



PRIOR AUTHORIZATION GUIDELINES



PH 602.778.1800 (provider menu = option 5)
FAX 602.778.1838

Covered Services	Special Comments	Prior Authorization Requirement	
		Care1st AHCCCS & DDD	ONECare
Allergy Testing and Treatment		Yes	Yes
ASC Procedures	*Attachment II lists ASC procedures that require prior authorization	*Yes	*Yes
Audiology Testing		None	None
Chiropractic Services		Yes	Yes
Cosmetic & Plastic Surgery	Includes Reconstructive Surgery	Yes	Yes
Dental Services		Refer to "At a Glance"	See Summary of Benefits Section III
Dental Trauma		Refer to "At a Glance"	Yes
Diabetic Education		Yes	Yes
Diagnostic Testing	EMG, EP testing, heart cath, nerve conduction studies, nuclear cardiac stress test, TEE, tilt table	Yes	Yes
Dialysis	<ul style="list-style-type: none"> Notification required for the Initial start only *Prior authorization also required when Care1st is 2ndary 	*Yes	Yes
DME (Orthotics & Prosthetics see pg 2)	<ul style="list-style-type: none"> Obtain items by contacting Plan's preferred DME provider *Prior authorization required when Care1st is 2ndary 	*None	Yes
EEG		None	None
Endoscopy	(i.e. colonoscopies, colposcopies, EGDs, etc.) (if performed by PAR provider @ PAR facility)	None	None
Enteral/Tube Feed	<ul style="list-style-type: none"> Obtain services by contacting Plan's preferred Enteral provider *Prior authorization also required when Care1st is 2ndary 	*Yes	Yes
Experimental Procedures		Not Covered	Not Covered
Family Planning	Includes services performed in office; Attachment I lists injectables that require prior authorization	Self Referral	Self Referral
Genetic Testing		Yes	Yes
Hearing Aids	*Hearing aids are covered for AHCCCS members under age 21.	*Yes	See Summary of Benefits Section III
Home Health	<ul style="list-style-type: none"> Obtain services by contacting Plan's preferred Home Health provider 	None	Yes
Hospice/End of Life Services	Prior authorization required for Care1st AHCCCS and DDD; Notification required for ONECare	Yes	Yes
Hospital Admissions	Fax notification to 602.778.8386	Yes	Yes
Home Infusion	<ul style="list-style-type: none"> Obtain services by contacting Plan's preferred Home Infusion provider *Prior authorization required for IVIG and Remicaid *Prior authorization required for Home Infusion when Care1st is 2ndary 	*None	Yes
Injectables (In office)	*Attachment I lists in-office injectables that require prior authorization	*Yes	*Yes

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ALL BY-REPORT CODES REGARDLESS OF PLACE OF SERVICE & ALL NON-EMERGENT SERVICES PROVIDED BY A NON-PAR PROVIDER OR FACILITY REQUIRE PRIOR AUTHORIZATION

