROCEDURES</b>		
	Percutaneous Vertebral cement augmentation (Kyphoplasty/Vertebroplasty)	450

CODE	DESCRIPTIVE TERMS	RVS 2020
	Percutaneous posterior transpedicular/extrapedicular biopsy	350
	Placement of lumbar interspinous process decompression device without decompression, fenestration procedure (open or percutaneous)	450
	Placement of lumbar interspinous process decompression device with decompression, fenestration procedure (open )	500
<b>Stereotaxis</b>		
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/ or recording)	

63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	
<b>Stereotactic Radiosurgery (Spine)</b>		
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	450
63621	spinal lesion (list separately in addition to code for primary procedure)	350
<b>Neurostimulators (Spinal)</b>		
63650	Percutaneous implantation of neurostimulator electrodes; epidural	400
63655	Laminectomy for implantation of neurostimulator electrodes; epidural	650
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	200
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	300
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	450
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	500
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	250
<b>Repair</b>		
63700	Repair of meningocele; less than 5 cm diameter	500
63702	larger than 5 diameter	550
63704	Repair of myelomeningocele; less than 5 cm diameter	550
63706	larger than 5 diameter	600
63707	Repair of dural/ CSF leak, not requiring laminectomy	450
63709	Repair of dural/ CSF leak or pseudomeningocele, w/ laminectomy	550
63710	Dural graft, spinal	400
<b>Additional Procedures (Spine)</b>		
	Removal of spine implants, cervical	500
	Removal of spine implants, thoracic	500
	Removal of spine implants, lumbosacral	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
	Debridement, cervical	500
	Debridement, thoracic	500
	Debridement, lumbosacral	500
	Foraminal epidural steroid injection, cervical	450
	Foraminal epidural steroid injection, thoracic	450
	Foraminal epidural steroid injection, lumbosacral	450
	Facet joint injection, cervical	450
	Facet joint injection, thoracic	450
	Facet joint injection, lumbosacral	450
	Application of interspinous process device, lumbar spine	500
	Application of IPD, thoracic spine	500
	Minimally invasive spine decompression, cervical, posterior	550
	Minimally invasive spine decompression, thoracic, posterior	550
	Minimally invasive spine decompression, lumbar, posterior	550
	MIS fusion, cervical, one level	550
	MIS fusion, thoracic, one level	550
	MIS fusion, lumbosacral, one level	600
	Sacroiliac joint injection	450
	Sacroiliac joint fusion	600
<b>Neuroplasty (Exploration, Neurolysis or Nerve Decompression)</b>		
<b>64575</b>	nerve	350
<b>64580</b>	neuromuscular	350
<b>64581</b>	sarcal nerve (transforaminal placement)	350
<b>64702</b>	Neuroplasty; digital, one or both, same digit	450
<b>64704</b>	nerve of hand or foot	450
<b>64708</b>	Neuroplasty, major peripheral nerve, arm or leg; other than specified	600

64712	sciatic nerve	600
64713	brachial plexus	650
64714	lumbar plexus	650
64716	Neuroplasty and/or transposition; cranial nerve (specify)	650
64718	ulnar nerve at elbow	500
64719	ulnar nerve at wrist	450
64721	median nerve at carpal tunnel	400
64722	Decompression; unspecified nerve(s) (specify)	400
64726	plantar digital nerve	400
64727	Internal neurolysis, requiring use of operating microscope (list separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	650
<b>Transection or Avulsion</b>		

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
64732	Transection or avulsion of; supraorbital nerve	100
64734	infraorbital nerve	100
64736	mental nerve	100
64738	inferior alveolar nerve by osteotomy	100
64740	lingual nerve	100
64742	facial nerve, differential or complete	150
64744	greater occipital nerve	100
64746	phrenic nerve	200
64752	vagus nerve (vagotomy), transthoracic	300
64755	vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	300
64760	vagus nerve (vagotomy), abdominal	300
64761	pudendal nerve	150
64763	Transection or avulsion of obturator nerve, extrapelvic, w/ or w/o adductor tenotomy	300
64766	Transection or avulsion of obturator nerve, intrapelvic, w/ or w/o adductor tenotomy	300
64771	Transection or avulsion of other cranial nerve, intradural	400
64772	Transection or avulsion of other spinal nerve, extradural	400
<b>Excision</b>		



<b>Somatic Nerves</b>		
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	300
64776	digital nerve, one or both, same digit	300
64782	hand or foot, except digital nerve	300
64784	major peripheral nerve, except sciatic	400
64786	sciatic nerve	400
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	450
64790	major peripheral nerve	550
64792	extensive (including malignant type)	600
64795	Biopsy of nerve	250
<b>Sympathetic Nerves</b>		
64802	Sympathectomy, cervical	500
64804	Sympathectomy, cervicothoracic	500
64809	Sympathectomy, thoracolumbar	500
64818	Sympathectomy, lumbar	450
64820	Sympathectomy, digital arteries, w/ magnification, each digit	150
<b>Neurorrhaphy</b>		
64830	Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair)	450

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
64831	Suture of digital nerve, hand or foot; one nerve	350
64832	each additional digital nerve	350
64834	Suture of one nerve, hand or foot; common sensory nerve	400
64835	median motor thenar	450
64836	ulnar motor	450
64837	Suture of each additional nerve, hand or foot	450
64840	Suture of posterior tibial nerve	500
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	550
64857	w/o transposition	550
64858	Suture of sciatic nerve	550
64859	Suture of each additional major peripheral nerve	550

64861	Suture of; brachial plexus	650
64862	lumbar plexus	650
64864	Suture of facial nerve; extracranial	450
64865	infratemporal, w/ or w/o grafting	550
64866	Anastomosis; facial-spinal accessory	550
64868	facial-hypoglossal	550
64870	facial-phrenic	550

### Neurorrhaphy w/ Nerve Graft

64885	Nerve graft (includes obtaining graft), head or neck; up to 4cm in length	500
64886	more than 4 cm length	550
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	600
64891	more than 4 cm length	600
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	600
64893	more than 4 cm length	600
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	650
64896	more than 4 cm length	650
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	650
64898	more than 4 cm length	650
64901	Nerve graft, each additional nerve; single strand	550
64902	multiple strands (cable)	550
64905	Nerve pedicle transfer; first stage	600
64907	second stage	350

### Eye and Ocular Adnexa

#### Eyeball

#### Removal of Eye

CODE	DESCRIPTIVE TERMS	RVS 2020
65091	Evisceration of ocular contents; w/o implant	400
65093	w/ implant	400
65101	Enucleation of eye; w/o implant	400
65103	w/ implant, muscles not attached to implant	400

