<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Category</th>
<th>Procedure/Description</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>14000</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - trunk 10 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>14001</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - trunk 10.1 sq cm - 30 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>14020</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - scalp, arms and/or legs &lt; 10 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>14021</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - scalp, arms and/or legs 10.1 sq cm - 30 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>14040</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet 10 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>14041</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet 10.1 sq cm - 30 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>14060</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - eyelids, nose, ears and/or lips 10 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>14061</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - eyelids, nose, ears and/or lips 10.1 sq cm - 30 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>14301</td>
<td>Skin</td>
<td>Flap - Muscle/ Skin/ Fascia - any area; 30.1 sq cm to 60 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>15050</td>
<td>Skin</td>
<td>Skin Grafting - Pinch, 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</td>
<td>3</td>
</tr>
<tr>
<td>15100</td>
<td>Skin</td>
<td>Skin Grafting - split thickness trunk, arms, legs first 100 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15110</td>
<td>Skin</td>
<td>Skin Grafting - epidermal autograft, trunk, arms, legs first 100 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15115</td>
<td>Skin</td>
<td>Skin Grafting - epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits first 100 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15120</td>
<td>Skin</td>
<td>Skin Grafting - split thickness, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits first 100 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15130</td>
<td>Skin</td>
<td>Skin Grafting - Dermal autograft trunk, arms, legs first 100 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15131</td>
<td>Skin</td>
<td>Skin Grafting - Dermal autograft trunk, arms, legs each add 100 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>15135</td>
<td>Skin</td>
<td>Skin Grafting - Dermal autograft face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits first 100 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15136</td>
<td>Skin</td>
<td>Skin Grafting - Dermal autograft face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits each additional 100 sq cm</td>
<td>3</td>
</tr>
<tr>
<td>15200</td>
<td>Skin</td>
<td>Skin Grafting - Full thickness, free trunk; 20 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15220</td>
<td>Skin</td>
<td>Skin Grafting - Full thickness, scalp, arms, and/or legs; 20 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15240</td>
<td>Skin</td>
<td>Skin Grafting - Full thickness, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 20 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15260</td>
<td>Skin</td>
<td>Skin Grafting - Full thickness, nose, ears, eyelids, and/or lips; 20 sq cm or less</td>
<td>3</td>
</tr>
<tr>
<td>15271</td>
<td>Skin</td>
<td>Skin Grafting - skin substitute, trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area</td>
<td>3</td>
</tr>
<tr>
<td>15272</td>
<td>Skin</td>
<td>Skin Grafting - skin substitute, trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof</td>
<td>3</td>
</tr>
<tr>
<td>15273</td>
<td>Skin</td>
<td>Skin Grafting - skin substitute, trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children</td>
<td>3</td>
</tr>
<tr>
<td>15274</td>
<td>Skin</td>
<td>Skin Grafting - skin substitute, trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof</td>
<td>3</td>
</tr>
<tr>
<td>15275</td>
<td>Skin</td>
<td>Skin Grafting - skin substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area</td>
<td>3</td>
</tr>
</tbody>
</table>

**CURP Procedural List**

All procedures are considered to be open, unless otherwise specified. For procedures on this list that are performed laparoscopically/robotic assisted and do not have a corresponding laparoscopic code assigned by the AMA in the 2015 CPT® code manual, you may apply one less day than the respective open code.

Note: Transplants require approval by Case Management. Kidney only transplants are not managed by the Transplant Case Managers. You may apply a 5-day LOS for kidney only transplants. If days are required beyond the 5-day LOS, review in the General Transplant subset beginning on Episode Day 6. For approved transplants, see InterQual LOS on the General Transplant subset title page.

**For Blue Advantage® Only:** For assistance in approving inpatient surgical days, please refer to CMS “Inpatient Only” list first. Then refer to McKesson's inpatient list. If the code is not on these lists you may utilize this CURP Procedural list last. If uncertain about a procedure, contact a Blue Advantage Case Manager.

Benefits should always be checked prior to application of LOS. This list is not a guarantee of coverage or payment for services rendered.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>15276</td>
<td>Skin Grafting - skin substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof</td>
<td>3</td>
</tr>
<tr>
<td>15277</td>
<td>Skin Grafting - skin substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children</td>
<td>3</td>
</tr>
<tr>
<td>15278</td>
<td>Skin Grafting - skin substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof</td>
<td>3</td>
</tr>
<tr>
<td>15570</td>
<td>Flap - Skin: trunk</td>
<td>2</td>
</tr>
<tr>
<td>15572</td>
<td>Flap - Skin: scalp, arms or legs</td>
<td>2</td>
</tr>
<tr>
<td>15574</td>
<td>Flap - Skin: forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet</td>
<td>2</td>
</tr>
<tr>
<td>15576</td>
<td>Flap - Skin: eyelids, nose, ears, lips, or intraoral</td>
<td>2</td>
</tr>
<tr>
<td>15650</td>
<td>Flap - Skin: transfer any pedicle flap (eg, abdomen to wrist, Walking tube), any location</td>
<td>2</td>
</tr>
<tr>
<td>15732</td>
<td>Flap - Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)</td>
<td>3</td>
</tr>
<tr>
<td>15734</td>
<td>Flap - Muscle, myocutaneous, or fasciocutaneous flap; trunk</td>
<td>3</td>
</tr>
<tr>
<td>15736</td>
<td>Flap - Muscle, myocutaneous, or fasciocutaneous flap; upper extremity</td>
<td>3</td>
</tr>
<tr>
<td>15738</td>
<td>Flap - Muscle, myocutaneous, or fasciocutaneous flap; lower extremity</td>
<td>3</td>
</tr>
<tr>
<td>15740</td>
<td>Flap - Skin: island pedicle requiring identification and dissection of an anatomically named axial vessel</td>
<td>2</td>
</tr>
<tr>
<td>15750</td>
<td>Flap - Skin: neurovascular pedicle</td>
<td>2</td>
</tr>
<tr>
<td>15756</td>
<td>Flap - Free muscle or myocutaneous flap w/ microvascular anastomosis</td>
<td>4</td>
</tr>
<tr>
<td>15757</td>
<td>Flap - Free skin flap w/ microvascular anastomosis</td>
<td>4</td>
</tr>
<tr>
<td>15758</td>
<td>Flap - Free fascial flap w/ microvascular anastomosis</td>
<td>4</td>
</tr>
<tr>
<td>15922</td>
<td>Flap - Skin; coccygeal pressure ulcer w/ flap closure</td>
<td>4</td>
</tr>
<tr>
<td>15934</td>
<td>Flap - Skin; sacral pressure ulcer w/ flap closure</td>
<td>4</td>
</tr>
<tr>
<td>15944</td>
<td>Flap - Skin; ischial pressure ulcer w/ flap closure</td>
<td>4</td>
</tr>
<tr>
<td>15952</td>
<td>Flap - Skin; trochanteric pressure ulcer w/ flap closure</td>
<td>4</td>
</tr>
<tr>
<td>15953</td>
<td>Flap - Skin; trochanteric pressure ulcer w/ flap closure: w/ ostectomy</td>
<td>4</td>
</tr>
<tr>
<td>16020</td>
<td>Burn Debridement: partial-thickness; small (less than 5% total body surface area)</td>
<td>4</td>
</tr>
<tr>
<td>16025</td>
<td>Burn Debridement; partial-thickness; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)</td>
<td>4</td>
</tr>
<tr>
<td>16030</td>
<td>Burn Debridement; partial-thickness; large (eg, more than 1 extremity, or greater than 10% total body surface area)</td>
<td>4</td>
</tr>
<tr>
<td>16035</td>
<td>Skin * Burn: Escharotomy; initial incision</td>
<td>1</td>
</tr>
<tr>
<td>16036</td>
<td>Skin * Burn: Escharotomy; each additional incision</td>
<td>1</td>
</tr>
<tr>
<td>19260</td>
<td>Chest wall tumor excision including ribs</td>
<td>3</td>
</tr>
<tr>
<td>19271</td>
<td>Chest wall tumor excision including ribs, w/ plastic reconstruction: w/o mediastinal lymphadenectomy</td>
<td>3</td>
</tr>
<tr>
<td>19272</td>
<td>Chest wall tumor excision involving ribs, w/ plastic reconstruction: w/ mediastinal lymphadenectomy</td>
<td>3</td>
</tr>
<tr>
<td>19303</td>
<td>Mastectomy, simple, complete</td>
<td>2</td>
</tr>
<tr>
<td>19304</td>
<td>Mastectomy, subcutaneous</td>
<td>2</td>
</tr>
<tr>
<td>19305</td>
<td>Mastectomy, radical, including pectoral muscles, axillary lymph nodes</td>
<td>2</td>
</tr>
<tr>
<td>19306</td>
<td>Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)</td>
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</tr>
<tr>
<td>19307</td>
<td>Mastectomy, modified radical, including axillary lymph nodes, w/ or w/o pectoralis minor muscle, but excluding pectoralis major muscle</td>
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<tr>
<td>19357</td>
<td>Breast Reconstruction, immediate or delayed, w/ tissue expander, including subsequent expansion</td>
<td>2</td>
</tr>
<tr>
<td>19361</td>
<td>Breast Reconstruction: Latissimus dorsi flap (non-cosmetic)</td>
<td>3</td>
</tr>
<tr>
<td>19364</td>
<td>Breast Reconstruction: Free flap (non-cosmetic)</td>
<td>3</td>
</tr>
<tr>
<td>19367</td>
<td>Breast Reconstruction: Transverse Rectus Abdominis Myocutaneous flap (TRAM), single pedicle, including closure of donor site; (non-cosmetic)</td>
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</tr>
<tr>
<td>19368</td>
<td>Breast Reconstruction: Transverse Rectus Abdominis Myocutaneous flap (TRAM), single pedicle, including closure of donor site; w/ microvascular anastomosis (supercharging)</td>
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<tr>
<td>19369</td>
<td>Breast Reconstruction: Transverse Rectus Abdominis Myocutaneous flap (TRAM), double pedicle (non-cosmetic)</td>
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</tr>
<tr>
<td>20150</td>
<td>* Epiphyseal bar; Excision, w/ or w/o graft</td>
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<tr>
<td>20680</td>
<td>* Removal of Implant; Deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)</td>
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<tr>
<td>20802</td>
<td>Replantation, Arm (includes surgical neck of humerus through elbow joint), complete amputation</td>
<td>3</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>20805</td>
<td>Musculoskeletal Replantation, Forearm (includes radius and ulna to radial carpal joint), complete amputation</td>
<td>3</td>
</tr>
<tr>
<td>20808</td>
<td>Musculoskeletal Replantation, Hand (includes hand through metacarpophalangeal joints), complete amputation</td>
<td>3</td>
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<tr>
<td>20816</td>
<td>Musculoskeletal Replantation, Digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation</td>
<td>2</td>
</tr>
<tr>
<td>20822</td>
<td>Musculoskeletal Replantation, Digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation</td>
<td>2</td>
</tr>
<tr>
<td>20824</td>
<td>Musculoskeletal Replantation, Thumb (includes carpometacarpal joint to MP joint), complete amputation</td>
<td>2</td>
</tr>
<tr>
<td>20827</td>
<td>Musculoskeletal Replantation, Thumb (includes distal tip to MP joint), complete amputation</td>
<td>2</td>
</tr>
<tr>
<td>20838</td>
<td>Musculoskeletal Reposition, Foot complete amputation</td>
<td>3</td>
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<tr>
<td>20955</td>
<td>* Bone Graft; Fibula w/ microvascular anastomosis</td>
<td>1</td>
</tr>
<tr>
<td>20956</td>
<td>* Bone Graft; Iliac Crest w/ microvascular anastomosis</td>
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<tr>
<td>21045</td>
<td>Musculoskeletal Mandible tumor resection; radical</td>
<td>3</td>
</tr>
<tr>
<td>21120</td>
<td>* Genioplasty (Facial/ Jaw Reconstruction)</td>
<td>1</td>
</tr>
<tr>
<td>21121</td>
<td>* Genioplasty; sliding osteotomy, single piece</td>
<td>1</td>
</tr>
<tr>
<td>21122</td>
<td>* Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)</td>
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</tr>
<tr>
<td>21123</td>
<td>* Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)</td>
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<tr>
<td>21141</td>
<td>Musculoskeletal LeFort I- reconstruction midface; single piece</td>
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</tr>
<tr>
<td>21142</td>
<td>Musculoskeletal LeFort I- reconstruction midface; 2 pieces</td>
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<tr>
<td>21143</td>