Eff 1/1/2012

These guidelines are also available at www.care1st.com/az/

Care1st & ONECare PRIOR AUTHORIZATION GUIDELINES

Covered Services	Special Comments	Prior Authorization Requirement	
		Care1st AHCCCS & DDD	ONECare
In-office procedures	*Attachment III lists in-office procedures that require prior authorization	*Yes	*Yes
Inpatient Procedures/Surgery		Yes	Yes
Insulin Pump & Tubing		Yes	Yes
Mirena IUD	Prior authorization required; refer to clinical guideline	Yes	Yes
Observation	Fax notification to 602.778.8386	Yes	Yes
Obstetrical Care	<ul style="list-style-type: none"> All OB care requires authorization within 30 days of pregnancy confirmation. For high risk OB care see "Specialist" 2D OB ultrasounds (3 or more) require prior authorization 	Yes	Yes
Oral Surgery		Yes	Yes
Orthotics & Prosthetics	*Prior authorization required when Care1st is primary or 2ndary	*Yes	Yes
Outpatient Mental Health		PCP Referral or Self Refer to Magellan	Yes
Outpatient Rehab	<ul style="list-style-type: none"> *PT/OT/ST, Pulmonary Rehab, Cardiac Rehab *PT/OT/ST prior authorization is required for <u>all</u> DDD members & AHCCCS members under 21. PT for AHCCCS and DDD adults 21 & older does not require prior authorization *As a reminder, OT/ST is NOT covered for AHCCCS & DDD members 21 & older 	*Yes	Yes
Outpatient Substance Abuse		Not Covered	Yes
Outpatient Procedures (ASC Procedures see pg1)	All outpatient medical & diagnostic procedures require prior authorization UNLESS procedure is noted elsewhere within this document as not requiring prior authorization	Yes	Yes
Pain Management Procedures	Epidurals, nerve blocks, neurolysis and spinal cord stimulators	Yes	Yes
Pharmacy Services	Non-formulary drugs. Fax request to 602.778.8387	Yes	Yes
Preventive Care	<ul style="list-style-type: none"> Includes Well Man, Well Woman and Well Child Care *Well exams for AHCCCS & DDD adults 21 years & older are not a covered benefit 	*Self Referral	Self Referral
Radiation Oncology	Includes services performed in office	No	No
Radiology	<ul style="list-style-type: none"> CT / MRI / MRA / PET / Dexa / Hida scans / Bone Mass Measurements/ MUGA scans / 3D Ultrasounds / 2D OB ultrasounds (3 or more) Radiology procedures NOT performed at a preferred site (<i>see Radiology Grid for list of preferred sites</i>) *Prior authorization for the above items also required when Care1st is 2ndary 	*Yes	Yes
Skilled Nursing Facility	Fax request to 602.778.8386	Yes 90 day limit per plan year	Yes 100 day limit per benefit period

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Covered Services	Special Comments	Prior Authorization Requirement	
		Care1st AHCCCS & DDD	ONECare
Sleep Studies		Yes	Yes
Specialist (Consults / Follow-up visits, Procedures & medical services)	<ul style="list-style-type: none"> Allergy, Chiropractic, Dermatology, Ophthalmology, Perinatology, Plastic Surgery and Podiatry (<i>services provided by a podiatrist are not covered for AHCCCS and DDD members 21 years & older</i>) The specialties noted above require prior authorization for all visits and medical & diagnostic procedures EXCEPT for ASC procedures that do not require prior authorization (those not listed on Attachment II) Other specialties require PCP referral only 	Yes	Yes
Sterilization Procedures	Vasectomy & Tubal Ligation (signed federal consent form must be included with prior authorization request)	Yes	Yes
Transplants		Yes	Yes
Transportation	<ul style="list-style-type: none"> Non-emergent medically necessary transportation (includes inter-facility transport) *See ONECare Summary of Benefits Section III for coverage details 	Yes	*Yes
Urgent Care	Member may self refer to PAR urgent care centers (<i>see Ancillary Provider Listing</i>)	Self Referral	Self Referral
Wound Care	Includes Negative Pressure Wound Therapy	Yes	Yes

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ATTACHMENT I: J Codes and Q Codes Requiring Prior Authorization