65105	w/ implant, muscles attached to implant	400
65110	Exenteration of orbit without skin graft, removal of orbital contents only	450
65112	w/ therapeutic removal of bone	450
65114	w/ muscle or myocutaneous flap	500
<b>Secondary Implant(s) Procedures</b>		
65130	Insertion of ocular implant; after evisceration, in scleral shell	400
65135	after enucleation, muscles not attached to implant	400
65140	after enucleation, muscles attached to implant	400
65150	Reinsertion of ocular implant; with or without conjunctival graft	450
65155	with use of foreign material for reinforcement and/or attachment of muscles to implant	400
65175	Removal of ocular implant	350
<b>Removal of Foreign Body</b>		
65205	Removal of foreign body, external eye; conjunctival, superficial	100
65210	Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp	100
65222	Removal of foreign body, external eye; cornea, with slit lamp	100
65235	Removal of foreign body, intraocular; from anterior chamber or lens	150
65260	from posterior segment, magnetic extraction, anterior or posterior route	
65265	from posterior segment, nonmagnetic extraction	
<b>Repair of Laceration</b>		
65270	Repair of laceration; conjunctiva, w/ or w/o nonperforating laceration sclera, direct closure	150
65273	conjunctiva, by mobilization and rearrangement	150
65275	cornea, nonperforating, w/ or w/o removal foreign body	200
65280	cornea and/or sclera, perforating, not involving uveal tissue	200
65285	cornea and/or sclera, perforating, w/ reposition or resection of uveal tissue	200
65286	application of tissue glue, wounds of cornea and/or sclera	150
65290	Repair of wound, extraocular muscle, tendon and/ or Tenon's capsule	50
<b>Anterior Segment</b>		
<b>Cornea</b>		
<b>Excision</b>		
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	100

65410	Biopsy of cornea	100
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CODE	DESCRIPTIVE TERMS	RVS 2020
65420	Excision or transposition of pterygium; without graft	100
65426	with graft	200
<b>Removal or Destruction</b>		
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	50
65710	Keratoplasty (corneal transplant); lamellar	450
65730	penetrating (except in aphakia)	450
65750	penetrating (in aphakia)	450
65755	penetrating (in pseudophakia)	400
<b>Other Procedures</b>		
65760	Keratomileusis	200
65770	Keratoprosthesis	200
65772	Corneal relaxing incision for correction of surgically induced astigmatism	100
65775	Corneal wedge resection for correction of surgically induced astigmatism	200
65780	Ocular surface reconstruction; amniotic membrane transplantation	200
65781	limbal stem cell allograft (eg, cadaveric or living donor)	350
65782	limbal conjunctival autograft (includes obtaining graft)	350
<b>Anterior Chamber</b>		
<b>Incision</b>		
65805	Paracentesis of anterior chamber of eye; w/ therapeutic release of aqueous	100
65810	w/ removal of vitreous and/or discission of anterior hyaloid membrane, w/ or w/o air injection	150
65815	w/ removal of blood, w/ or w/o irrigation and/or air injection	150
65820	Goniotomy	350
65850	Trabeculotomy ab externo	350
65855	Trabeculoplasty by laser surgery, one or more sessions (defined treatment series)	100
65860	Severing adhesions of anterior segment, laser technique	100
<b>Other Procedures</b>		
65865	Severing adhesions of anterior segment of eye, incisional technique (w/ or w/o injection of air or liquid) ; goniosynechia	150

65870	anterior synechiae, except goniosynechiae	150
65875	posterior synechiae	150
65880	corneovitreal adhesions	150
65900	Removal of epithelial downgrowth, anterior chamber of eye	200
65920	Removal of implanted material, anterior segment eye	200
65930	Removal of blood clot, anterior segment eye	100
<b>Anterior Sclera</b>		
<b>Excision</b>		

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
66130	Excision of lesion, sclera	40
66150	Fistulization of sclera for glaucoma; trephination w/ iridectomy	100
66155	thermocauterization w/ iridectomy	100
66160	sclerectomy w/ punch or scissors, w/ iridectomy	100
66165	iridencleisis or iridotasis	100
66170	trabeculectomy ab externo in absence of previous surgery	250
66172	trabeculectomy ab externo w/ scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	300
66180	Aqueous shunt to extraocular reservoir (e.g., Molteno, Schocket, DenverKrupin)(ahmed valve)	300
66185	Revision of aqueous shunt to extraocular reservoir	350

### **Repair or Revision**

66225	Repair of scleral staphyloma; w/ graft	400
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	100

### **Iris, Ciliary Body**

#### **Incision**

66500	Iridotomy by stab incision ; except transfixion	60
66505	w/ transfixion as for iris bombe	60

#### **Excision**

66600	Iridectomy, w/ corneoscleral or corneal section; for removal of lesion	80
66605	w/ cyclectomy	100
66625	peripheral for glaucoma	150

66630	sector for glaucoma	150
<b>Repair</b>		
66680	Repair of iris, ciliary body (as for iridodialysis)	200
66682	Suture of iris, ciliary body w/ retrieval of suture through small incision (e.g., McCannel suture)	90
<b>Destruction</b>		
66700	Ciliary body destruction; diathermy	70
66710	cyclophotocoagulation	100
66720	cryotherapy	100
66740	cyclodialysis	70
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) ( one or more sessions)	100
66762	Iridoplasty by photocoagulation (one or more sessions) (e.g., for improvement of vision, for widening of anterior chamber angle)	100
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	60
<b>Lens</b>		

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Incision</b>		
66821	laser surgery (e.g., YAG laser) (one or more stages) (FOCAL LASER)	40
<b>Removal Cataract</b>		
66825	Repositioning of intraocular lens prosthesis, requiring an incision	400
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) w/ corneo-scleral section, w/ or w/o iridectomy (iridocapsulotomy, iridocapsulectomy)	400
66840	anterior hyaloid) w/ corneo-scleral section, w/ or w/o iridectomy (iridocapsulotomy, iridocapsulectomy)	400
66850	Removal of lens material; aspiration technique, one or more stages phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), w/ aspiration	400
66852	pars plana approach, with or without vitrectomy	500
66920	intracapsular	
66930	intracapsular, for dislocated lens	
66940	extracapsular	