<td>Musculoskeletal LeFort I- reconstruction midface; 3 or more pieces</td>
<td>2</td>
</tr>
<tr>
<td>21145</td>
<td>Musculoskeletal LeFort I- reconstruction midface; single piece requiring bone grafts</td>
<td>2</td>
</tr>
<tr>
<td>21146</td>
<td>Musculoskeletal LeFort I- reconstruction midface; 2 pieces requiring bone grafts</td>
<td>2</td>
</tr>
<tr>
<td>21147</td>
<td>Musculoskeletal LeFort I- reconstruction midface; 3 or more pieces requiring bone grafts</td>
<td>2</td>
</tr>
<tr>
<td>21150</td>
<td>Musculoskeletal LeFort II- reconstruction midface (eg, Treacher-Collins Syndrome)</td>
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<tr>
<td>21151</td>
<td>Musculoskeletal LeFort II- reconstruction midface requiring bone grafts</td>
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</tr>
<tr>
<td>21154</td>
<td>Musculoskeletal LeFort III- reconstruction midface requiring bone grafts w/o LeFort I</td>
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<tr>
<td>21155</td>
<td>Musculoskeletal LeFort III- reconstruction midface requiring bone grafts w/ LeFort I</td>
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</tr>
<tr>
<td>21159</td>
<td>Musculoskeletal LeFort III- reconstruction midface requiring bone grafts w/o LeFort I</td>
<td>2</td>
</tr>
<tr>
<td>21160</td>
<td>Musculoskeletal LeFort III- reconstruction midface requiring bone grafts w/ LeFort I</td>
<td>2</td>
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<tr>
<td>21193</td>
<td>Musculoskeletal Osteotomy, Mandibular Rami w/o bone graft</td>
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<tr>
<td>21194</td>
<td>Musculoskeletal Osteotomy, Mandibular Rami w/ bone graft</td>
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<tr>
<td>21195</td>
<td>Musculoskeletal Osteotomy, Mandibular Rami, sagittal split w/o internal fixation</td>
<td>2</td>
</tr>
<tr>
<td>21196</td>
<td>Musculoskeletal Osteotomy, Mandibular Rami, sagittal split w/ internal fixation</td>
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<tr>
<td>21198</td>
<td>Musculoskeletal Osteotomy, Mandible, segmental</td>
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<tr>
<td>21206</td>
<td>Musculoskeletal Osteotomy, Maxilla, segmental (eg, Wasmund or Schuchard)</td>
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<tr>
<td>21208</td>
<td>Musculoskeletal Osteoplasty, facial bones; augmentation</td>
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</tr>
<tr>
<td>21209</td>
<td>Musculoskeletal Osteoplasty, facial bones; reduction</td>
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</tr>
<tr>
<td>21240</td>
<td>Musculoskeletal Temporomandibular Joint (TMJ) Arthroplasty, w/ or w/o autograft</td>
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<tr>
<td>21242</td>
<td>Musculoskeletal Temporomandibular Joint (TMJ) Arthroplasty, w/ allograft</td>
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</tr>
<tr>
<td>21243</td>
<td>Musculoskeletal Temporomandibular Joint (TMJ) Arthroplasty, w/ prosthetic joint replacement</td>
<td>2</td>
</tr>
<tr>
<td>21247</td>
<td>Musculoskeletal Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)</td>
<td>2</td>
</tr>
<tr>
<td>21346</td>
<td>Musculoskeletal LeFort II type Nasomaxillary Complex Fracture w/ wiring and/or local fixation</td>
<td>2</td>
</tr>
<tr>
<td>21422</td>
<td>Musculoskeletal LeFort I- palatal or maxillary fracture</td>
<td>2</td>
</tr>
<tr>
<td>21423</td>
<td>Musculoskeletal LeFort I- palatal or maxillary fracture, complicated, multiple approaches</td>
<td>2</td>
</tr>
<tr>
<td>21454</td>
<td>Musculoskeletal ORIF, Mandible fracture w/ external fixation</td>
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</tr>
<tr>
<td>21462</td>
<td>Musculoskeletal ORIF, Mandible fracture w/ interdental fixation</td>
<td>2</td>
</tr>
<tr>
<td>21465</td>
<td>Musculoskeletal ORIF, Mandible fracture, condylar</td>
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</tr>
<tr>
<td>21470</td>
<td>Musculoskeletal ORIF, Mandible fracture complicated, by multiple approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints</td>
<td>2</td>
</tr>
<tr>
<td>21557</td>
<td>Musculoskeletal Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm</td>
<td>2</td>
</tr>
<tr>
<td>21558</td>
<td>Musculoskeletal Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater</td>
<td>3</td>
</tr>
<tr>
<td>21610</td>
<td>Musculoskeletal * Costotransversectomy</td>
<td>1</td>
</tr>
<tr>
<td>21615</td>
<td>Musculoskeletal * Rib, Excision, first and/or cervical rib (Thoracic outlet compression)</td>
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</tr>
<tr>
<td>21616</td>
<td>Musculoskeletal * Rib, Excision, first and/or cervical rib w/ sympathectomy</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>21620</td>
<td>Sternum ostectomy, partial</td>
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</tr>
<tr>
<td>21627</td>
<td>Sternum debridement</td>
<td>3</td>
</tr>
<tr>
<td>21630</td>
<td>Sternum Resection, Radical</td>
<td>3</td>
</tr>
<tr>
<td>21632</td>
<td>Sternum Resection, Radical w/ mediastinal lymphadenectomy</td>
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<td>21740</td>
<td>Pectus Excavatum or Carinatum, Reconstrucive Repair</td>
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<td>21742</td>
<td>Pectus Excavatum or Carinatum; Reconstrucive Repair; minimally invasive approach (Nuss procedure), w/o thoracoscop</td>
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<tr>
<td>21743</td>
<td>Pectus Excavatum or Carinatum; Reconstrucive Repair; minimally invasive approach (Nuss procedure), w/ thoracoscop</td>
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<tr>
<td>22206</td>
<td>Osteotomy Spine, Posterior or Posterolateral Approach, 3 columns, 1 Vertebral Segment; thoracic</td>
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<tr>
<td>22207</td>
<td>Osteotomy Spine, Posterior or Posterolateral Approach, 3 columns, 1 Vertebral Segment; lumbar</td>
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<tr>
<td>22210</td>
<td>Osteotomy; Spine, Posterior or Posterolateral Approach, 1 Vertebral Segment; Cervical</td>
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<td>22212</td>
<td>Osteotomy; Spine, Posterior or Posterolateral Approach, 1 Vertebral Segment; Thoracic</td>
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<td>22214</td>
<td>Osteotomy; Spine, Posterior or Posterolateral Approach, 1 Vertebral Segment; Lumbar</td>
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<td>22220</td>
<td>Osteotomy; Spine, Including Discectomy, Anterior Approach, Single Vertebral Segment; Cervical</td>
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<td>22325</td>
<td>ORIF, Vertebral fracture(s) and/or dislocation(s), posterior approach Lumbar</td>
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<td>ORIF, Vertebral fracture(s) and/or dislocation(s), posterior approach Cervical</td>
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<td>ORIF, Vertebral fracture(s) and/or dislocation(s), posterior approach Thoracic</td>
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<td>22532</td>
<td>Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</td>
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<td>22533</td>
<td>Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</td>
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<tr>
<td>22534</td>
<td>Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment</td>
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<tr>
<td>22548</td>
<td>Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), w/ or w/o excision of odontoid process</td>
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<td>22551</td>
<td>Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2</td>
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<td>Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace</td>
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<td>Fusion - ALIF (Anterior Lumbar Interbody Fusion)</td>
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<td>22590</td>
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<td>discectomy to prepare interspace (other than for decompression); each</td>
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<td>Musculoskeletal Arthrodesis, posterior technique, cranio-cervical (occiput-</td>
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<td>level; cervical below C2 segment</td>
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<td>22610</td>
<td>Musculoskeletal Arthrodesis, posterior or posterolateral technique, single</td>
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<td>level; thoracic (w/ lateral transverse technique, when performed)</td>
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<td>level; lumbar (w/ lateral transverse technique, when performed)</td>
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<td>level; each additional vertebral segment</td>
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<td>Musculoskeletal Arthrodesis, posterior interbody, including laminecomtomy</td>
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<td>and/or discectomy, single interspace; lumbar</td>
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<td>Musculoskeletal Arthrodesis, posterior interbody, including laminecomtomy</td>
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<td>and/or discectomy, each additional interspace; lumbar</td>
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<td>Musculoskeletal Arthrodesis, combined posterior or posterolateral technique</td>
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<td>w/ posterior interbody technique including laminecomtomy and/or discectomy</td>
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<tr>
<td></td>
<td>sufficient to prepare interspace (other than for decompression), single</td>
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<tr>
<td></td>
<td>interspace and segment; lumbar</td>
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<tr>
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<td>Musculoskeletal Arthrodesis, combined posterior or posterolateral technique</td>
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<tr>
<td></td>
<td>w/ posterior interbody technique including laminecomtomy and/or discectomy</td>
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<td></td>
<td>interspace and segment; each additional interspace and segment</td>
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<tr>
<td>22800</td>
<td>Musculoskeletal Arthrodesis, posterior for spinal deformity, up to 6</td>
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<td>Musculoskeletal Arthrodesis, posterior for spinal deformity, 7 to 12</td>
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<td>Musculoskeletal Arthrodesis, anterior for spinal deformity, 2 to 3</td>
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<td>Musculoskeletal Arthrodesis, anterior for spinal deformity, 4 to 7</td>
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<td>Musculoskeletal Arthrodesis, anterior for spinal deformity, 8 or more</td>
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<td>22818</td>
<td>Musculoskeletal Kyphectomy, single or 2 segments</td>
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<td>22819</td>
<td>Musculoskeletal Kyphectomy, 3 or more segments</td>
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<tr>
<td>22840</td>
<td>Musculoskeletal Instrumentation, Posterior non-segmental (eg, Harrington</td>
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<td>rod technique, pedicle fixation across 1 interspace, atlantoaxial transarteri</td>
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<td>cal screw fixation, sublaminar wiring at C1, facet screw fixation</td>
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<td>22842</td>
<td>Musculoskeletal Instrumentation, Posterior segmental; 3 to 6 vertebral</td>
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<tr>
<td>22843</td>
<td>Musculoskeletal Instrumentation, Posterior segmental; 7 to 12 vertebral</td>
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<tr>
<td>22844</td>
<td>Musculoskeletal Instrumentation, Posterior segmental; 13 or more vertebral</td>
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<tr>
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<td>segments</td>
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<tr>
<td>22845</td>
<td>Musculoskeletal Instrumentation, Anterior segmental; 2 to 3 vertebral</td>
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<td>segments</td>
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<tr>
<td>22846</td>
<td>Musculoskeletal Instrumentation, Anterior segmental; 4 to 7 vertebral</td>
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<tr>
<td>22847</td>
<td>Musculoskeletal Instrumentation, Anterior segmental; 8 or more vertebral</td>
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<td>segments</td>
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<tr>
<td>22850</td>
<td>Musculoskeletal Instrumentation, Posterior nonsegmental (eg, Harrington rod)</td>