Code	Description
J0129	Injection, abatacept, 10 mg
J0135	Injection, adalimumab, 20 mg
J0150	Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use A9270)
J0180	Injection, agalsidase beta, 1 mg
J0190	Injection, biperiden lactate, per 5 mg
J0205	Injection, alglucerase, per 10 units
J0215	Injection, alefacept, 0.5 mg
J0220	Injection, alglucosidase alfa, 10 mg
J0348	Injection, anidulafungin, 1 mg
J0350	Injection, anistreplase, per 30 units
J0400	Injection, aripiprazole, intramuscular, 0.25 mg
J0585	Injection, onabotulinumtoxina, 1 unit
J0586	Injection, abobotulinumtoxina, 5 units
J0587	Injection, rimabotulinumtoxina, 100 units
J0592	Injection, buprenorphine hydrochloride, 0.1 mg
J0595	Injection, butorphanol tartrate, 1 mg
J0725	Injection, chorionic gonadotropin, per 1,000 usp units
J0740	Injection, cidofovir, 375 mg
J0800	Injection, corticotropin, up to 40 units
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml
J1070	Injection, testosterone cypionate, up to 100 mg
J1080	Injection, testosterone cypionate, 1 cc, 200 mg
J1260	Injection, dolasetron mesylate, 10 mg
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1458	Injection, galsulfase, 1cc, mg
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Injection, immune globulin, (gamunex), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized, (e.g. liquid), 500 mg
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1640	Injection, hemin, 1 mg
J1645	Injection, dalteparin sodium, per 2500 iu
J1650	Injection, enoxaparin sodium, 10 mg
J1652	Injection, fondaparinux sodium, 0.5 mg
J1675	Injection, histrelin acetate, 10 micrograms
J1680	Injection, human fibrinogen concentrate, 100 mg
J1740	Injection, ibandronate sodium, 1 mg
J1743	Injection, idursulfase, 1mg

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Code	Description
J1745	Injection infliximab, 10 mg
J1830	Injection interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1930	Injection, lanreotide, 1 mg
J1931	Injection, laronidase, 0.1 mg
J1945	Injection, lepirudin, 50 mg
J2020	Injection, linezolid, 200mg
J2170	Injection, mecasermin, 1 mg
J2278	Injection, ziconotide, 1 microgram
J2315	Injection, naltrexone, depot form, 1 mg
J2323	Injection, natalizumab, 1 mg
J2357	Injection, omalizumab, 5 mg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2504	Injection, pegademase bovine, 25iu
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2778	Injection, ranibizumab, 0.1 mg
J2794	Injection, risperidone, long acting, 0.5 mg
J2850	Injection, secretin, synthetic, human, 1 microgram
J2940	Injection, somatrem, 1 mg
J2941	Injection, somatropin, 1 mg
J2950	Injection, promazine hcl, up to 25 mg
J2993	Injection, reteplase, 18.1 mg
J3110	Injection, teriparatide, 10 mcg
J3120	Injection, testosterone enanthate, up to 100 mg
J3130	Injection, testosterone enanthate, up to 200 mg
J3140	Injection, testosterone suspension, up to 50 mg
J3150	Injection, testosterone propionate, up to 100 mg
J3285	Injection, treprostinil, 1mg
J3315	Injection, triptorelin pamoate, 3.75mg
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units
J3486	Injection, ziprasidone mesylate, 10 mg
J3487	Injection, zoledronic acid, 1mg
J3488	Injection, zoledronic acid (reclast), 1 mg
J3490	Unclassified drugs
J3590	Unclassified biologics
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rho
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor viii (antihemophilic factor, human) per i.u.
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified

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Code	Description
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
J7194	Factor ix, complex, per i.u.
J7195	Factor ix (antihemophilic factor, recombinant) per i.u.
J7198	Anti-inhibitor, per i.u.
J7199	Hemophilia clotting factor, not otherwise classified
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Contraceptive supply, hormone containing vaginal ring, each
J7304	Contraceptive supply, hormone containing patch, each
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7311	Fluocinolone acetonide, intravitreal implant
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
J7502	Cyclosporine, oral, 100 mg
J7505	Muromonab-cd3, parenteral, 5 mg
J7507	Tacrolimus, oral, per 1 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg
J7517	Mycophenolate mofetil, oral, 250 mg
J7518	Mycophenolic acid, oral, 180 mg
J7520	Sirolimus, oral, 1 mg
J7525	Tacrolimus, parenteral, 5 mg
J7599	Immunosuppressive drug, not otherwise classified
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 2 micrograms
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 mg
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 mg
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per mg
J8501	Aprepitant, oral, 5 mg
J8650	Nabilone, oral, 1 mg
J8999	Prescription drug, oral, chemotherapeutic, nos
J9001	Injection, doxorubicin hydrochloride, all lipid formulations, 10 mg