66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one 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 capsulorhexis) or performed on patients in the amblyogenic developmental stage	500
66983	Intracapsular cataract extraction w/ insertion of intraocular lens prosthesis (one stage procedure)	450
66984	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., irrigation and aspiration)	450
66985	Insertion of intraocular lens prosthesis, not associated with cataract removal	400
66986	Exchange of intraocular lens	
66987	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., phacoemulsification)	
<b>Other Procedures</b>		
66991	Revision of failed filter; with or without explantation/exchange of shunt	350
66992	with excision of bleb cyst	350
66993	with choroidal tap	300
66994	with posterior sclerotomy	300
66995	with anterior chamber reformation	300
66996	Revision of filtering bleb, needling technique; without injection of anti-metabolite	150
66997	with injection of anti-metabolite	200
66998	Release of scleral flap suture by laser suture lysis	100
66999	Revision of overfiltering bleb (includes autologous blood injection, cryotherapy, mattress sutures, etc.)	150

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Posterior Segment</b>		
<b>Vitreous</b>		
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	500
67010	subtotal removal w/ mechanical vitrectomy	500
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	200
67025	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), w/ or w/o aspiration	100

67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	150
67030	Discission of vitreous strands (w/o removal), pars plana approach	50
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)	100
67036	Vitrectomy, mechanical, pars plana approach;	500
67038	w/ epiretinal membrane stripping	400
67039	w/ focal endolaser photocoagulation	400
67040	w/ endolaser panretinal photocoagulation	400
67041	Vitrectomy, mechanical, pars plana approach; with internal limiting membrane (ILM) peeling	400
67042	with radial optic nerve neurotomy (RON)	400
67043	with sheathotomy for branch retinal vein occlusion	400
67044	with macular translocation (limited by retinotomy and/or scleral imbrication)	400
67045	with macular translocation (total)	400
67046	with removal of subretinal membranes	400
67047	with removal of choroidal neovascular membrane	400
67048	with endodrainage of subretinal hemorrhage (with or without tPA injection)	400
67049	with removal of dropped IOL	400
67050	with phacofragmentation for dropped lens material	400
67051	with internal tamponade with air, gas, silicone oil, perfluorocarbon liquid	400
67052	with insertion of scleral fixated intraocular lens, with or without anterior vitrectomy	400

## Retina or Choroid

### Repair

67101	Repair of retinal detachment, one or more sessions; cryotherapy or diathermy, w/ or w/o drainage of subretinal fluid	400
67105	photocoagulation, w/ or w/o drainage of subretinal fluid	400
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), w/ or w/o implant, w/ or w/o cryotherapy, photocoagulation, and drainage of subretinal fluid	400

CODE	DESCRIPTIVE TERMS	RVS 2020
67108	w/ vitrectomy, any method, w/ or w/o air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	400



67110	by injection of air or other gas (e.g., pneumatic retinopexy)	200
67112	by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	400
67115	Release of encircling material (posterior segment)	250
67120	Removal of implanted material, posterior segment; extraocular(SILICONE OIL)	100
67121	intraocular	350
<b>Destruction</b>		
67208	Destruction of localized lesion of retina (e.g., maculopathy, choroidopathy, small tumors), one or more sessions; cryotherapy, diathermy	100
67210	photocoagulation (laser or xenon arc)(PRP)panretinal photocoagulation	100
67218	radiation by implantation of source (includes removal of source)	100
67220	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., laser), one or more sessions	100
67221	photodynamic therapy (includes intravenous infusions (PDT)	150
67222	transpupillary thermotherapy	100
67227	Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), one or more sessions; cryotherapy, diathermy	100
67228	photocoagulation (laser or xenon arc)	100
<b>Sclera</b>		
<b>Repair</b>		
67250	Scleral reinforcement	100
<b>Flourescein Angiography</b>		
75757	Angiography, fluorescein (eye)(FA)	50
<b>Philippine Ocular Inflammation Society</b>		
	Strabismus surgery, recession or resection procedure (patient not previously operated on); one horizontal muscle	350
	two horizontal muscles	350
	one vertical muscle (excluding superior oblique)	100
<b>Ocular Adnexa</b>		
<b>Extraocular Muscles</b>		
67311	Strabismus surgery, recession or resection procedure (patient not previously operated on); one horizontal muscle	350

67312	two horizontal muscles	450
67314	one vertical muscle (excluding superior oblique)	500

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
67316	two or more vertical muscles (excluding superior oblique)	500
67318	Strabismus surgery, any procedure (patient not previously operated on), superior oblique muscle	500
67320	Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify)	500
67331	Strabismus surgery on patient w/ previous eye surgery or injury that did not involve the extraocular muscles	600
67332	Strabismus surgery on patient w/ scarring of extraocular muscles (e.g., prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (e.g., dysthyroid ophthalmopathy)	600
67334	Strabismus surgery by posterior fixation suture technique, w/ or w/o muscle recession	500
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)	600
67343	Release of extensive scar tissue w/o detaching extraocular muscle	450
67345	Chemodenervation of extraocular muscle	300
<b>Other Procedures</b>		
67346	Biopsy of extraocular muscle	350
<b>Orbit</b>		
<b>Exploration, Excision</b>		
<b>Decompression</b>		
67400	Orbitotomy w/o bone flap (frontal or transconjunctival approach); for exploration, w/ or w/o biopsy	400
67405	w/ drainage only	400
67412	w/ removal of lesion	400
67413	w/ removal of foreign body	400
67414	w/ removal of bone for decompression	500
67415	Fine needle aspiration of orbital contents	150
67420	Orbitotomy w/ bone flap or window, lateral approach (e.g., Kroenlein); w/ removal of lesion	450
67430	w/ removal of foreign body	450
67440	w/ drainage	450

## Other Procedures

67550	Orbital implant (implant outside muscle cone); insertion	400
67560	removal or revision	400
67570	Optic nerve decompression (e.g., incision or fenestration of optic nerve sheath)	500
67580	Repair of anophthalmic socket; with insertion or removal of orbital implant within muscle cone	400
67581	with exchange or orbital implant	400
67582	with exchange of orbital implant and reattachment of muscles	400

CODE	DESCRIPTIVE TERMS	RVS 2020
67583	with fornix reconstruction using sutures	400
67584	with fornix reconstruction using buccal mucosal graft or amnion graft, including harvesting of graft	450
67585	with revision of implant and fornix reconstruction using sutures	400
67586	with revision of implant and fornix reconstruction using buccal mucosal graft, or amnion graft (including harvesting of graft)	450
<b>Eyelids</b>		
<b>Incision</b>		
67700	Blepharotomy, drainage of abscess, eyelid	150
67710	Severing of tarsorrhaphy	150
67715	Canthotomy	150
<b>Excision</b>		
67800	Excision of chalazion	150
67810	Incisional biopsy of the eyelid skin including lid margin (updated)	150
67825	Repair of trichiasis; by electroepilation, electrosurgery, cryotherapy or laser surgery	150
67830	Repair of trichiasis; incision of lid margin	150
67835	Repair of trichiasis; incision of lid margin, with free mucous membrane graft	300
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	150
<b>Tarsorrhaphy</b>		
67875	Temporary closure of eyelids suture (e.g., frost suture)	150
67880	Construction of intermargin adhesions, median tarsorrhaphy, or canthorrhaphy;	150
67882	with transportation of tarsal plate	200

## Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)

67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)	400
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	400
67902	frontalis muscle technique with fascial sling (includes obtaining fascia)	500
67903	(tarso) levator resection or advancement, internal approach	350
67904	(tarso) levator resection or advancement, external approach	350
67906	superior rectus technique with fascial sling (includes obtaining fascia)	400
67908	conjunctivo-tarso-Muller's muscle-levator resection (Fasanella-Servat type)	350
67911	Repair of lid retraction (eyelid recession); without spacer	350
67912	Correction of lagophthalmos, with implantation of upper eyelid load	350
67914	Repair of ectropion: suture	150
67915	thermocauterization	150
67916	blepharoplasty, excision tarsal wedge	250
67921	Repair of entropion; suture	150

CODE	DESCRIPTIVE TERMS	RVS 2020
67922	thermocauterization	150
67923	blepharoplasty, excision tarsal wedge	250
67924	blepharoplasty, extensive (e.g., Wheeler operation)	250
<b>Reconstruction</b>		
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/ or palpebral conjunctiva direct closure; partial thickness	150
67935	full thickness	200
67950	Canthoplasty (reconstruction of canthus)	150
67961	Excision and repair of eyelid, full thickness, up to 1/4 of lid margin	200
67966	over 1/4 of lid margin	250
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage	450
67973	total eyelid, lower, one stage or first stage	450
67974	total eyelid, upper, one stage or first stage	450
67975	second stage	400
<b>Conjunctiva</b>		

<b>Excision and/or Destruction</b>		
<b>68100</b>	Biopsy of conjunctiva	<b>100</b>
<b>68110</b>	Excision of lesion, conjunctiva; up to 1 cm	<b>100</b>
<b>68115</b>	over 1 cm	<b>100</b>
<b>68130</b>	with adjacent sclera	<b>200</b>
<b>Conjunctivoplasty</b>		
<b>68320</b>	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	<b>200</b>
<b>68325</b>	with buccal mucous membrane graft (includes obtaining graft)	<b>400</b>
<b>68326</b>	Conjunctivoplasty reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	<b>250</b>
<b>68328</b>	with buccal mucous membrane graft (includes obtaining graft)	<b>400</b>
<b>68330</b>	Repair of symblepharon; conjunctivoplasty, without graft	<b>200</b>
<b>68335</b>	with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	<b>400</b>
<b>68340</b>	division of symblepharon, with or without insertion of conformer or contact lens	<b>200</b>
<b>Other Procedures</b>		
<b>68360</b>	Conjunctival flap; bridge or partial	<b>200</b>
<b>68362</b>	total (such as Gunderson thin flap or purse string flap)	<b>200</b>
<b>68371</b>	Harvesting conjunctival allograft, living donor	<b>250</b>
<b>Lacrimal System</b>		
<b>Incision</b>		
<b>68400</b>	Incision, drainage of lacrimal gland	<b>150</b>
<b>68420</b>	Incision, drainage of lacrimal sac (dacryocystostomy)	<b>150</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>68440</b>	Snip incision of lacrimal punctum	<b>150</b>
<b>Excision</b>		
<b>68500</b>	Excision of lacrimal gland (dacryoadenectomy), except for tumor	<b>400</b>
<b>68510</b>	Biopsy of lacrimal gland	<b>400</b>
<b>68520</b>	Excision of lacrimal sac (dacryocystectomy)	<b>350</b>
<b>68530</b>	Removal of foreign body or dacryolith, lacrimal passages	<b>150</b>
<b>68540</b>	Excision of lacrimal gland tumor; frontal approach	<b>400</b>

68550	involving osteotomy	450
<b>Repair</b>		
68700	Plastic repair of canaliculi	350
68705	Correction of everted punctum, cautery	150
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	400
68745	conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	400
68750	with insertion of tube or stent	450
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	150
68770	Closure of lacrimal fistula	150
<b>Probing and/or Related Procedures</b>		
68811	Probing of nasolacrimal duct; requiring general anesthesia	350
68815	with insertion of tube or stent	500
<b>Auditory System</b>		
<b>External Ear</b>		
<b>Incision</b>		
69000	Drainage external ear, abscess or hematoma	100
69020	Drainage external auditory canal, abscess	100
<b>Excision</b>		
69100	Biopsy external ear	100
69105	Biopsy external auditory canal	150
69110	Excision external ear; partial, simple repair	250
69120	complete amputation	300
69140	Excision exostosis(es), external auditory canal	500
69145	Excision soft tissue lesion, external auditory canal	500
69150	Radical excision external auditory canal lesion; w/o neck dissection	550
69155	w/ neck dissection	600
<b>Removal of Foreign Body</b>		
69200	Removal foreign body from external auditory canal; w/ general anesthesia(FB Ear)	300
69220	Debridement, mastoidectomy cavity, simple (e.g., routine cleaning)	50

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
	Debridement, mastoidectomy cavity, complex (e.g., w/ anesthesia or more than routine	
69222	cleaning)	200
<b>Repair</b>		
69310	Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to trauma, infection)	300
69320	Reconstruction external auditory canal for congenital atresia, single stage	550
<b>Middle Ear</b>		
<b>Introduction</b>		
69400	Eustachian tube inflation, transnasal; w/ catheterization	100
69405	Eustachian tube catheterization, transtympanic	100
<b>Incision</b>		
69420	Myringotomy including aspiration and/or eustachian tube inflation	200
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	250
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	150
69436	Tympanostomy (requiring insertion of ventilating tube), w/ general anesthesia	200
69440	Middle ear exploration through postauricular or ear canal incision	450
69450	Tympanolysis, transcanal	150
<b>Excision</b>		
69501	Transmastoid antrotomy ("simple" mastoidectomy)	450
69502	Mastoidectomy; complete	500
69505	modified radical	500
69511	radical	500
69530	Petrous apicectomy including radical mastoidectomy	550
69535	Resection temporal bone, external approach	600
69540	Excision aural polyp	100
69550	Excision aural glomus tumor; transcanal	500
69552	transmastoid	500
69554	extended (extratemporal)	500
<b>Repair</b>		