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<td>CPT Code</td>
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<tr>
<td>22852</td>
<td><strong>Musculoskeletal</strong> * Instrumentation, Posterior segmental Removal</td>
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<td><strong>Musculoskeletal</strong> * Instrumentation, Anterior Removal</td>
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<tr>
<td>23040</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder, glenohumeral joint, including exploration, drainage, or removal of foreign body</td>
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<tr>
<td>23044</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body</td>
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<tr>
<td>23077</td>
<td><strong>Musculoskeletal</strong> * Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm</td>
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<tr>
<td>23078</td>
<td><strong>Musculoskeletal</strong> * Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater</td>
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<tr>
<td>23100</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder, glenohumeral joint</td>
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<tr>
<td>23101</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder, AC Separation- Acromioclavicular joint or sternoclavicular joint</td>
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<tr>
<td>23107</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder, glenohumeral joint, w/ joint exploration w/ or w/o removal of loose or foreign body</td>
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<tr>
<td>23125</td>
<td><strong>Musculoskeletal</strong> * Claviculectomy</td>
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<tr>
<td>23130</td>
<td><strong>Musculoskeletal</strong> * Acromioplasty or acromionectomy, partial, w/ or w/o coracoacromial ligament release</td>
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<td>23200</td>
<td><strong>Musculoskeletal</strong> Clavicule Resection of tumor, Radical</td>
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<td>23210</td>
<td><strong>Musculoskeletal</strong> Scapula Resection of tumor, Radical</td>
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<tr>
<td>23220</td>
<td><strong>Musculoskeletal</strong> Humerus Resection of tumor, Radical proximal</td>
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<tr>
<td>23333</td>
<td><strong>Musculoskeletal</strong> Shoulder, Removal of foreign body; deep (subfascial or intramuscular)</td>
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<td>23334</td>
<td><strong>Musculoskeletal</strong> Shoulder, Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component</td>
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<tr>
<td>23335</td>
<td><strong>Musculoskeletal</strong> Shoulder, Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)</td>
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<tr>
<td>23420</td>
<td><strong>Musculoskeletal</strong> Shoulder reconstruction (includes acromioplasty)</td>
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<tr>
<td>23470</td>
<td><strong>Musculoskeletal</strong> Total Joint Replacement: Shoulder (Hemiarthroplasty)</td>
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<tr>
<td>23472</td>
<td><strong>Musculoskeletal</strong> Total Joint Replacement: Shoulder Arthroplasty (total shoulder)</td>
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<tr>
<td>23473</td>
<td><strong>Musculoskeletal</strong> Total Joint Replacement: Shoulder Arthroplasty, Revision including allograft when performed; humeral or glenoid component</td>
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<td>23474</td>
<td><strong>Musculoskeletal</strong> Total Joint Replacement: Shoulder Arthroplasty, Revision including allograft when performed; humeral and glenoid component</td>
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<td><strong>Musculoskeletal</strong> * Shoulder - AC Separation (AC ligament) Repair</td>
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<td>23552</td>
<td><strong>Musculoskeletal</strong> * Shoulder - AC Separation (AC ligament) Repair w/ fascial graft</td>
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<td>23615</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder proximal humeral fracture</td>
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<td>23630</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder greater humeral tuberosity fracture</td>
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<td><strong>Musculoskeletal</strong> * Arthrotomy Shoulder</td>
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<td>23670</td>
<td><strong>Musculoskeletal</strong> Arthrotomy Shoulder w/ fracture of greater humeral tuberosity, includes internal fixation</td>
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<td>23680</td>
<td><strong>Musculoskeletal</strong> Arthrotomy Shoulder w/ surgical or anatomical neck fracture, includes internal fixation</td>
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<td>23800</td>
<td><strong>Musculoskeletal</strong> Arthrodesis Shoulder, glenohumeral joint</td>
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<td>23802</td>
<td><strong>Musculoskeletal</strong> Arthrodesis Shoulder, glenohumeral joint w graft</td>
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<td><strong>Musculoskeletal</strong> Disarticulation Shoulder</td>
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<td>24000</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Elbow</td>
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<td>24006</td>
<td><strong>Musculoskeletal</strong> * Arthrotomy Elbow w/ capsular excision for capsular release</td>
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<td>24077</td>
<td><strong>Musculoskeletal</strong> * Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm</td>
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<tr>
<td>24079</td>
<td><strong>Musculoskeletal</strong> * Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater</td>
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<td>24130</td>
<td><strong>Musculoskeletal</strong> * Elbow Excision: Radial Head</td>
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<td>24150</td>
<td><strong>Musculoskeletal</strong> * Humerus Resection of tumor, Radical shaft or distal</td>
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<td>24152</td>
<td><strong>Musculoskeletal</strong> * Radial Resection of tumor, Radical head or neck</td>
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<td>24155</td>
<td><strong>Musculoskeletal</strong> * Arthroectomy: Resection elbow joint</td>
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<td>24160</td>
<td><strong>Musculoskeletal</strong> * Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components</td>
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<tr>
<td>24164</td>
<td><strong>Musculoskeletal</strong> * Removal of prosthesis, includes debridement and synovectomy when performed; radial head</td>
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<tr>
<td>24363</td>
<td><strong>Musculoskeletal</strong> * Total Joint Replacement, Elbow (total elbow)</td>
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<td><strong>Musculoskeletal</strong> * Total Joint Replacement, Elbow Revision arthroplasty, including allograft when performed; humeral or ulnar component</td>
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<tr>
<td>24371</td>
<td><strong>Musculoskeletal</strong> * Total Joint Replacement, Elbow Revision arthroplasty, including allograft when performed; humeral and ulnar component</td>
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<td>24400</td>
<td><strong>Musculoskeletal</strong> Osteotomy, Humerus</td>
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<td>24515</td>
<td><strong>Musculoskeletal</strong> ORIF, Humeral shaft fracture</td>
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<td>24516</td>
<td><strong>Musculoskeletal</strong> ORIF, Humeral shaft fracture: Treatment w/ intramedullary (IM) implant</td>
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<td>24538</td>
<td><strong>Musculoskeletal</strong> * Skeletal fixation; Humeral fracture, Percutaneous</td>
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<td>24545</td>
<td><strong>Musculoskeletal</strong> ORIF, Elbow; Humeral fracture w/o intercondylar extension</td>
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<td>Code</td>
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<td>Musculoskeletal ORIF, Elbow; Humeral fracture w/ intercondylar extension</td>
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<td>Musculoskeletal * Skeletal fixation; Humeral fracture, Percutaneous</td>
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<td>Musculoskeletal ORIF, Elbow; Humeral fracture</td>
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<td>24635</td>
<td>Musculoskeletal ORIF, Elbow; Ulnar fracture</td>
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<td>24665</td>
<td>Musculoskeletal ORIF, Elbow; Radial head or neck fracture</td>
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<td>24666</td>
<td>Musculoskeletal ORIF, Elbow; Humeral with radial head prosthetic replacement</td>
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<td>24685</td>
<td>Musculoskeletal ORIF, Elbow, Proximal Ulnar fracture</td>
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<tr>
<td>24900</td>
<td>Musculoskeletal Amputation: Upper Extremity; Arm</td>
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<tr>
<td>24920</td>
<td>Musculoskeletal Amputation: Upper Extremity; Arm</td>
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<td>24930</td>
<td>Musculoskeletal Amputation: Upper Extremity; Arm</td>
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<tr>
<td>25040</td>
<td>Musculoskeletal * Arthrotomy: Wrist w/ exploration, drainage, or removal of foreign body</td>
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<td>25100</td>
<td>Musculoskeletal * Arthrotomy: Wrist joint w/ biopsy</td>
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<td>25446</td>
<td>Musculoskeletal * Total Joint Replacement, Wrist (total wrist)</td>
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<td>25449</td>
<td>Musculoskeletal * Total Joint Replacement, Wrist, Revision</td>
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<td>25515</td>
<td>Musculoskeletal ORIF, Radial shaft fracture</td>
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<td>25525</td>
<td>Musculoskeletal ORIF, Radial shaft fracture and closed treatment distal radioulnar joint dislocation</td>
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<td>25526</td>
<td>Musculoskeletal ORIF, Radial shaft fracture includes TFCC</td>
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<td>25545</td>
<td>Musculoskeletal ORIF, Ulnar shaft fracture</td>
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<td>25574</td>
<td>Musculoskeletal ORIF, Ulnar OR Radial Fractures</td>
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<td>25575</td>
<td>Musculoskeletal ORIF, Ulnar AND Radial Fractures</td>
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<td>25607</td>
<td>Musculoskeletal ORIF, Distal Radial extra-articular fracture or epiphyseal separation</td>
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<td>25608</td>
<td>Musculoskeletal ORIF, Distal Radial intra-articular fracture or epiphyseal separation 2 fragments</td>
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<td>25609</td>
<td>Musculoskeletal ORIF, Distal Radial intra-articular fracture or epiphyseal separation 3 or more fragments</td>
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<td>25652</td>
<td>Musculoskeletal ORIF, Ulnar styloid fracture</td>
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<td>25800</td>
<td>Musculoskeletal * Arthrodesis: Wrist w/o graft</td>
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<td>25810</td>
<td>Musculoskeletal * Arthrodesis: Wrist w/ iliac or other autograft</td>
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<td>25830</td>
<td>Musculoskeletal * Arthrodesis: Distal radioulnar joint w/ segmental resection of ulna, w/ or w/o bone graft (eg, Sauve-Kapandji procedure)</td>
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<td>25900</td>
<td>Musculoskeletal Amputation: Upper Extremity; Forearm</td>
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<td>25905</td>
<td>Musculoskeletal Amputation: Upper Extremity; Forearm</td>
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<tr>
<td>25909</td>
<td>Musculoskeletal Amputation: Upper Extremity; Reamputation Forearm</td>
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<td>25920</td>
<td>Musculoskeletal Amputation: Upper Extremity; Disarticulation through wrist</td>
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<td>Musculoskeletal * Amputation: Upper Extremity; Reamputation</td>