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Code	Description
J9050	Injection, carmustine, 100 mg
J9185	Injection, fludarabine phosphate, 50 mg
J9202	Injection, goserelin acetate implant, 3.6mg
J9208	Injection, ifosfamide, 1 gram
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu
J9216	Injection, interferon, gamma 1-b, 3 million units
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219	Leuprolide acetate implant, 65 mg
J9225	Histrelin implant (vantas), 50 mg
J9226	Histrelin implant (supprelin la), 50 mg
J9266	Injection, pegaspargase, per single dose vial
J9270	Injection, plicamycin, 2.5 mg
J9293	Injection, mitoxantrone hydrochloride, per 5 mg
J9310	Injection, rituximab, 100 mg
J9395	Injection, fulvestrant, 25 mg
J9600	Injection, porfimer sodium, 75 mg
J9999	Not otherwise classified, antineoplastic drug
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0165	Prochlorperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0166	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0168	Dronabinol, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0169	Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0170	Promethazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0171	Chlorpromazine hydrochloride, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0172	Chlorpromazine hydrochloride, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

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Code	Description
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0176	Perphenazine, 8mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0178	Hydroxyzine pamoate, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0179	Ondansetron hydrochloride 8 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0515	Injection, sermorelin acetate, 1 microgram
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent
Q2017	Injection, teniposide, 50 mg
Q3025	Injection, interferon beta-1a, 11 mcg for intramuscular use
Q3026	Injection, interferon beta-1a, 11 mcg for subcutaneous use
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml
Q9955	Injection, perflexane lipid microspheres, per ml
Q9956	Injection, octafluoropropane microspheres, per ml
Q9957	Injection, perflutren lipid microspheres, per ml

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ATTACHMENT II: ASC Procedures that Require Prior Authorization

*AHCCCS does not allow service to be performed in ASC	
**CMS does not allow service to be performed in ASC	
Code	Description
10040*	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
11200	Removal of skin tags, multiple fibrocutaneous tags, any area: up to and including 15 lesions
11201	Each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
11920*	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin 6.0 sq cm or less
11921*	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin 6.1 to 20.0 sq cm
11922*	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin; each additional 20.0 sq cm
11950*	Subcutaneous injection of filling material (eg, Collagen); 1 cc or less
11951*	Subcutaneous injection of filling material (eg, Collagen); 1.1 to 5.0 cc
11952*	Subcutaneous injection of filling material (eg, Collagen); 5.1 to 10.0 cc
11954*	Subcutaneous injection of filling material (eg, Collagen); over 10.0 cc
15775*	Punch graft for hair transplant; 1 to 15 punch grafts
15776*	Punch graft for hair transplant; more than 15 punch grafts
15780*	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781*	Dermabrasion; segmental, face
15782*	Dermabrasion; regional, other than face
15783*	Dermabrasion; superficial, any site (eg, tattoo removal)
15786*	Abrasion; single lesion (eg, keratosis, scar)
15787*	Abrasion; single lesion (eg, keratosis, scar) each additional 4 lesions or less
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15819*	Cervicoplasty
15820*	Blepharoplasty, lower eyelid
15821*	Blepharoplasty,with extensive herniated fat pad
15822*	Blepharoplasty, upper eyelid
15823	Blepharoplasty, with excessive skin weighting down lid
15824*	Rhytidectomy; forehead
15825*	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826*	Rhytidectomy; glabellar frown lines
15828*	Rhytidectomy; cheek, chin, and neck
15829*	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Removal of excess abdominal tissue
15876*	Suction assisted lipectomy; head and neck
15877*	Suction assisted lipectomy; trunk
15878*	Suction assisted lipectomy; upper extremity
17340	Cryotherapy (CO2 slush, liquid N2O) for acne
17360*	Chemical exfoliation for acne (eg, acne past, acid)
17380*	Electrolysis epilation, each 30 minutes
19316	Mastopexy
19318	Reduction mammoplasty