69601	Revision mastoidectomy; resulting in complete mastoidectomy	500
69602	resulting in modified radical mastoidectomy	500
69603	resulting in radical mastoidectomy	500
69604	resulting in tympanoplasty	500
69605	w/ apicectomy	500
69610	Tympanic membrane repair, w/ or w/o site preparation or perforation for closure, w/ or w/o patch	300

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
69620	Myringoplasty (surgery confined to drumhead and donor area)	450
69631	Tympanoplasty w/o mastoidectomy (including canalplasty, atticotomy and/ or middle ear surgery), initial or revision; w/o ossicular chain reconstruction	450
69632	w/ ossicular chain reconstruction (e.g., postfenestration)	500
69633	w/ ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP)	500
69635	Tympanoplasty w/ antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/ or tympanic membrane repair); w/o ossicular chain reconstruction	550
69636	w/ ossicular chain reconstruction	550
69637	w/ ossicular chain reconstruction and synthetic prosthesis (e.g. partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP)	550
69641	Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); w/o ossicular chain reconstruction	550
69642	w/ ossicular chain reconstruction	550
69643	w/ intact or reconstructed wall, w/o ossicular chain reconstruction	550
69644	w/ intact or reconstructed canal wall, w/ ossicular chain reconstruction	550
69645	radical or complete, w/o ossicular chain reconstruction	550
69646	radical or complete, w/ ossicular chain reconstruction	550
69650	Stapes mobilization	500
69660	Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material;	500
69661	w/ footplate drill out	500
69662	Revision of stapedectomy or stapedotomy	500
69666	Repair oval window fistula	500
69667	Repair round window fistula	500
69670	Mastoid obliteration	450



69676	Tympanic neurectomy	400
<b>Other Procedures</b>		
69700	Closure postauricular fistula, mastoid	350
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	550
69725	including medial to geniculate ganglion	550
69740	Suture facial nerve, intratemporal, w/ or w/o graft or decompression; lateral to geniculate ganglion	550
69745	including medial to geniculate ganglion	550
<b>Inner Ear</b>		
<b>Incision and/or Destruction</b>		
69801	Labyrinthotomy, w/ or w/o cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal	500

CODE	DESCRIPTIVE TERMS	RVS 2020
69802	w/ mastoidectomy	550
69805	Endolymphatic sac operation; w/o shunt	600
69806	w/ shunt	600
69820	Fenestration semicircular canal	600
69840	Revision fenestration operation	600
<b>Excision</b>		
69905	Labyrinthectomy; transcanal	600
69910	w/ mastoidectomy	600
69915	Vestibular nerve section, translabyrinthine approach	650
<b>Introduction</b>		
69930	Cochlear device implantation, w/ or w/o mastoidectomy	650
<b>Temporal Bone, Middle Fossa Approach</b>		
69950	Vestibular nerve section, transcranial approach	650
69955	Total facial nerve decompression and/or repair (may include graft)	600
69960	Decompression internal auditory canal	650
69970	Removal of tumor, temporal bone	650
<b>Medical and Other Services</b>		

## Radiology

### Head and Neck

70010	Myelography, brain, including spinal puncture and radiological supervision and interpretation	
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70390	Sialography; including duct catheterization and radiological supervision and interpretation	
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### Chest

71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	
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### Spine and Pelvis

72240	Myelography, spine, including spinal puncture and radiological supervision and interpretation	
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### Gastrointestinal Tract

74300	Cholangiography and/or pancreatography, intraoperative, radiological supervision and interpretation	
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74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	
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74330	Combined endoscopic catheterization of the biliary and pancreatic ductal system, radiological supervision and interpretation	
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74340	Introduction of long gastrointestinal tube (e.g., Miller-Abbott ), radiological supervision and interpretation	
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CODE	DESCRIPTIVE TERMS	RVS 2020
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74350	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation (PEG)	
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74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	
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74360	Intraluminal dilation of strictures and/or obstructions, radiological supervision and interpretation	
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74363	Percutaneous transhepatic dilation of sbiliary duct stricture, radiological supervision and interpretation	
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### Urinary Tract

74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	
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74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	
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## ADDITIONAL CASES

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Laparoscopy</b>		
49650A	Laparoscopic repair of bilateral inguinal hernia of any type (TAPP/TEP/E-TEP)	500
<b>Abdominal Wall Hernia</b>		
49659A	LAP IPOM (Ntraperitoneal Mesh Repair)	350
49659B	LAP IPOM PLUS (Intraperitoneal Mesh Repair with Suturing of Defect)	400
49659C	SCOLA (Subcutaneous Onlay Laparoscopic Approach)	450
49568 C	Rives-stoppa open repair	350
49659D	Rives-Stoppa Endoscopic Approach	450
49568A	TAR (Transversus Abdominis Muscle Release) posterior component separation open repair	450
49659 E	TAR (Transversus Abdominis Muscle Release) posterior component separation laparoscopic/e-TEP approach	550
49659F	PPOM (Preperitoneal Onlay Mesh Repair)	450
49659 G	Laparoscopic/endoscopic repair of lumbar hernia	500
49568 B	Open anterior component separation	400
49659H	Endoscopic Anterior Component Separation	500
<b>Bariatric Surgery</b>		
43846A	MGB	500
43847C	Duodenal switch	500
43847A	Sleeve gastrectomy with duodenojejunal bypass	500
43847B	Sleeve gastrectomy with proximal jejunal bypass	500
<b>Endoscopic Thyroidectomy</b>		
60240A	BABA (bilateral axillary breast approach) total endoscopic thyroidectomy	500
60220A	BABA (Bilateral Axillary Breast Approach) total lobectomy, unilateral with or without isthmusectomy	450
60225A	BABA (Bilateral Axillary Breast Approach) total lobectomy, unilateral w/ contralateral subtotal lobectomy, isthmusectomy	450
60260A	BABA (Bilateral Axillary Breast Approach) completion thyroidectomy	450