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<td>25927</td>
<td>Musculoskeletal * Amputation: Upper Extremity; Transmetacarpal</td>
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<td>Musculoskeletal * Amputation: Upper Extremity; Transmetacarpal</td>
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<td>26551</td>
<td>Musculoskeletal Toe to Hand Transfer great toe</td>
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<tr>
<td>26553</td>
<td>Musculoskeletal Toe to Hand Transfer other than great toe, single</td>
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<tr>
<td>26554</td>
<td>Musculoskeletal Toe to Hand Transfer other than great toe, double</td>
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<td>26555</td>
<td>Musculoskeletal Finger Transfer</td>
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<td>26556</td>
<td>Musculoskeletal Toe Transfer</td>
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<td>26910</td>
<td>Musculoskeletal Amputation: Upper Extremity; Metacarpal</td>
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<td>26951</td>
<td>Musculoskeletal Amputation: Upper Extremity; Finger or thumb</td>
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<td>26952</td>
<td>Musculoskeletal Amputation: Upper Extremity; Finger or thumb w/ flaps</td>
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<td>27001</td>
<td>Musculoskeletal Tenotomy, Hip adductor</td>
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<td>27003</td>
<td>Musculoskeletal Tenotomy, Hip w/ neuratomy</td>
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<td>Musculoskeletal Tenotomy, Hip flexor</td>
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<td>27006</td>
<td>Musculoskeletal Tenotomy, Hip abductors and/or extensor(s)</td>
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<td>27025</td>
<td>Musculoskeletal Fasciotomy, Hip or thigh</td>
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<td>27030</td>
<td>Musculoskeletal Arthrotomy: Hip w/ drainage</td>
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<tr>
<td>27033</td>
<td>Musculoskeletal</td>
<td>Arthroscopy: Hip, including exploration or removal of loose or foreign body</td>
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<tr>
<td>27036</td>
<td>Musculoskeletal</td>
<td>Capsulotomy or Capsulotomy Hip w/ release of hip flexor muscles</td>
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<td>27037</td>
<td>Musculoskeletal</td>
<td>Arthroscopy: Hip w/ synovectomy</td>
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<td>27038</td>
<td>Musculoskeletal</td>
<td>Excision, Partial Hip Bone, superficial</td>
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<td>Excision, Partial Hip Bone, deep</td>
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<td>27041</td>
<td>Musculoskeletal</td>
<td>Resection, Radical Hip tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis</td>
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<td>27052</td>
<td>Musculoskeletal</td>
<td>Resection, Radical Hip tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum</td>
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<td>Musculoskeletal</td>
<td>Resection, Radical Hip tumor; innominate bone, total</td>
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<td>Musculoskeletal</td>
<td>Resection, Radical Hip tumor; ischial tuberosity and greater trochanter of femur</td>
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<td>Musculoskeletal</td>
<td>Hip prosthesis, Removal</td>
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<td>Hip prosthesis, Removal, complicated, including total hip prosthesis (Arthroplasty) w/o or w/o insertion of spacer</td>
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<td>27057</td>
<td>Musculoskeletal</td>
<td>Acetabuloplasty (Hip) (eg, Whitman, Colonna, Haygroves, or cup type)</td>
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<td>27058</td>
<td>Musculoskeletal</td>
<td>Acetabuloplasty, resection femoral head (eg, Girdlestone procedure)</td>
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<td>27059</td>
<td>Musculoskeletal</td>
<td>Partial Joint Replacement, Hip (Hemiarthroplasty, eg, femoral stem prosthesis,bipolar arthroplasty)</td>
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<td>27060</td>
<td>Musculoskeletal</td>
<td>Total Joint Replacement: Hip (Arthroplasty)</td>
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<td>27061</td>
<td>Musculoskeletal</td>
<td>Total Joint Replacement: Hip (Conversion Arthroplasty)</td>
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<td>Musculoskeletal</td>
<td>Total Joint Replacement: Hip, Revision both components (Arthroplasty)</td>
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<td>27063</td>
<td>Musculoskeletal</td>
<td>Total Joint Replacement: Hip, Revision acetabular component (Arthroplasty)</td>
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<td>27064</td>
<td>Musculoskeletal</td>
<td>Total Joint Replacement: Hip, Revision femoral component (Arthroplasty)</td>
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<td>Musculoskeletal</td>
<td>Osteotomy and transfer greater trochanter of femur</td>
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<td>27066</td>
<td>Musculoskeletal</td>
<td>Osteotomy, iliac, acetabular or innominate bone</td>
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<td>27067</td>
<td>Musculoskeletal</td>
<td>Osteotomy, iliac w/ open reduction of hip</td>
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<td>Musculoskeletal</td>
<td>Osteotomy, iliac w/ femoral osteotomy</td>
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<td>27069</td>
<td>Musculoskeletal</td>
<td>Osteotomy, Femoral Neck</td>
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<td>27070</td>
<td>Musculoskeletal</td>
<td>Osteotomy, Intertrochanteric or subtrochanteric including fixation and/or cast</td>
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<td>27071</td>
<td>Musculoskeletal</td>
<td>Bone Graft; Femoral head, neck, intertrochanteric or subtrochanteric area</td>
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<td>27072</td>
<td>Musculoskeletal</td>
<td>SCFE (Slipped Capital Femoral Epiphysis), Pinning single or multiple</td>
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<td>27073</td>
<td>Musculoskeletal</td>
<td>SCFE (Slipped Capital Femoral Epiphysis), Open Treatment femur, pinning or bone graft</td>
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<td>27074</td>
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<td>SCFE (Slipped Capital Femoral Epiphysis), Open Treatment femur, closed manipulation w/ pinning</td>
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<td>Musculoskeletal</td>
<td>Osteoplasty of femoral neck (Heyman type procedure), Open treatment of slipped femoral epiphysis</td>
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<td>27076</td>
<td>Musculoskeletal</td>
<td>ORIF, Pelvis, coccygeal fracture</td>
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<td>27077</td>
<td>Musculoskeletal</td>
<td>ORIF, Pelvic bones</td>
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<td>27078</td>
<td>Musculoskeletal</td>
<td>Skeletal fixation; posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum), Percutaneous</td>
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<td>27079</td>
<td>Musculoskeletal</td>
<td>ORIF, Pelvis, anterior bone and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)</td>
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<td>27080</td>
<td>Musculoskeletal</td>
<td>ORIF, Acetabulum posterior or anterior</td>
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<td>27081</td>
<td>Musculoskeletal</td>
<td>ORIF, Acetabulum posterior or anterior (1) column</td>
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<td>27082</td>
<td>Musculoskeletal</td>
<td>ORIF, Acetabulum posterior or anterior (2) columns</td>
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<td>27083</td>
<td>Musculoskeletal</td>
<td>Closed Treatment, Fracture: femoral, proximal end, neck (Hip) w/o manipulation</td>
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<td>Musculoskeletal</td>
<td>Closed Treatment, Fracture: femoral, proximal end, neck (Hip) w/ manipulation, w/ w/o skeletal traction</td>
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<td>27085</td>
<td>Musculoskeletal</td>
<td>Skeletal fixation femoral fracture, proximal end, neck (Hip), Percutaneous</td>
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<td>27086</td>
<td>Musculoskeletal</td>
<td>ORIF, Femoral fracture, proximal end, neck, internal fixation or prosthetic replacement (hemi arthroplasty/bipolar)</td>
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<td>27087</td>
<td>Musculoskeletal</td>
<td>ORIF, Femoral fracture (intertrochanteric, peritrochanteric, or subtrochanteric- Hip) w/ plate/screw, w/o w/o cerclage</td>
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<tr>
<td>27088</td>
<td>Musculoskeletal</td>
<td>ORIF, Femoral fracture (intertrochanteric, peritrochanteric, or subtrochanteric- Hip) w/ intramedullary (IM) implant w/ w/o screws and/or cerclage</td>
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<td>27089</td>
<td>Musculoskeletal</td>
<td>ORIF, Hip greater trochanteric fracture</td>
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<td>Code</td>
<td>Description</td>
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<td>27254</td>
<td>Musculoskeletal ORIF, Hip dislocation traumatic, w/ acetabular wall and femoral head fracture, w/ or w/o internal or external fixation 3</td>
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<tr>
<td>27258</td>
<td>Musculoskeletal Open treatment, hip dislocation, replacement of femoral head in acetabulum 3</td>
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<tr>
<td>27268</td>
<td>Musculoskeletal Closed Treatment, Fracture: femoral, proximal end, head w/ manipulation 3</td>
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<tr>
<td>27269</td>
<td>Musculoskeletal ORIF, Femoral Head fracture 3</td>
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<tr>
<td>27280</td>
<td>Musculoskeletal Arthrodese Sacroiliac joint 2</td>
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<td>27282</td>
<td>Musculoskeletal Arthrodese Symphys Pubis 2</td>
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<td>27284</td>
<td>Musculoskeletal Arthrodese Hip joint 3</td>
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<td>27286</td>
<td>Musculoskeletal Arthrodese Hip joint w/ subtrochanteric osteotomy 3</td>
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<td>Musculoskeletal Hemipelvectomy 4</td>
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<td>27295</td>
<td>Musculoskeletal Disarticulation Hip 3</td>
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<td>27310</td>
<td>Musculoskeletal Arthrotomy, Knee w/ exploration, drainage or removal foreign body (infection) 2</td>
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<td>27329</td>
<td>Musculoskeletal Resection Radical tumor (EG, sarcoma), Soft Tissue of Thigh or Knee Area 2</td>
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<tr>
<td>27331</td>
<td>Musculoskeletal Arthrotomy, Knee including joint exploration, biopsy, or removal of loose or foreign bodies 2</td>
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<td>27334</td>
<td>Musculoskeletal Arthrotomy, w/ synovectomy, knee; anterior OR posterior 2</td>
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<td>27335</td>
<td>Musculoskeletal Arthrotomy, w/ synovectomy, knee; anterior AND posterior 2</td>
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<td>27350</td>
<td>Musculoskeletal Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/OR Fibula (Eg, Osteomyelitis Or Bone Abscess) 5 cm Or Greater 2</td>
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<tr>
<td>27365</td>
<td>Musculoskeletal Resection Radical tumor, femur or knee 2</td>
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<td>27380</td>
<td>Musculoskeletal Patellar Tendon Rupture Repair, Knee, suture of infrapatellar tendon; primary 2</td>
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<td>27381</td>
<td>Musculoskeletal Patellar Tendon Rupture Repair, Knee, suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft 2</td>
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<td>27418</td>
<td>Musculoskeletal Anterior tibial tubercleplasty (eg, Maquet type procedure) 1</td>
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<td>27435</td>
<td>Musculoskeletal Capsulotomy (Contracture Release): Knee 2</td>
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<td>27438</td>
<td>Musculoskeletal Patella reconstruction (Arthroplasty): w/ prosthesis (hemi) 2</td>
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<td>27440</td>
<td>Musculoskeletal Knee Arthroplasty, tibial plateau 2</td>
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<td>Musculoskeletal Knee Arthroplasty, tibial plateau w/ debridement and partial synovectomy 2</td>