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Code	Description
19324*	Mammoplasty, augmentation; without prosthetic implant
19325*	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19355	Correction of inverted nipples
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service
21076	Impression and custom preparation; surgical obturator prosthesis
21077	Impression and custom preparation; orbital prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21085	Impression and custom preparation; oral surgical splint
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies
21123	Genioplasty; sliding, augmentation with interpositional bone grafts
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21270	Malar augmentation, prosthetic material
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
26560	Repair of syndactyly (web finger) each web space; with skin flaps
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	Repair of syndactyly (web finger) each web space; metacarpal, each
26580	Repair cleft hand
26587	Reconstruction of polydactylous digit, soft tissue and bone
26590	Repair macrodactylia, each digit
28150	Phalangectomy, toe, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy, simple exostectomy (eg, Silver type procedure)
28292	Correction, hallux valgus (bunion), with Keller, McBride, or Mayo type procedure
28293	Correction, hallux valgus (bunion), with resection of joint with implant
28294	Correction, hallux valgus (bunion), with tendon transplants

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28296	Correction, hallux valgus (bunion), with metatarsal osteotomy
28297	Correction, hallux valgus (bunion), with Lapidus-type procedure
28298	Correction, hallux valgus (bunion), by phalanx osteotomy
28299	Correction, hallux valgus (bunion), by double osteotomy
28344	Reconstruction, toe(s); polydactyly
28345	Reconstruction, toe(s); syndactyly, with or without skin graft (s) each web
29750	Wedging of clubfoot cast
30120	Excision or surgical planing of skin or nose for rhinophyma
30124	Excision dermoid cyst, nose; simple skin, subcutaneous
30125	Excision dermoid cyst, nose; complex, under bone or cartilage
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty, for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty, for nasal deformity secondary to congenital cleft lip or palate, including columellar lengthening; tip, septum
32998*	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor (s) including pleura or chest wall
38205**	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 –stage procedure
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type)
41899**	Unlisted procedure, dentoalveolar structures
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	Palatoplasty for cleft palate, with bone graft to alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate, major revision
42220	Palatoplasty for cleft palate; secondary lengthening procedure
42225	Palatoplasty for cleft palate, attachment pharyngeal flap
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
54150*	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160*	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (older than 28 days of age)
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Operation on penis for correction of chordee/first stage hypospadias repair with/without transplantation
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	Urethroplasty for second stage hypospadias repair with free skin graft obtained from site other than genitalia
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps
54326	1-stage distal hypospadias repair with urethroplasty by local skin flaps and mobilization of urethra with/without circumcision
54328	1-stage distal hypospadias repair with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap with/without circumcision

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54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias complications requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias complications requiring extensive dissection and urethroplasty with flap, patch or tubed graft
54352	Repair of hypospadias cripple requiring extensive dissection/excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360	Plastic operation on penis to correct angulation
54380	Plastic operation on penis for epispadias distal to external sphincter;
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54400*	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401*	Insertion of penile prosthesis; inflatable (self-contained)
54405*	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	Removal/replacement of all component of multi-component, inflatable penile prosthesis at the same operative session
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	Removal/replacement of non-inflatable (semi-rigid)/inflatable (self-contained) penile prosthesis at the same operative session
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	Plastic operation of penis for injury
55400*	Vasovasostomy, vasovasorrhaphy
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
57156*	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
57260	Combined anteroposterior colporrhaphy
57265	Combined anteroposterior colporrhaphy; with enterocele repair
57291	Construction of artificial vagina; without graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
58321*	Artificial insemination; intra-cervical
58322*	Artificial insemination; intra-uterine
58323*	Sperm washing for artificial insemination
58345*	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency
58350*	Chromotubation of oviduct, including materials
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58672*	Laparoscopy, surgical; with fimbrioplasty
58673*	Laparoscopy, surgical; with salpingostomy
58970*	Follicle puncture for oocyte retrieval, any method
58974*	Embryo transfer, intrauterine
58976*	Gamete, zygote, or embryo intrafallopian transfer, any method
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