<b>60240B</b>	ABS (Axillary Breast Shoulder) /transaxillary approach total endoscopic thyroidectomy	<b>500</b>
<b>60220B</b>	ABS (Axillary Breast Shoulder) /transaxillary approach total lobectomy, unilateral with or without isthmusectomy	<b>450</b>
<b>60225B</b>	ABS (Axillary Breast Shoulder) /transaxillary approach total lobectomy, unilateral w/ contralateral subtotal lobectomy, isthmusectomy thyroidectomy	<b>450</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>60260B</b>	ABS (Axillary Breast Shoulder) /transaxillary approach Completion thyroidectomy	<b>450</b>
<b>60240C</b>	TOETVA (Transoral Endoscopic Thyroidectomy Vestibular Approach) total thyroidectomy	<b>500</b>
<b>60220C</b>	TOETVA (Transoral Endoscopic Thyroidectomy Vestibular Approach) total lobectomy, unilateral with or without isthmusectomy	<b>450</b>
<b>60225C</b>	TOETVA (Transoral Endoscopic Thyroidectomy Vestibular Approach) total lobectomy, unilateral w/ contralateral subtotal lobectomy, isthmusectomy	<b>450</b>
<b>60260C</b>	TOETVA (Transoral Endoscopic Thyroidectomy Vestibular Approach) completion thyroidectomy	<b>450</b>

### **Appendix**

<b>44970A</b>	Laparoscopic appendectomy for ruptured appendicitis	<b>500</b>
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### **Other Procedures**

<b>43840A</b>	Laparoscopic gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound or injury	<b>500</b>
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### **Inguinal Hernia**

<b>49650A</b>	Laparoscopic repair of bilateral inguinal hernia of any type (TAPP/TEP/E-TEP)	<b>500</b>
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### **Abdominal Wall Hernia**

<b>49659A</b>	Lap IPOM (Intraperitoneal Mesh Repair)	<b>350</b>
<b>49659B</b>	Lap IPOM PLUS (intraperitoneal mesh repair with suturing of defect)	<b>400</b>
<b>49659C</b>	SCOLA (Subcutaneous Onlay Laparoscopic Approach)	<b>450</b>
<b>49568 C</b>	Rives-stopppa open repair	<b>350</b>
<b>49659D</b>	Rives-stopppa endoscopic approach	<b>450</b>

<b>49568A</b>	TAR (Transversus Abdominis Muscle Release) posterior component separation open repair	<b>450</b>
<b>49659 E</b>	TAR (Transversus Abdominis Muscle Release) posterior component separation laparoscopic/E-TEP approach	<b>550</b>
<b>49659F</b>	PPOM (Preperitoneal Onlay Mesh Repair)	<b>450</b>
<b>49659G</b>	Laparoscopic/endoscopic repair of lumbar hernia	<b>500</b>
<b>49568B</b>	Open anterior component separation	<b>400</b>
<b>49659H</b>	Endoscopic anterior component separation	<b>500</b>
<b>COLORECTAL SURGERY</b>		
<b>44204A</b>	Laparoscopic left hemicolectomy	<b>500</b>
<b>44204B</b>	Laparoscopic sigmoidectomy	<b>500</b>

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>PLASTIC SURGERY</b>		
<b>Free Skin Grafts</b>		
<b>15050</b>	Pinch graft, single or multiple, to cover small ulcer, tip or digit, or other minimal open area (except on face), up to defect size 2 cm diameter	<b>200</b>
<b>15100</b>	Split thickness skin graft, to cover an open wound or granulating area, trunk, arms, and/or legs, including debridement, small (up to 100sq cm or up to 1% TBSA)	<b>350</b>
<b>15101</b>	Split thickness skin graft, to cover an open wound or granulating area, trunk, arms, and/or legs, including debridement, moderate (>100sq cm or >1% but less than 5% TBSA)	<b>400</b>
<b>15102</b>	Split thickness skin graft, to cover an open wound or granulating area, trunk, arms, and/or legs, including debridement, large (5% or more but less than 10% TBSA)	<b>500</b>
<b>15103</b>	Split thickness skin graft, to cover an open wound or granulating area, trunk, arms, and/or legs, including debridement, extensive (10% TBSA or more)	<b>550</b>
<b>15120</b>	Split thickness skin graft, to cover an open wound or granulating area on the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits, including debridement, with defect size <100sq cm or <1% TBSA	<b>400</b>
<b>15121</b>	Split thickness skin graft, to cover an open wound or granulating area on the face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits, including debridement, with defect size 100sq cm, or 1% TBSA, or more	<b>500</b>

15130	Epidermal, dermal, dermofat or fascia graft, (excluding transfer of fat by injection), trunk, arms, and/or legs (except face), including debridement, small (up to 100sq cm or up to 1% TBSA)	400
15131	Epidermal, dermal, dermofat or fascia graft, (excluding transfer of fat by injection), trunk, arms, and/or legs (except face), including debridement, large (100sq cm, or 1% TBSA, or more)	450
15135	Epidermal, dermal, dermofat or fascia graft, (excluding transfer of fat by injection), face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits, including debridement, small (up to 100sq cm or up to 1% TBSA)	450
15136	Epidermal, dermal, dermofat or fascia graft, (excluding transfer of fat by injection), face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits, including debridement, large (100sq cm, or 1% TBSA, or more)	500
15150	Tissue cultured skin autograft, trunk, arms, legs; small (up to 100sq cm or up to 1% TBSA)	450
15151	Tissue cultured skin autograft, trunk, arms, legs; moderate (>100sq cm to or >1% but less than 5% TBSA)	500
15152	Tissue cultured skin autograft, trunk, arms, legs; large (>5% but less than 10% TBSA)	550

CODE	DESCRIPTIVE TERMS	RVS 2020
15153	Tissue cultured skin autograft, trunk, arms, legs; extensive (10% TBSA or more)	650
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; with defect size <100sq cm or <1% TBSA	550
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; with defect size 100sq cm, or 1% TBSA, or more	600
15271	Application of skin substitute (i.e. xenografts) or skin allografts to trunk, arms, legs; small (up to 100sq cm or up to 1% TBSA)	450
15272	Application of skin substitute (i.e. xenografts) or skin allografts to trunk, arms, legs; moderate (>100sq cm to or >1% but less than 5% TBSA)	500
15273	Application of skin substitute (i.e. xenografts) or skin allografts to trunk, arms, legs; large (>5% but less than 10% TBSA)	550
15274	Application of skin substitute (i.e. xenografts) or skin allografts to trunk, arms, legs; extensive (10% TBSA or more)	650
15275	Application of skin substitute (i.e. xenografts) or skin allografts to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; with defect size <100sq cm or <1% TBSA	550