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<td>Musculoskeletal Knee Arthroplasty, femoral condyles or tibial plateau 2</td>
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<td>27443</td>
<td>Musculoskeletal Knee Arthroplasty, femoral condyles or tibial plateau w/ debridement and partial synovectomy 2</td>
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<td>Musculoskeletal Knee Arthroplasty, hinged prosthesis (Wallidus type) 2</td>
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<td>27446</td>
<td>Musculoskeletal Knee Arthroplasty, condyle and platea; medial or lateral component (hemi/uni) 2</td>
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<td>Musculoskeletal Knee Arthroplasty, condyle and platea; medial and lateral component w/ or w/o patella resurfacing (total knee arthroplasty) 3</td>
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<td>Musculoskeletal Osteotomy, Femur, shaft or supracondylar w/o fixation 2</td>
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<td>Musculoskeletal Osteotomy, Femur, shaft or supracondylar w/ fixation 2</td>
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<td>Musculoskeletal Osteotomy, Femoral shaft (Sofield type procedure) 2</td>
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<td>Musculoskeletal Osteoplasty, Femur: shortening 2</td>
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<td>Musculoskeletal Osteoplasty, Femur: lengthening 2</td>
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<td>27468</td>
<td>Musculoskeletal Osteoplasty, Femur: combined, lengthening and shortening w/ femoral segment transfer 2</td>
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<td>27475</td>
<td>Musculoskeletal Epiphysiodesis; distal femur 2</td>
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<td>Musculoskeletal Epiphysiodesis; tibia and fibula, proximal 2</td>
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<td>Musculoskeletal Epiphysiodesis; combined distal femur, proximal tibia and fibula 2</td>
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<td>Musculoskeletal Epiphysiodesis distal femur or proximal tibia or fibula (eg, genu varus or valgus) 1</td>
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<td>27486</td>
<td>Musculoskeletal Total Joint Replacement: Knee, Revision 1 component (Arthroplasty) 3</td>
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<td>Musculoskeletal Total Joint Replacement: Knee, Revision (Arthroplasty) 3</td>
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<td>27488</td>
<td>Musculoskeletal Knee prosthesis, Removal, including total knee w/ or w/o insertion of spacer 3</td>
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<tr>
<td>27500</td>
<td>Musculoskeletal Closed Treatment, Femoral Shaft Fracture, w/o manipulation 2</td>
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<td>27501</td>
<td>Musculoskeletal Closed Treatment Femur Fracture, w/o manipulation 2</td>
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<td>27502</td>
<td>Musculoskeletal Closed Treatment Femoral Shaft Fracture, w/ manipulation, w/ or w/o skin or skeletal traction 2</td>
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<td>27503</td>
<td>Musculoskeletal Closed Treatment Femur Fracture, w/ manipulation, w/ or w/o skin or skeletal traction 2</td>
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<td>27506</td>
<td>Musculoskeletal ORIF, Femoral Shaft fracture, w/ or w/o external fixation, w/ insertion of intramedullary (IM) implant w/ or w/o cerclage and/or locking screws 3</td>
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<tr>
<td>27507</td>
<td>Musculoskeletal ORIF, Femoral Shaft fracture w/ plates/screws, w/ or w/o cerclage 3</td>
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<td>27509</td>
<td>Musculoskeletal Skeletal fixation; Femoral fracture distal end, medial or lateral condyle, or supracondylar or transcondylar, Percutaneous 2</td>
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<td>27511</td>
<td>Musculoskeletal ORIF, Femoral supracondylar or transcondylar fracture w/o intercondylar extension</td>
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<td>Musculoskeletal ORIF, Femoral supracondylar or transcondylar fracture w/ intercondylar extension</td>
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<td>27514</td>
<td>Musculoskeletal ORIF, Distal Femoral fracture, medial or lateral condyle</td>
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<td>27516</td>
<td>Musculoskeletal SCFE (Slipped Capital Femoral Epiphysis), Closed Treatment, distal femur w/o manipulation</td>
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<td>Musculoskeletal SCFE (Slipped Capital Femoral Epiphysis), Closed Treatment, distal femur w/ manipulation</td>
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<td>Musculoskeletal ORIF, Distal Femoral Epiphyseal separation</td>
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<tr>
<td>27524</td>
<td>Musculoskeletal ORIF, Patellar fracture, and/or partial or complete patellectomy and soft tissue repair</td>
<td>3</td>
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<tr>
<td>27535</td>
<td>Musculoskeletal ORIF, Tibial Plateau fracture, unicondylar</td>
<td>3</td>
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<tr>
<td>27536</td>
<td>Musculoskeletal ORIF, Tibial Plateau fracture, bicondylar</td>
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<tr>
<td>27540</td>
<td>Musculoskeletal ORIF, Knee</td>
<td>3</td>
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<tr>
<td>27546</td>
<td>Musculoskeletal ORIF, Knee dislocation</td>
<td>3</td>
</tr>
<tr>
<td>27566</td>
<td>Musculoskeletal Patellar Dislocation Repair, Knee w/ or w/o partial or total patellectomy</td>
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<tr>
<td>27580</td>
<td>Musculoskeletal Arthrodesis: Knee</td>
<td>3</td>
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<tr>
<td>27590</td>
<td>Musculoskeletal Amputation: Lower Extremity: Above the knee</td>
<td>3</td>
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<tr>
<td>27594</td>
<td>Musculoskeletal Amputation: Lower Extremity: Above the Knee, Revision</td>
<td>3</td>
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<tr>
<td>27596</td>
<td>Musculoskeletal Amputation: Lower Extremity: Above the Knee, Re-amputation</td>
<td>3</td>
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<tr>
<td>27612</td>
<td>Musculoskeletal * Arthroscopy; Ankle, posterior capsular release, w/ or w/o Achilles tendon lengthening</td>
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<tr>
<td>27625</td>
<td>Musculoskeletal * Arthroscopy; Ankle w/ Synovectomy</td>
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</tr>
<tr>
<td>27626</td>
<td>Musculoskeletal * Arthroscopy; Ankle w/ Synovectomy; including tenosynovectomy</td>
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<tr>
<td>27645</td>
<td>Musculoskeletal * Resection tumor, Radical; Tibia</td>
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</tr>
<tr>
<td>27646</td>
<td>Musculoskeletal * Resection tumor, Radical; Fibula</td>
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<tr>
<td>27685</td>
<td>Musculoskeletal * Lengthening or Shortening of Tendon, leg or ankle: single tendon</td>
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<tr>
<td>27686</td>
<td>Musculoskeletal Lengthening or Shortening of Tendon, leg or ankle: multiple tendons</td>
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<tr>
<td>27685</td>
<td>Musculoskeletal * Deltoid Ligament Repair, Ankle; collateral</td>
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<tr>
<td>27686</td>
<td>Musculoskeletal * Deltoid Ligament Repair, Ankle; both collateral ligaments</td>
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</tr>
<tr>
<td>27698</td>
<td>Musculoskeletal * Deltoid Ligament Repair, Ankle, collateral (eg, Watson-Jones procedure)</td>
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</tr>
<tr>
<td>27702</td>
<td>Musculoskeletal * Arthroplasty: Ankle (total ankle)</td>
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<tr>
<td>27703</td>
<td>Musculoskeletal * Arthroplasty: Ankle (total ankle), revision</td>
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<tr>
<td>27704</td>
<td>Musculoskeletal * Hardware Removal: Ankle</td>
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<tr>
<td>27705</td>
<td>Musculoskeletal Osteotomy: Tibia</td>
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<tr>
<td>27707</td>
<td>Musculoskeletal Osteotomy: Fibula</td>
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<tr>
<td>27709</td>
<td>Musculoskeletal Osteotomy: Tibia and Fibula</td>
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<tr>
<td>27712</td>
<td>Musculoskeletal Osteotomy: Tibia (Sofield type)</td>
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<tr>
<td>27715</td>
<td>Musculoskeletal Osteoplasty, Fibula and Tibia, lengthening or shortening</td>
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<tr>
<td>27730</td>
<td>Musculoskeletal Epiphysiodesis: distal tibia</td>
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<tr>
<td>27732</td>
<td>Musculoskeletal Epiphysiodesis: distal fibula</td>
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<tr>
<td>27734</td>
<td>Musculoskeletal Epiphysiodesis: distal tibia and fibula</td>
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<tr>
<td>27740</td>
<td>Musculoskeletal Epiphysiodesis, proximal and distal tibia and fibula</td>
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<tr>
<td>27742</td>
<td>Musculoskeletal Epiphysiodesis, proximal and distal tibia and fibula; and distal femur</td>
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<tr>
<td>27750</td>
<td>Musculoskeletal Closed Reduction Tibial Shaft Fracture w/o manipulation</td>
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<tr>
<td>27758</td>
<td>Musculoskeletal ORIF, Tibial Shaft fracture, w/ plate/screws, w/ or w/o cerclage</td>
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<tr>
<td>27759</td>
<td>Musculoskeletal ORIF, Tibial Shaft fracture: Treatment w/ intramedullary(IM) implant</td>
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<tr>
<td>27766</td>
<td>Musculoskeletal ORIF, Ankle; medial malleolus fracture</td>
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<tr>
<td>27769</td>
<td>Musculoskeletal ORIF, Ankle; posterior malleolus fracture</td>
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<td>27780</td>
<td>Musculoskeletal * Closed Reduction Fibula Fracture w/o manipulation</td>
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<tr>
<td>27781</td>
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<tr>
<td>27784</td>
<td>Musculoskeletal ORIF, Fibula, Proximal, or Shaft fracture</td>
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<tr>
<td>27792</td>
<td>Musculoskeletal ORIF, Ankle distal fibula fracture (lateral malleolus)</td>
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<td>27814</td>
<td>Musculoskeletal ORIF, Ankle bimalleolar fracture</td>
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<tr>
<td>CPT Code</td>
<td>Regional</td>
<td>Description</td>
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<tr>
<td>27822</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle trimalleolar fracture, medial and/or lateral malleolus, w/o fixation posterior lip</td>
</tr>
<tr>
<td>27823</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle trimalleolar fracture, medial and/or lateral malleolus, w/ fixation posterior lip</td>
</tr>
<tr>
<td>27826</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle; fibula only (eg, pilon or tibial plafond)</td>
</tr>
<tr>
<td>27828</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle; tibia and fibula (eg, pilon or tibial plafond)</td>
</tr>
<tr>
<td>27829</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle; distal tibiofibular joint (syndesmosis) disruption</td>
</tr>
<tr>
<td>27832</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle; proximal tibiofibular joint dislocation</td>
</tr>
<tr>
<td>27846</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle dislocation w/ or w/o percutaneous skeletal fixation; w/o repair or internal fixation</td>
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<tr>
<td>27848</td>
<td>Musculoskeletal</td>
<td>ORIF, Ankle dislocation w/ or w/o percutaneous skeletal fixation; w/ repair or internal or external fixation</td>
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<tr>
<td>27870</td>
<td>Musculoskeletal</td>
<td>Arthrodesis: Ankle</td>
</tr>
<tr>
<td>27871</td>
<td>Musculoskeletal</td>
<td>Arthrodesis: Ankle tibiofibular joint, proximal or distal</td>
</tr>
<tr>
<td>27880</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Below the knee</td>
</tr>
<tr>
<td>27881</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Below the knee</td>
</tr>
<tr>
<td>27882</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Below the knee</td>
</tr>
<tr>
<td>27884</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Below the Knee, revision</td>