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62350	Implantation, revision/repositioning of tunneled intrathecal/epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation/replacement of device for intrathecal/epidural drug infusion; programmable pump, including preparation of pump, with or without programming
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	Injection, anesthetic agent; facial nerve
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64412	Injection, anesthetic agent; spinal accessory nerve
64413	Injection, anesthetic agent; cervical plexus
64415	Injection, anesthetic agent; brachial plexus, single
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	Injection, anesthetic agent; axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent; pudendal nerve
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent; sciatic nerve, single
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection, anesthetic agent; femoral nerve, single
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection, anesthetic agent; other peripheral nerve or branch
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg. Morton's neuroma)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging; cervical or thoracic
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging; cervical or thoracic, each additional level
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging; lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging; lumbar or sacral each additional level
64490	Injection(s) facet, cervical or thoracic; single level
64491	Injection(s) facet, cervical or thoracic; second level
64492	Injection(s) facet, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary proc.
64493	Injection(s) facet, lumbar or sacral; single level
64494	Injection(s) facet, lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	Injection(s) facet, lumbar or sacral; third and any additional levels (List separately in addition to code for primary procedure)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64508	Injection, anesthetic agent; carotid sinus (separate procedure)
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64560	Percutaneous implantation of neurostimulator electrodes; autonomic nerve

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Code	Description
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular
64568*	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64577	Incision for implantation of neurostimulator electrodes; autonomic nerve
64580	Incision for implantation of neurostimulator electrodes; neuromuscular
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	Destruction by neurolytic agent, trigeminal nerve; 2 nd and 3rd division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; 2 nd and 3rd division branches at foramen ovale under radiologic monitoring
64620	Destruction by neurolytic agent, intercostal nerve
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level
64630	Destruction by neurolytic agent; pudendal nerve
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
65710	Keratoplasty (corneal transplant); anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial
65770	Keratoprosthesis
65772	Corneal relaxing incision for correction of surgically induced astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
67229*	Retinopathy preterm infant photo/cryotherapy
67820	Correction of trichiasis; epilation, by forceps only
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)
67830	Correction of trichiasis; incision of lid margin
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67880	Construction of intermarginal adhesions median tarsorrhaphy, or canthorrhaphy;
67882	Construction of intermarginal adhesions median tarsorrhaphy, or canthorrhaphy; with transportation of tarsal plate
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	Repair of entropion; suture
67915	Repair of entropion; thermocauterization
67916	Repair of entropion; excision tarsal wedge
67917	Repair of entropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture

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67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid up to ¼ of lid margin
67966	Excision and repair of eyelid over ¼ of lid margin
67971	Reconstruction of eyelid, first stage up to 2/3 of eyelid,
67973	Reconstruction total lower eyelid, first stage
67974	Reconstruction total upper eyelid, first stage
67975	Reconstruction eyelid, second stage
69930	Cochlear device implantation, with or without mastoidectomy
74742*	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
76948*	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
90740**	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90746**	Hepatitis B vaccine, adult dosage, for intramuscular use
90747**	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
0099T*	Implantation of intrastromal corneal ring segments
0100T*	Placement retinal prosthesis, implantation of intra-ocular retinal electrode array/with vitrectomy
0101T*	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
0102T*	Extracorporeal shock wave, by physician with anesthesia other than local, with lateral humeral epicondyle
0123T*	Fistulization of sclera for glaucoma, through ciliary body
0124T*	Conjunctival incision with posterior extrascleral placement of pharmacological agent (does not include supply of medication)
0182T*	High dose rate electronic brachytherapy, per fraction
0200T*	Sacroplasty/unilateral injection(s) with balloon or mechanical device
0201T*	Sacroplasty/bilateral injection(s) with balloon or mechanical device
0213T*	Facet injection(s) with ultra-sound guidance, cervical or thoracic level, single level
0214T*	Facet injection(s) with ultra-sound guidance, cervical or thoracic level, second level
0215T*	Facet injection(s) with ultra-sound guidance, cervical or thoracic level, third and additional levels
0216T*	Facet injection(s) with ultra-sound guidance, lumbar and sacral level, single level
0217T*	Facet injection(s) with ultra-sound guidance, lumbar and sacral level, second level
0218T*	Facet injection(s) with ultra-sound guidance, lumbar and sacral level, third and additional levels
0226T*	Anoscopy, (HRA) diagnostic with specimen(s) or brushing
0227T*	Anoscopy, (HRA) diagnostic with specimen(s) or brushing, with biopsy
0228T*	Epidural injection, with guidance, cervical or thoracic level
0229T*	Epidural injection, with guidance, cervical or thoracic, each additional level
0230T*	Epidural injection, with guidance, lumbar or sacral, single level
0231T*	Epidural injection, with guidance, lumbar or sacral, each additional level
0232T*	Injection plasma, any site, with guidance, harvesting and preparation included
C9273	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
C9277	Injection, alglucosidase alfa (Lumizyme), 1 mg
C9727*	Insertion of implants into the soft palate, minimum of 3 implants
C9800*	Injection procedure(s) for facial lipodystrophy (LDS), provision of Radiesse or Sculptra, including all supplies
J1595	Injection, glatiramer acetate, 20 mg
J1786	Injection, imiglucerase, 10 units
J3262	Injection, tocilizumab, 1 mg
J3355	Injection, urofollitropin, 75 IU
J3357	Injection, ustekinumab, 1 mg
J3385	Injection, velaglucerase alfa, 100 units
J7184	Injection, von Willebrand factor complex (human), Wilate, per 100 IU
Q4118	MatriStem micromatrix, 1 mg

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Code	Description
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
14350	Filletted finger or toe flap, including preparation of recipient site
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm
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
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof
15340	Tissue cultured allogeneic skin substitute; first 25 sq cm or less
15341	Tissue cultured allogeneic skin substitute; each additional 25 sq cm, or part thereof
15360	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; first 100 sq cm or less
15361	Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm
15570	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	Delay of flap or sectioning of flap (division and inset); at trunk
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15740	Flap; island pedicle
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15999	Unlisted procedure, excision pressure ulcer
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19499	Unlisted procedure, breast
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	Electrical stimulation to aid bone healing; invasive (operative)
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
20999	Unlisted procedure, musculoskeletal system, general
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm

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21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21016	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; 2 cm or greater
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076	Impression and custom preparation; surgical obturator prosthesis
21077	Impression and custom preparation; orbital prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21085	Impression and custom preparation; oral surgical splint
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21089	Unlisted maxillofacial prosthetic procedure
21116	Injection procedure for temporomandibular joint arthrography
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
21899	Unlisted procedure, neck or thorax
22520	Percutaneous vertebroplasty, 1 vertebral body, unilateral or bilateral injection; thoracic
22899	Unlisted procedure, spine
22999	Unlisted procedure, abdomen, musculoskeletal system
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25999	Unlisted procedure, forearm or wrist
26989	Unlisted procedure, hands or fingers
27299	Unlisted procedure, pelvis or hip joint
27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle
28899	Unlisted procedure, foot or toes
29750	Wedging of clubfoot cast
29799	Unlisted procedure, casting or strapping
29999	Unlisted procedure, arthroscopy
30120	Excision or surgical planing of skin of nose for rhinophyma
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30999	Unlisted procedure, nose
31299	Unlisted procedure, accessory sinuses
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
32999	Unlisted procedure, lungs and pleura
33999	Unlisted procedure, cardiac surgery
36299	Unlisted procedure, vascular injection
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg

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Code	Description
37501	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37799	Unlisted procedure, vascular surgery
38129	Unlisted laparoscopy procedure, spleen
38589	Unlisted laparoscopy procedure, lymphatic system
38999	Unlisted procedure, hemic or lymphatic system
39499	Unlisted procedure, mediastinum
39599	Unlisted procedure, diaphragm
40799	Unlisted procedure, lips
40899	Unlisted procedure, vestibule of mouth
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application
41599	Unlisted procedure, tongue, floor of mouth
41820	Gingivectomy, excision gingiva, each quadrant
41821	Operculectomy, excision pericoronal tissues
41850	Destruction of lesion (except excision), dentoalveolar structures
41870	Periodontal mucosal grafting
41899	Unlisted procedure, dentoalveolar structures
42299	Unlisted procedure, palate, uvula
42699	Unlisted procedure, salivary glands or ducts
42999	Unlisted procedure, pharynx, adenoids, or tonsils
43289	Unlisted laparoscopy procedure, esophagus
43499	Unlisted procedure, esophagus
43659	Unlisted laparoscopy procedure, stomach
43999	Unlisted procedure, stomach
44238	Unlisted laparoscopy procedure, intestine (except rectum)
44799	Unlisted procedure, intestine
44899	Unlisted procedure, Meckel's diverticulum and the mesentery
44979	Unlisted laparoscopy procedure, appendix
45499	Unlisted laparoscopy procedure, rectum
45999	Unlisted procedure, rectum
46999	Unlisted procedure, anus
47379	Unlisted laparoscopic procedure, liver
47399	Unlisted procedure, liver
47579	Unlisted laparoscopy procedure, biliary tract
47999	Unlisted procedure, biliary tract
48999	Unlisted procedure, pancreas
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49999	Unlisted procedure, abdomen, peritoneum and omentum
50549	Unlisted laparoscopy procedure, renal
50949	Unlisted laparoscopy procedure, ureter
51999	Unlisted laparoscopy procedure, bladder
53899	Unlisted procedure, urinary system
54699	Unlisted laparoscopy procedure, testis
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
55559	Unlisted laparoscopy procedure, spermatic cord

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Code	Description
55899	Unlisted procedure, male genital system
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
58346	Insertion of Heyman capsules for clinical brachytherapy
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58679	Unlisted laparoscopy procedure, oviduct, ovary
58999	Unlisted procedure, female genital system (nonobstetrical)
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59030	Fetal scalp blood sampling
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
59320	Cerclage of cervix, during pregnancy; vaginal
59325	Cerclage of cervix, during pregnancy; abdominal
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59425	Antepartum care only; 4-6 visits
59426	Antepartum care only; 7 or more visits
59430	Postpartum care only (separate procedure)
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with/without cervical dilation (eg, laminaria), including hospital admission/visits, delivery of fetus and secundines;
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with/without cervical dilation (eg, laminaria), including hospital admission/visits/delivery of fetus/secundines; with dilation /curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with/without cervical dilation (eg, laminaria), including hospital admission/visits/delivery of fetus/secundines; with hysterotomy (failed medical evacuation)

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Code	Description
59898	Unlisted laparoscopy procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with/without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with/without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	Injection, anesthetic agent; facial nerve
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64412	Injection, anesthetic agent; spinal accessory nerve
64413	Injection, anesthetic agent; cervical plexus
64415	Injection, anesthetic agent; brachial plexus, single
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	Injection, anesthetic agent; axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent; pudendal nerve
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent; sciatic nerve, single
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection, anesthetic agent; femoral nerve, single
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection, anesthetic agent; other peripheral nerve or branch
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)

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Code	Description
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64508	Injection, anesthetic agent; carotid sinus (separate procedure)
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64999	Unlisted procedure, nervous system
66999	Unlisted procedure, anterior segment of eye
67299	Unlisted procedure, posterior segment
67399	Unlisted procedure, ocular muscle
67599	Unlisted procedure, orbit
67999	Unlisted procedure, eyelids
68399	Unlisted procedure, conjunctiva
68899	Unlisted procedure, lacrimal system
69399	Unlisted procedure, external ear
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69799	Unlisted procedure, middle ear
69949	Unlisted procedure, inner ear
69979	Unlisted procedure, temporal bone, middle fossa approach

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