15276	Application of skin substitute (i.e. xenografts) or skin allografts to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; with defect size 100sq cm, or 1% TBSA, or more	600
15200	Full thickness skin graft, to cover a defect on the trunk, including direct closure of donor site, small (defect size <20 sq cm)	300
15201	Full thickness skin graft, to cover a defect on the trunk, including direct closure of donor site, large (defect size 20 sq cm or more)	400
15220	Full thickness skin graft, to cover a defect on scalp, arms and/or legs, including direct closure of donor site, small (defect size <20 sq cm)	400
15221	Full thickness skin graft, to cover a defect on scalp, arms and/or legs, including direct closure of donor site, large (defect size 20 sq cm or more)	450
15240	Full thickness skin graft, to cover a defect on forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet, including direct closure of donor site, small (defect size <10 sq cm)	450
15241	Full thickness skin graft, to cover a defect on forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet, including direct closure of donor site, large (defect size 10 sq cm or more)	500
15260	Full thickness skin graft, to cover a defect on nose, ears, eyelids, and/or lips, including direct closure of donor site, small (defect size <10 sq cm)	450
15261	Full thickness skin graft, to cover a defect on nose, ears, eyelids, and/or lips, including direct closure of donor site, large (defect size 10 sq cm or more)	500

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Wounds, Local Treatment</b>		
16010	Dressing and/or debridement, initial or subsequent, wound size small (up to 100sq cm or up to 1% TBSA)	150
16011	Dressing and/or debridement, initial or subsequent, wound size moderate (>100sq cm or >1% but less than 5% TBSA)	200
16012	Dressing and/or debridement, initial or subsequent, wound size large (5% or more but less than 10% TBSA)	300
16013	Dressing and/or debridement, initial or subsequent, wound size extensive (10% TBSA or more)	450
<b>Burns, Local Treatment</b>		
<b>Burn Wound Therapy</b>		

	<i>**Includes application of silver-based dressings such as nanocrystalline /lipocolloid silver dressings; hydrocolloid dressings, hydrocellular, hydrogel and foam dressings; beta-sitosterol based ointments; topical antimicrobials, with secondary dressings; Application of Negative Pressure Wound Therapy; and other similar burn wound therapy modalities</i>	
<b>16020</b>	Dressing and/or debridement (not involving grafting) of burns <5% TBSA, without anesthesia, initial or subsequent, each attendance at which the procedure is performed	<b>200</b>
<b>16021</b>	Dressing and/or debridement (not involving grafting) of burns <5% TBSA, under anesthesia, initial or subsequent, each attendance at which the procedure is performed	<b>300</b>
<b>16022</b>	Dressing and/or debridement (not involving grafting) of burns 5% to <10% TBSA, without anesthesia, initial or subsequent, each attendance at which the procedure is performed	<b>250</b>
<b>16023</b>	Dressing and/or debridement (not involving grafting) of burns 5% to <10% TBSA, under anesthesia, initial or subsequent, each attendance at which the procedure is performed	<b>350</b>
<b>16024</b>	Dressing and/or debridement (not involving grafting) of burns 10% to <20% TBSA, initial or subsequent, each attendance at which the procedure is performed	<b>450</b>
<b>16025</b>	Dressing and/or debridement (not involving grafting) of burns 20% to <50% TBSA, initial or subsequent, each attendance at which the procedure is performed	<b>500</b>
<b>16026</b>	Dressing and/or debridement (not involving grafting) of burns 50% to <80% TBSA, initial or subsequent, each attendance at which the procedure is performed	<b>550</b>
<b>16027</b>	Dressing and/or debridement (not involving grafting) of burns >80% TBSA, initial or subsequent, each attendance at which the procedure is performed	<b>600</b>
<b>Burns, Surgical Treatment</b>		

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>Burn Wound Excision/Debridement</b>		
	<i>**Includes all types of burn wound debridement/excision such as tangential excision, fascial excision, escharectomy</i>	
<b>16040</b>	Excision of burn wound involving <10% TBSA, where grafting is not carried out during the same operation	<b>400</b>
<b>16041</b>	Excision of burn wound involving 10% to <20% TBSA, where grafting is not carried out during the same operation	<b>500</b>



16042	Excision of burn wound involving 20% to <50% TBSA, where grafting is not carried out during the same operation	550
16043	Excision of burn wound involving >50% TBSA, where grafting is not carried out during the same operation	600
<b>Burn Compartment Syndrome Treatment</b>		
16035	Escharotomy, upper extremity, lower extremity, chest, and/or abdomen (Adult)	350
16036	Escharotomy, upper extremity, lower extremity, chest, and/or abdomen (Pediatric)	400
16037	Fasciotomy, upper extremity and/or lower extremity, including hands and feet, for acute compartment syndrome	400
16038	Escharotomy, with fasciotomy for acute compartment syndrome, upper extremity and/or lower extremity	450
<b>Split Thickness Skin Grafting for Burns</b>		
16050	Split thickness skin graft to burns, including excision of burnt tissue, involving not more than 1% TBSA	400
16051	Split thickness skin graft to burns, including excision of burnt tissue, involving 1% but not more than 3% TBSA	450
16052	Split thickness skin graft to burns, including excision of burnt tissue, involving 3% but not more than 6% TBSA	500
16053	Split thickness skin graft to burns, including excision of burnt tissue, involving 6% but not more than 10% TBSA	550
16054	Split thickness skin graft to burns, including excision of burnt tissue, involving 10% but not more than 20% TBSA	600
16055	Split thickness skin graft to burns, including excision of burnt tissue, involving 20% but not more than 50% TBSA	650
16056	Split thickness skin graft to burns, including excision of burnt tissue, involving 50% TBSA or more	650
16060	Split thickness skin graft to burns, including excision of burnt tissue, eyelids, nose, lip, ear, dorsum of hand, and/or palm of hand	550

CODE	DESCRIPTIVE TERMS	RVS 2020
16061	Split thickness skin graft to burns, including excision of burnt tissue, forehead, cheek, scalp, anterior or posterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia	500

16062	Split thickness skin graft to burns, including excision of burnt tissue, whole of toe	400
16063	Split thickness skin graft to burns, including excision of burnt tissue, up to 3 toes	500
16064	Split thickness skin graft to burns, including excision of burnt tissue, up to 5 toes	550
16065	Split thickness skin graft to burns, including excision of burnt tissue, the whole of 1 digit of the hand	500
16066	Split thickness skin graft to burns, including excision of burnt tissue, the whole of up to 3 digits of the hand	550
16067	Split thickness skin graft to burns, including excision of burnt tissue, the whole of 5 digits of the hand	600
16068	Split thickness skin graft to burns, including excision of burnt tissue, the portion of digit of the hand	400
16069	Split thickness skin graft to burns, including excision of burnt tissue, the whole of face (excluding ears)	600
16070	MEEK Micrografting to burns, including excision of burnt tissue, involving not more than 10% TBSA	550
16071	MEEK Micrografting to burns, including excision of burnt tissue, involving 10% but not more than 20% TBSA	600
16072	MEEK Micrografting to burns, including excision of burnt tissue, involving more than 20% TBSA	650