</tr>
<tr>
<td>27886</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Below the knee, re-amputation</td>
</tr>
<tr>
<td>27888</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Ankle</td>
</tr>
<tr>
<td>27889</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Ankle disarticulation</td>
</tr>
<tr>
<td>27894</td>
<td>Musculoskeletal</td>
<td>Fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), w/ debridement of nonviable muscle and/or nerve</td>
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<tr>
<td>28240</td>
<td>Musculoskeletal</td>
<td>Tenotomy, lengthening, or release, abductor hallucis muscle (Clubfoot Repair)</td>
</tr>
<tr>
<td>28262</td>
<td>Musculoskeletal</td>
<td>Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)</td>
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<tr>
<td>28415</td>
<td>Musculoskeletal</td>
<td>ORIF, Calcaneus</td>
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<tr>
<td>28420</td>
<td>Musculoskeletal</td>
<td>ORIF, Calcaneus w/ bone graft</td>
</tr>
<tr>
<td>28445</td>
<td>Musculoskeletal</td>
<td>ORIF, Foot Fracture; talus</td>
</tr>
<tr>
<td>28465</td>
<td>Musculoskeletal</td>
<td>ORIF, Foot Fracture; tarsal bone (except talus and calcaneus); includes internal fixation, when performed, each</td>
</tr>
<tr>
<td>28485</td>
<td>Musculoskeletal</td>
<td>ORIF, Foot Fracture; metatarsal, includes internal fixation, when performed, each</td>
</tr>
<tr>
<td>28715</td>
<td>Musculoskeletal</td>
<td>Arthrodesis: Ankle, Triple (Subtalar, talonavicular, and calcaneocuboid joints)</td>
</tr>
<tr>
<td>28800</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Midtarsal</td>
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<tr>
<td>28805</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Transmetatarsal</td>
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<tr>
<td>28810</td>
<td>Musculoskeletal</td>
<td>Amputation: Lower Extremity: Metatarsal</td>
</tr>
<tr>
<td>28820</td>
<td>Musculoskeletal</td>
<td>Amputation: Toe: Metatarsophalangeal joint</td>
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<tr>
<td>28825</td>
<td>Musculoskeletal</td>
<td>Amputation: Toe; Interphalangeal joint</td>
</tr>
<tr>
<td>30150</td>
<td>Respiratory</td>
<td>* Rhinectomy, partial</td>
</tr>
<tr>
<td>30160</td>
<td>Respiratory</td>
<td>* Rhinectomy, total</td>
</tr>
<tr>
<td>30460</td>
<td>Respiratory</td>
<td>* Rhinoplasty for nasal deformity secondary to congenital cleft and/or palate, including columellar lengthening; tip only</td>
</tr>
<tr>
<td>30462</td>
<td>Respiratory</td>
<td>* Rhinoplasty for nasal deformity secondary to congenital cleft and/or palate, including columellar lengthening; tip, septum, osteotomies</td>
</tr>
<tr>
<td>30905</td>
<td>Respiratory</td>
<td>* Control nose bleed (epistaxis), posterior, w/ posterior nasal packs and/or cautery</td>
</tr>
<tr>
<td>30906</td>
<td>Respiratory</td>
<td>* Control nose bleed (epistaxis), posterior, w/ posterior nasal packs and/or cautery</td>
</tr>
<tr>
<td>31030</td>
<td>Respiratory</td>
<td>* Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) w/o removal of antrochoanal polyps</td>
</tr>
<tr>
<td>31032</td>
<td>Respiratory</td>
<td>* Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) w/ removal of antrochoanal polyps</td>
</tr>
<tr>
<td>31070</td>
<td>Respiratory</td>
<td>* Sinusotomy frontal; external, simple (trephine operation)</td>
</tr>
<tr>
<td>31075</td>
<td>Respiratory</td>
<td>* Sinusotomy frontal, transorbital, unilateral (for mucocele or osteoma, Lynch type)</td>
</tr>
<tr>
<td>31080</td>
<td>Respiratory</td>
<td>* Frontal Sinus Obliteration w/o flap, brow incision</td>
</tr>
<tr>
<td>31081</td>
<td>Respiratory</td>
<td>* Frontal Sinus Obliteration w/o flap, coronal incision</td>
</tr>
<tr>
<td>31084</td>
<td>Respiratory</td>
<td>* Frontal Sinus Obliteration w/ flap, brow incision</td>
</tr>
<tr>
<td>31085</td>
<td>Respiratory</td>
<td>* Frontal Sinus Obliteration w/ flap, coronal incision</td>
</tr>
<tr>
<td>31086</td>
<td>Respiratory</td>
<td>* Sinusotomy frontal; nonobliterator, w/ osteoplastic flap, brow incision</td>
</tr>
<tr>
<td>31087</td>
<td>Respiratory</td>
<td>* Sinusotomy frontal; nonobliterator, w/ osteoplastic flap, coronal incision</td>
</tr>
<tr>
<td>31090</td>
<td>Respiratory</td>
<td>* Sinusotomy unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)</td>
</tr>
<tr>
<td>31225</td>
<td>Respiratory</td>
<td>Maxillectomy w/o orbital exenteration</td>
</tr>
<tr>
<td>31230</td>
<td>Respiratory</td>
<td>Maxillectomy w/ orbital exenteration</td>
</tr>
<tr>
<td>31238</td>
<td>Respiratory</td>
<td>* Nasal Sinus endoscopy, surgical; w/ control of nasal hemorrhage (epistaxis)</td>
</tr>
<tr>
<td>Code</td>
<td>Respiratory</td>
<td>Description</td>
</tr>
<tr>
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<tr>
<td>31255</td>
<td>Respiratory</td>
<td>Nasal/ Sinus endoscopy, surgical; w/ ethmoidectomy, total (anterior and posterior)</td>
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<tr>
<td>31267</td>
<td>Respiratory</td>
<td>Nasal/ Sinus endoscopy, surgical, w/ maxillary antrostomy; w/ removal of tissue from maxillary sinus</td>
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<tr>
<td>31290</td>
<td>Respiratory</td>
<td>Nasal/ Sinus endoscopy w/ repair CSF leak; ethmoid region</td>
</tr>
<tr>
<td>31291</td>
<td>Respiratory</td>
<td>Nasal/ Sinus endoscopy w/ repair CSF leak; sphenoid region</td>
</tr>
<tr>
<td>31300</td>
<td>Respiratory</td>
<td>Laryngotomy (thyrotomy, laryngofissure); w/ removal of tumor or laryngocele, cordectomy</td>
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<tr>
<td>31320</td>
<td>Respiratory</td>
<td>Laryngotomy (thyrotomy, laryngofissure); diagnostic</td>
</tr>
<tr>
<td>31360</td>
<td>Respiratory</td>
<td>Laryngectomy, total w/o radical neck dissection</td>
</tr>
<tr>
<td>31365</td>
<td>Respiratory</td>
<td>Laryngectomy, total w/ radical neck dissection</td>
</tr>
<tr>
<td>31367</td>
<td>Respiratory</td>
<td>Laryngectomy, subtotal w/o radical neck dissection</td>
</tr>
<tr>
<td>31368</td>
<td>Respiratory</td>
<td>Laryngectomy, subtotal w/ radical neck dissection</td>
</tr>
<tr>
<td>31370</td>
<td>Respiratory</td>
<td>Laryngectomy, partial (hemi), horizontal</td>
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<tr>
<td>31375</td>
<td>Respiratory</td>
<td>Laryngectomy, partial (hemi), lateralvertical</td>
</tr>
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<td>31380</td>
<td>Respiratory</td>
<td>Laryngectomy, partial (hemi), anterovertical</td>
</tr>
<tr>
<td>31382</td>
<td>Respiratory</td>
<td>Laryngectomy, partial (hemi), antero-latero-vertical</td>
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<tr>
<td>31390</td>
<td>Respiratory</td>
<td>Pharyngolaryngectomy w/ radical neck dissection, w/o reconstruction</td>
</tr>
<tr>
<td>31395</td>
<td>Respiratory</td>
<td>Pharyngolaryngectomy w/ radical neck dissection, w/ reconstruction</td>
</tr>
<tr>
<td>31420</td>
<td>Respiratory</td>
<td>Epiglottidectomy</td>
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<tr>
<td>31527</td>
<td>Respiratory</td>
<td>Laryngoscopy, direct; w/ or w/o tracheoscopy; w/ insertion of obturator</td>
</tr>
<tr>
<td>31528</td>
<td>Respiratory</td>
<td>Laryngoscopy, direct; w/ or w/o tracheoscopy; w/ dilation</td>
</tr>
<tr>
<td>31529</td>
<td>Respiratory</td>
<td>Laryngoscopy, direct; w/ or w/o tracheoscopy; w/ dilation</td>
</tr>
<tr>
<td>31541</td>
<td>Respiratory</td>
<td>Laryngoscopy, direct; operative, w/ excision of tumor and/or stripping of vocal cords or epiglottis; w/ operating microscope or telescope</td>
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<tr>
<td>31580</td>
<td>Respiratory</td>
<td>Laryngoplasty; for laryngeal web, 2-stage, w/ keel insertion and removal</td>
</tr>
<tr>
<td>31582</td>
<td>Respiratory</td>
<td>Laryngoplasty; for laryngeal stenosis, w/ graft or core mold, including tracheotomy</td>
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<tr>
<td>31584</td>
<td>Respiratory</td>
<td>Laryngoplasty w/ open reduction of fracture</td>
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<tr>
<td>31587</td>
<td>Respiratory</td>
<td>Laryngoplasty; cricoid split</td>
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<tr>
<td>31588</td>
<td>Respiratory</td>
<td>Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)</td>
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<td>Respiratory</td>
<td>Tracheostomy</td>
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<td>Respiratory</td>
<td>Tracheostomy; younger than 2 years</td>
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<tr>
<td>31603</td>
<td>Respiratory</td>
<td>Tracheostomy; transtracheal</td>
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<tr>
<td>31605</td>
<td>Respiratory</td>
<td>Tracheostomy; cricothyroid membrane</td>
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<tr>
<td>31610</td>
<td>Respiratory</td>
<td>Tracheostomy w/ skin flaps</td>
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<tr>
<td>31613</td>
<td>Respiratory</td>
<td>Tracheostoma revision; simple w/o flap rotation</td>
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<tr>
<td>31614</td>
<td>Respiratory</td>
<td>Tracheostoma revision; complex w/ flap rotation</td>
</tr>
<tr>
<td>31750</td>
<td>Respiratory</td>
<td>Tracheoplasty; cervical</td>
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<tr>
<td>31755</td>
<td>Respiratory</td>
<td>Tracheoplasty; tracheopharyngoplasty fistulization</td>
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<td>31760</td>
<td>Respiratory</td>
<td>Tracheoplasty; intrathoracic</td>
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<td>31766</td>
<td>Respiratory</td>
<td>Carinal Reconstruction</td>
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<td>Respiratory</td>
<td>Bronchoplasty; graft repair</td>
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<td>31775</td>
<td>Respiratory</td>
<td>Bronchoplasty; excision stenosis and anastomosis</td>
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<td>Respiratory</td>
<td>Tracheal stenosis and anastomosis, excision; cervical</td>
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<td>Respiratory</td>
<td>Tracheal stenosis and anastomosis, excision; cervicothoracic</td>
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<tr>
<td>31785</td>
<td>Respiratory</td>
<td>Tracheal tumor or carcinoma, excision; cervical</td>
</tr>
<tr>
<td>31786</td>
<td>Respiratory</td>
<td>Tracheal tumor or carcinoma, excision; thoracic</td>
</tr>
<tr>
<td>31800</td>
<td>Respiratory</td>
<td>Tracheal Wound, cervical repair</td>
</tr>
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<td>31805</td>
<td>Respiratory</td>
<td>Tracheal Wound, intrathoracic repair</td>
</tr>
<tr>
<td>31820</td>
<td>Respiratory</td>
<td>Tracheostomy or fistula, surgical closure; w/o plastic repair</td>
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<tr>
<td>31825</td>
<td>Respiratory</td>
<td>Tracheostomy or fistula, surgical closure; w/ plastic repair</td>
</tr>
<tr>
<td>32035</td>
<td>Respiratory</td>
<td>Thoracostomy; w/ rib resection for empyema</td>
</tr>
<tr>
<td>32036</td>
<td>Respiratory</td>
<td>Thoracostomy; w/ open flap drainage for empyema</td>
</tr>
<tr>
<td>32096</td>
<td>Respiratory</td>
<td>Thoracotomy, w/ diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral</td>
</tr>
<tr>
<td>32097</td>
<td>Respiratory</td>
<td>Thoracotomy, w/ diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>32098</td>
<td>Respiratory Thoracotomy, w/ biopsy(ies) of pleura</td>
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<tr>
<td>32110</td>
<td>Respiratory Thoracotomy; w/ control of traumatic hemorrhage and/or repair of lung tear</td>
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<tr>
<td>32120</td>
<td>Respiratory Thoracotomy; for postoperative complications</td>
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<tr>
<td>32124</td>
<td>Respiratory Thoracotomy; w/ open intrapleural pneumonolysis</td>
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<tr>
<td>32140</td>
<td>Respiratory Thoracotomy; w/ cyst(s) removal, includes pleural procedure when performed</td>
<td></td>
</tr>
<tr>
<td>32141</td>
<td>Respiratory Thoracotomy; w/ resection-plication of bullae, includes any pleural procedure when performed</td>
<td></td>
</tr>
<tr>
<td>32150</td>
<td>Respiratory Thoracotomy; w/ removal of intrapleural foreign body or fibrin deposit</td>
<td></td>
</tr>
<tr>
<td>32151</td>
<td>Respiratory Thoracotomy; w/ removal of intrapulmonary foreign body</td>
<td></td>
</tr>
<tr>
<td>32160</td>
<td>Respiratory Thoracotomy; w/ cardiac massage</td>
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<tr>
<td>32200</td>
<td>Respiratory Pneumonostomy, w/ open drainage of abscess or cyst</td>
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<tr>
<td>32220</td>
<td>Respiratory Pulmonary Decortication, total</td>
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</tr>
<tr>
<td>32225</td>