### **Scar Treatment and Contracture Release**

16080	Release of scar contractures and/or scar revision, on face or neck, not more than 3 cm in length	400
16081	Release of scar contractures and/or scar revision, on face or neck, 3 cm in length or more	450
16082	Release of scar contractures and/or scar revision, on face or neck, not more than 3 cm in length, with tissue rearrangement, flap closure, and/or skin grafting	500
16083	Release of scar contractures and/or scar revision, on face or neck, 3 cm in length or more, with tissue rearrangement, flap closure, and/or skin grafting	550
16084	Release of scar contractures and/or scar revision, other than face or neck, not more than 7 cm in length	400

<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
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<b>16085</b>	Release of scar contractures and/or scar revision, other than face or neck, 7 cm in length or more	<b>450</b>
<b>16086</b>	Release of scar contractures and/or scar revision, other than face or neck, not more than 7 cm in length, with tissue rearrangement, flap closure, and/or skin grafting	<b>500</b>
<b>16087</b>	Release of scar contractures and/or scar revision, other than face or neck, 7 cm in length or more, with tissue rearrangement, flap closure, and/or skin grafting	<b>550</b>
<b>16088</b>	Release of scar contractures and/or scar revision, on hand and/or 1-2 fingers, flexor or extensor, with or without tissue rearrangement, flap closure, Z-plasties, and/or skin grafting	<b>500</b>
<b>16089</b>	Release of scar contractures and/or scar revision, on hand and/or more than 2 fingers, flexor or extensor, with or without tissue rearrangement, flap closure, Zplasties, and/or skin grafting	<b>600</b>
<b>16090</b>	Excision of extensive burn scar (more than 1% TBSA) for correction of scar contracture	<b>450</b>

## OPHTHALMOLOGY

### Chemodenervation of muscles

<b>64612</b>	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)*	<b>250</b>
<b>64615</b>	muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)*	<b>250</b>
<b>65435</b>	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	<b>100</b>
<b>65436</b>	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) with application of chelating agent (eg, EDTA)	<b>100</b>
<b>65600</b>	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	<b>100</b>
<b>65778</b>	Placement of amniotic membrane on the ocular surface; without sutures	<b>100</b>
<b>65779</b>	Placement of amniotic membrane on the ocular surface; single layer, sutured	<b>150</b>
<b>65785</b>	Implantation of intrastromal corneal ring segments	<b>250</b>
<b>65756</b>	Keratoplasty (corneal transplant); endothelial (DSEK, DSAEK, DMEK)	<b>400</b>
<b>66020</b>	Injection, anterior chamber of eye (separate procedure); air or liquid	<b>100</b>
<b>66030</b>	Injection, anterior chamber of eye (separate procedure); medication	<b>100</b>
<b>66770</b>	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	<b>100</b>
<b>68020</b>	Incision of conjunctiva, drainage of cyst	<b>100</b>
<b>68200</b>	Subconjunctival injection	<b>100</b>
<b>68761</b>	Closure of the lacrimal punctum by plug	<b>100</b>

<b>0402T</b>	Collagen crosslinking, for primary corneal ectasia (i.e. keratoconus)	<b>200</b>
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<b>CODE</b>	<b>DESCRIPTIVE TERMS</b>	<b>RVS 2020</b>
<b>0563T</b>	Evacuation of meibomian glands, using heat delivered through wearable, openeye eyelid treatment devices and manual gland expression, bilateral	<b>150</b>
<b>66820</b>	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	<b>450</b>
<b>67229</b>	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	<b>500</b>

### **ORTHOPEDIC SURGERY**

#### **SECONDARY IMPLANT PROCEDURES (CPT definition: ocular implant is inside the muscle cone, while orbital implant is outside)**

<b>65125</b>	Modification of ocular implant with placement or replacement of pegs	<b>350</b>
<b>67350</b>	Biopsy of extraocular muscle	<b>300</b>
<b>67445</b>	Orbitotomy w/ bone flap or window, lateral approach, with removal of bone for decompression	<b>500</b>
<b>67450</b>	for exploration, with or without biopsy	<b>450</b>
<b>67850</b>	Destruction of lesion of lid margin up to 1 cm	<b>150</b>

#### **Eyelids**

<b>67801</b>	Excision of chalazion, multiple, same lid	<b>150</b>
<b>67805</b>	multiple, different lids	<b>150</b>
<b>67808</b>	under general anesthesia and/or requiring hospitalization, single or multiple	<b>300</b>
<b>67820</b>	Correction of trichiasis, epilation, by forceps only	<b>50</b>
<b>67909</b>	Reduction of overcorrection of ptosis	<b>350</b>
<b>67917</b>	Repair of ectropion extensive, tarsal strip	<b>250</b>
<b>67938</b>	Removal of embedded foreign body, eyelid	<b>250</b>
<b>68505</b>	Excision of lacrimal gland, except for tumor, partial	<b>400</b>
<b>68525</b>	Biopsy of lacrimal sac	<b>300</b>

#### **Lacrimal System**

<b>68761</b>	Closure of the lacrimal punctum, by thermocauterization, ligation or laser surgery by plug, each	<b>50</b>
<b>68801</b>	Dilation of the lacrimal punctum, with or without irrigation	<b>150</b>
<b>68810</b>	Probing of the nasolacrimal duct, with or without irrigation	<b>150</b>

68816	Probing of the nasolacrimal duct, requiring general anesthesia with transluminal balloon catheter dilation	400
68840	Probing of lacrimal canaliculi, with or without irrigation	150
68850	Injection of contrast medium for dacryocystography	150
<b>Musculoskeletal System</b>		

CODE	DESCRIPTIVE TERMS	RVS 2020
<b>General</b>		
<b><i>Introduction or Removal</i></b>		
	Pediatric patients under general anesthesia	350
<b>Spine and Spinal Cord</b>		
<b><i>Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Disks</i></b>		
63035	Laminotomy (hemilaminectomy), with decompression of nerve root (s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure)	550
<b><i>Anterior or Anterolateral Approach for Extradural Exploration/Decompression</i></b>		
<b><i>Lateral Extracavitary Approach for Extradural Exploration/Decompression</i></b>		
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	650
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	650
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (list separately in addition to code for primary procedure)	650
<b><i>Neurostimulators (Spinal)</i></b>		
63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	400