<td>Respiratory Pulmonary Decortication, partial</td>
<td></td>
</tr>
<tr>
<td>32310</td>
<td>Respiratory Pleurectomy, parietal</td>
<td></td>
</tr>
<tr>
<td>32320</td>
<td>Respiratory Decortication and parietal pleurectomy</td>
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<tr>
<td>32440</td>
<td>Respiratory Pneumonectomy, removal of lung</td>
<td></td>
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<tr>
<td>32442</td>
<td>Respiratory Pneumonectomy; w/ resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)</td>
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<tr>
<td>32445</td>
<td>Respiratory Pneumonectomy; extrapleural</td>
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<tr>
<td>32480</td>
<td>Respiratory Lobectomy; removal of lung, single lobe</td>
<td></td>
</tr>
<tr>
<td>32482</td>
<td>Respiratory Lobectomy; removal of lung, two lobes (bilobectomy)</td>
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<tr>
<td>32484</td>
<td>Respiratory Lobectomy; removal of lung, single segment (segmentectomy)</td>
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</tr>
<tr>
<td>32486</td>
<td>Respiratory Lobectomy; removal of lung w/ circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)</td>
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</tr>
<tr>
<td>32488</td>
<td>Respiratory Lobectomy; removal of lung w/ all remaining lung following previous removal of a portion of lung (completion pneumonectomy)</td>
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</tr>
<tr>
<td>32491</td>
<td>Respiratory Lobectomy; removal of lung, w/ resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transsthoracic approach, includes any pleural procedure, when performed</td>
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<tr>
<td>32501</td>
<td>Respiratory Lung, Resection apical tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed: w/o chest wall reconstruction(s)</td>
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</tr>
<tr>
<td>32503</td>
<td>Respiratory Lung, Resection apical tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed: w/ chest wall reconstruction(s)</td>
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<tr>
<td>32504</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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<tr>
<td>32505</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); pericardial sac, w/ biopsy</td>
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<tr>
<td>32506</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); mediastinal space, w/ biopsy</td>
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<tr>
<td>32507</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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<tr>
<td>32540</td>
<td>Respiratory Empyemectomy (Extrapleural Enucleation of Empyema)</td>
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<tr>
<td>32551</td>
<td>Respiratory Thoracosomy Tube Insertion, includes connection to drainage system (eg, water seal), when performed</td>
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<tr>
<td>32560</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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<tr>
<td>32561</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); pericardial sac, w/ biopsy</td>
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<td>32562</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); mediastinal space, w/ biopsy</td>
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<tr>
<td>32563</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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<tr>
<td>32564</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); pericardial sac, w/ biopsy</td>
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<tr>
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<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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<tr>
<td>32566</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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<tr>
<td>32567</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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</tr>
<tr>
<td>32568</td>
<td>Respiratory Thoracoscopy, diagnostic (VAT); lungs, pericardial sac, mediastenial or pleural space, w/o biopsy</td>
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</tr>
<tr>
<td>Code</td>
<td>Procedure</td>
<td>Description</td>
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</tr>
<tr>
<td>32659</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical (VATS); creation of pericardial window or partial resection of pericardial sac for drainage</td>
</tr>
<tr>
<td>32661</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical (VATS); excision of pericardial cyst, tumor, or mass</td>
</tr>
<tr>
<td>32662</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical (VATS); excision of mediastinal cyst, tumor, or mass</td>
</tr>
<tr>
<td>32663</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical (VATS); lobectomy (single lobe)</td>
</tr>
<tr>
<td>32664</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical (VATS); thoracic sympathectomy</td>
</tr>
<tr>
<td>32665</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical (VATS); esophagomyotomy (Heiler type)</td>
</tr>
<tr>
<td>32666</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ therapeutic wedge resection (eg, mass, nodule), initial unilateral</td>
</tr>
<tr>
<td>32667</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral</td>
</tr>
<tr>
<td>32668</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ removal of a single lung segment (segmentectomy)</td>
</tr>
<tr>
<td>32669</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ removal of 2 lobes (bi lobectomy)</td>
</tr>
<tr>
<td>32670</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ removal of lung (pneumonectomy)</td>
</tr>
<tr>
<td>32671</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ removal of any pleural procedure, when performed</td>
</tr>
<tr>
<td>32672</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral</td>
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<tr>
<td>32673</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ resection of thymus, unilateral or bilateral</td>
</tr>
<tr>
<td>32674</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ mediastinal and regional lymphadenectomy</td>
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<tr>
<td>32680</td>
<td>Respiratory</td>
<td>Lung hernia, repair through chest wall</td>
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<tr>
<td>32810</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ removal of lung (pneumonectomy)</td>
</tr>
<tr>
<td>32811</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ removal of 2 lobes (bi lobectomy)</td>
</tr>
<tr>
<td>32815</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ closure of bronchopleural fistula</td>
</tr>
<tr>
<td>32820</td>
<td>Respiratory</td>
<td>Thoracoscopic, surgical; w/ closure of bronchopleural fistula</td>
</tr>
<tr>
<td>32900</td>
<td>Respiratory</td>
<td>Rib Resection, extrapleural, all stages</td>
</tr>
<tr>
<td>32905</td>
<td>Respiratory</td>
<td>Thoracoplasty, Schede type or extrapleural (all stages)</td>
</tr>
<tr>
<td>32906</td>
<td>Respiratory</td>
<td>Thoracoplasty, Schede type or extrapleural (all stages); w/ closure of bronchopleural fistula</td>
</tr>
<tr>
<td>32940</td>
<td>Respiratory</td>
<td>Pneumonolysis, extraperiosteal</td>
</tr>
<tr>
<td>33010</td>
<td>Cardiovascular</td>
<td>Pericardiocentesiis; initial</td>
</tr>
<tr>
<td>33015</td>
<td>Cardiovascular</td>
<td>Pericardiostomy</td>
</tr>
<tr>
<td>33020</td>
<td>Cardiovascular</td>
<td>Pericardiomy for removal of clot or foreign body</td>
</tr>
<tr>
<td>33025</td>
<td>Cardiovascular</td>
<td>Pericardial Window Creation or partial resection for drainage</td>
</tr>
<tr>
<td>33030</td>
<td>Cardiovascular</td>
<td>Pericardiectomy, subtotal or complete; w/o cardiopulmonary bypass</td>
</tr>
<tr>
<td>33031</td>
<td>Cardiovascular</td>
<td>Pericardiectomy, subtotal or complete; w/ cardiopulmonary bypass</td>
</tr>
<tr>
<td>33050</td>
<td>Cardiovascular</td>
<td>Pericardial cyst or tumor resection</td>
</tr>
<tr>
<td>33120</td>
<td>Cardiovascular</td>
<td>Tumor excision intracardiac, resection w/ cardiopulmonary bypass</td>
</tr>
<tr>
<td>33130</td>
<td>Cardiovascular</td>
<td>Tumor resection external cardiac</td>
</tr>
<tr>
<td>33202</td>
<td>Cardiovascular</td>
<td>Epicardial electrode(s) insertion; (eg, thoracotomy, median sternotomy, subxiphoid approach)</td>
</tr>
<tr>
<td>33203</td>
<td>Cardiovascular</td>
<td>Epicardial electrode(s) insertion: endoscopic approach (eg, thoracoscopic, pericardioscopy)</td>
</tr>
<tr>
<td>33206</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker insertion of new or replacement w/ transvenous electrode(s): atrial</td>
</tr>
<tr>
<td>33207</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker insertion of new or replacement w/ transvenous electrode(s): ventricular</td>
</tr>
<tr>
<td>33208</td>
<td>Cardiovascular</td>
<td>Temporary transvenous single chamber cardiac electrode or pacemaker catheter insertion or replacement</td>
</tr>
<tr>
<td>33210</td>
<td>Cardiovascular</td>
<td>Temporary transvenous dual chamber pacing electrodes insertion or replacement</td>
</tr>
<tr>
<td>33212</td>
<td>Cardiovascular</td>
<td>Pacemaker pulse generator insertion only; w/ existing single lead</td>
</tr>
<tr>
<td>33213</td>
<td>Cardiovascular</td>
<td>Pacemaker pulse generator insertion only; w/ existing dual leads</td>
</tr>
<tr>
<td>33214</td>
<td>Cardiovascular</td>
<td>Pacemaker conversion from single chamber to dual chamber system</td>
</tr>
<tr>
<td>33215</td>
<td>Cardiovascular</td>
<td>Repositioning of previously implanted transvenous pacemaker or pacing cardioverter-defibrillator (right atrial or right ventricular) electrode</td>
</tr>
<tr>
<td>33216</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker or cardioverter-defibrillator insertion of a single transvenous electrode</td>
</tr>
<tr>
<td>33217</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker or cardioverter-defibrillator insertion of 2 transvenous electrodes</td>
</tr>
<tr>
<td>33218</td>
<td>Cardiovascular</td>
<td>Single transvenous electrode Repair of permanent pacemaker or pacing cardioverter-defibrillator</td>
</tr>
<tr>
<td>33220</td>
<td>Cardiovascular</td>
<td>Transvenous Repair of 2 electrodes for permanent pacemaker or pacing cardioverter-defibrillator</td>
</tr>
<tr>
<td>33221</td>
<td>Cardiovascular</td>
<td>Pacemaker pulse generator Insertion only; w/ existing multiple leads</td>
</tr>
<tr>
<td>33224</td>
<td>Cardiovascular</td>
<td>Pacing electrode insertion, cardiac venous system, for left ventricular pacing, w/ attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator</td>
</tr>
<tr>
<td>Code</td>
<td>Cardiovascular</td>
<td>Description</td>
</tr>
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</tr>
<tr>
<td>33225</td>
<td>Cardiovascular</td>
<td>Pacing electrode insertion, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system)</td>
</tr>
<tr>
<td>33226</td>
<td>Cardiovascular</td>
<td>Electrode repositioning of previously implanted cardiac venous system (left ventricular)</td>
</tr>
<tr>
<td>33227</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker pulse generator Removal w/ replacement of pacemaker pulse generator; single lead system</td>
</tr>
<tr>
<td>33228</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker pulse generator Removal w/ replacement of pacemaker pulse generator; dual lead system</td>
</tr>
<tr>
<td>33229</td>
<td>Cardiovascular</td>
<td>Permanent pacemaker pulse generator Removal w/ replacement of pacemaker pulse generator; multiple lead system</td>
</tr>
<tr>
<td>33230</td>
<td>Cardiovascular</td>
<td>Pacing cardioverter-defibrillator pulse generator Insertion only; w/ existing dual leads</td>
</tr>
<tr>
<td>33231</td>
<td>Cardiovascular</td>
<td>Pacing cardioverter-defibrillator pulse generator Insertion only; w/ existing multiple leads</td>
</tr>
<tr>
<td>33232</td>
<td>Cardiovascular</td>
<td>Permanent epicardial pacemaker and electrodes removal, by thoracotomy; single lead system, atrial or ventricular</td>
</tr>
<tr>
<td>33236</td>
<td>Cardiovascular</td>
<td>Permanent epicardial pacemaker and electrodes removal, by thoracotomy; dual lead system</td>
</tr>
<tr>
<td>33238</td>
<td>Cardiovascular</td>
<td>Permanent transvenous electrode(s) removal by thoracotomy</td>
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<tr>
<td>33240</td>
<td>Cardiovascular</td>
<td>AICD - Automatic Implantable Cardioverter Defibrillator Insertion of pacing cardioverter-defibrillator pulse generator only; w/ existing single lead</td>
</tr>
<tr>
<td>33243</td>
<td>Cardiovascular</td>
<td>AICD - Automatic Implantable Cardioverter Defibrillator Removal by thoracotomy</td>
</tr>
<tr>
<td>33244</td>
<td>Cardiovascular</td>
<td>AICD - Automatic Implantable Cardioverter Defibrillator Removal by transvenous extraction</td>
</tr>
<tr>
<td>33249</td>
<td>Cardiovascular</td>
<td>AICD - Automatic Implantable Cardioverter Defibrillator Insertion or replacement of permanent pacing cardioverter-defibrillator system w/ transvenous lead(s)- single or dual chamber</td>
</tr>
<tr>
<td>33250</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation (eg, Wolff-Parkinson-White, atrioventricular node re-entry), w/o bypass</td>
</tr>
<tr>
<td>33251</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation (eg, Wolff-Parkinson-White, atrioventricular node re-entry), w/ bypass</td>
</tr>
<tr>
<td>33254</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation (eg, modified maze procedure), w/o bypass</td>
</tr>
<tr>
<td>33255</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation (eg, modified maze procedure), w/o bypass</td>
</tr>
<tr>
<td>33256</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation (eg, modified maze procedure), w/ bypass</td>
</tr>
<tr>
<td>33257</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation, at the time of other procedure</td>
</tr>
<tr>
<td>33258</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation, at the time of other procedure w/o bypass</td>
</tr>
<tr>
<td>33259</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation, at the time of other procedure w/ bypass</td>
</tr>
<tr>
<td>33261</td>
<td>Cardiovascular</td>
<td>Cardiac Ablation, w/o bypass</td>
</tr>
<tr>
<td>33265</td>
<td>Cardiovascular</td>
<td>* Cardiac Ablation, limited (eg, modified maze procedure), w/o bypass, <strong>Endoscopic</strong></td>
</tr>
<tr>
<td>33266</td>
<td>Cardiovascular</td>
<td>* Cardiac Ablation, extensive (eg, modified maze procedure), w/o bypass, <strong>Endoscopic</strong></td>
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<tr>
<td>33300</td>
<td>Cardiovascular</td>
<td>Cardiac Wound repair; w/o bypass</td>
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<tr>
<td>33305</td>
<td>Cardiovascular</td>
<td>Cardiac Wound repair; w/ bypass</td>
</tr>
<tr>
<td>33310</td>
<td>Cardiovascular</td>
<td>Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); w/o bypass</td>
</tr>
<tr>
<td>33315</td>
<td>Cardiovascular</td>
<td>Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); w/ bypass</td>
</tr>
<tr>
<td>33320</td>
<td>Cardiovascular</td>
<td>Aorta/ Great Vessels Repair w/o shunt or bypass</td>
</tr>
<tr>
<td>33321</td>
<td>Cardiovascular</td>
<td>Aorta/ Great Vessels Repair w/ shunt bypass</td>
</tr>
<tr>
<td>33322</td>
<td>Cardiovascular</td>
<td>Aorta/ Great Vessels Repair w/ cardiopulmonary bypass</td>
</tr>
<tr>
<td>33330</td>
<td>Cardiovascular</td>
<td>Aorta/ Great Vessels Graft w/o shunt or bypass</td>
</tr>
<tr>
<td>33332</td>
<td>Cardiovascular</td>
<td>Aorta/ Great Vessels Graft w/ shunt bypass</td>
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<tr>
<td>33335</td>
<td>Cardiovascular</td>
<td>Aorta/ Great Vessels Graft w/ cardiopulmonary bypass</td>
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<tr>
<td>33400</td>
<td>Cardiovascular</td>
<td>Valvuoplasty, aortic w/ bypass</td>
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<tr>
<td>33401</td>
<td>Cardiovascular</td>
<td>Valvuoplasty, aortic w/ inflow occlusion</td>
</tr>
<tr>
<td>33403</td>
<td>Cardiovascular</td>
<td>Valvuoplasty, aortic using transventricular dilation, w/ bypass</td>
</tr>
<tr>
<td>33405</td>
<td>Cardiovascular</td>
<td>Valve Replacement, aortic w/ bypass; w/ prosthetic valve</td>
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<tr>
<td>33406</td>
<td>Cardiovascular</td>
<td>Valve Replacement, aortic w/ bypass; w/ allograft valve</td>
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<td>33410</td>
<td>Cardiovascular</td>
<td>Valve Replacement, aortic w/ bypass; w/ stentless tissue valve</td>
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<td>33411</td>
<td>Cardiovascular</td>
<td>Valve Replacement, aortic w/ aortic annulus enlargement, noncoronary sinus</td>
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<td>33412</td>
<td>Cardiovascular</td>
<td>Valve Replacement, aortic; w/ transventricular aortic annulus enlargement (Konno procedure)</td>
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<td>33413</td>
<td>Cardiovascular</td>
<td>Valve Replacement, aortic; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)</td>
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<tr>
<td>33414</td>
<td>Cardiovascular</td>
<td>Valve Repair by patch enlargement of the outflow tract</td>
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<tr>
<td>33415</td>
<td>Cardiovascular</td>
<td>Valve Resection or incision for discrete subvalvular aortic stenosis</td>
</tr>
<tr>
<td>33416</td>
<td>Cardiovascular</td>
<td>Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)</td>
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<tr>
<td>33417</td>
<td>Cardiovascular</td>
<td>Aortoplasty (Gusset) for supravalvular stenosis</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Value</td>
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<tr>
<td>33420</td>
<td>Cardiovascular Valvotomy, mitral valve; closed heart</td>
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<td>33422</td>
<td>Cardiovascular Valvotomy, mitral valve; open heart, w/ bypass</td>
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<td>33425</td>
<td>Cardiovascular Valvuloplasty, mitral valve w/ bypass</td>
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<td>33426</td>
<td>Cardiovascular Valvuloplasty, mitral valve w/ prosthetic ring</td>
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<tr>
<td>33427</td>
<td>Cardiovascular Valvuloplasty, mitral valve radical reconstruction, w/ or w/o ring</td>
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<td>33430</td>
<td>Cardiovascular Valve Replacement, mitral w/ bypass</td>
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<tr>
<td>33460</td>
<td>Cardiovascular Valvectomy, tricuspid valve w/ bypass</td>
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<td>33463</td>
<td>Cardiovascular Valvuloplasty, tricuspid valve w/o ring insertion</td>
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<tr>
<td>33464</td>
<td>Cardiovascular Valvuloplasty, tricuspid valve w/ ring insertion</td>
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<tr>
<td>33465</td>
<td>Cardiovascular Valve Replacement, tricuspid valve w/ bypass</td>
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<tr>
<td>33468</td>
<td>Cardiovascular Valve Reposition and plication for Ebstein anomaly, tricuspid valve</td>
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<td>33470</td>
<td>Cardiovascular Valvotomy, pulmonary valve, closed heart; transventricular</td>
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<tr>
<td>33471</td>
<td>Cardiovascular Valvotomy, pulmonary valve, closed heart; via pulmonary artery</td>
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<tr>
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<td>Cardiovascular Valvotomy, pulmonary valve, open heart, w/ inflow occlusion</td>
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<td>Cardiovascular Valvotomy, pulmonary valve, open heart; w/ bypass</td>
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<td>33475</td>
<td>Cardiovascular Valve Replacement, pulmonary valve</td>
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<td>33476</td>
<td>Cardiovascular Ventricular resection; right</td>
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<td>33478</td>
<td>Cardiovascular Valve Repair, non-structural prosthetic valve dysfunction w/ bypass</td>
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<td>33510</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; single coronary venous graft</td>
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<tr>
<td>33511</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 2 grafts</td>
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<td>33512</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 3 grafts</td>
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<tr>
<td>33513</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 4 grafts</td>
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<tr>
<td>33514</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 5 grafts</td>
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<tr>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 6 or more grafts</td>
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<td>33517</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; venous and arterial graft; single graft</td>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 2 grafts</td>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 3 grafts</td>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 4 grafts</td>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 5 grafts</td>
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<td>33523</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 6 or more grafts</td>
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<td>33530</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; reoperation</td>
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<td>33533</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph, using arterial graft; single graft</td>
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<td>33534</td>
<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 2 grafts</td>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 3 grafts</td>
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<td>Cardiovascular CABG - Coronary Artery Bypass Graph; 4 or more grafts</td>
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<td>33542</td>
<td>Cardiovascular Myocardial Resection (ventricular aneurysmectomy)</td>
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<td>33617</td>
<td>Cardiovascular Cardiac anomalies (eg, single ventricle) complex, Repair by modified Fontan procedure</td>
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<td>33622</td>
<td>Cardiovascular Cardiac anomaly (eg, single ventricle or hypoplastic left heart) complex, Reconstruction w/ palliation of single ventricle w/ aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)</td>
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<td>33641</td>
<td>Cardiovascular ASD -Atrial Septal Defect repair w/ or w/o patch</td>
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<tr>
<td>33645</td>
<td>Cardiovascular ASD -Atrial Septal Defect repair, direct or patch closure</td>
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<td>33647</td>
<td>Cardiovascular ASD -Atrial Septal Defect and VSD - Ventricular Septal Defect repair, w/ direct or patch closure</td>
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<td>33660</td>
<td>Cardiovascular ASD -Atrial Septal Defect repair, incomplete or partial w/ or w/o AVR - Atrioventricular valve repair</td>
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<td>Cardiovascular ASD -Atrial Septal Defect repair, intermediate or transitional w/ or w/o AVR - Atrioventricular valve repair</td>
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<td>33670</td>
<td>Cardiovascular ASD -Atrial Septal Defect repair w/ or w/o prosthetic valve</td>
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<td>33675</td>
<td>Cardiovascular VSD - Ventricular Septal Defect repair - multiple</td>
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<td>33676</td>
<td>Cardiovascular VSD - Ventricular Septal Defect repair - multiple w/ pulmonary valvotomy or infundibular resection (acyanotic)</td>
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<td>Cardiovascular VSD - Ventricular Septal Defect repair - multiple w/ removal of pulmonary artery band. w/ or w/o gusset</td>
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<td>33681</td>
<td>Cardiovascular VSD - Ventricular Septal Defect repair w/ or w/o patch</td>
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<td>33684</td>
<td>Cardiovascular VSD - Ventricular Septal Defect repair w/ or w/o patch; w/ pulmonary valvotomy or infundibular resection (acyanotic)</td>
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<td>33688</td>
<td>Cardiovascular VSD - Ventricular Septal Defect repair w/ or w/o patch; w/ removal of pulmonary artery band, w/ or w/o gusset</td>
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<tr>
<td>33692</td>
<td>Cardiovascular Tetralogy of Fallot repair; complete w/o pulmonary atresia</td>
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<td>33694</td>
<td>Cardiovascular Tetralogy of Fallot repair; complete w/o pulmonary atresia; w/ transannular patch</td>
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<tr>
<td>33697</td>
<td>Cardiovascular Tetralogy of Fallot repair; complete w/ pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect</td>
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<td>33735</td>
<td>Cardiovascular Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)</td>
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<td>33736</td>
<td>Cardiovascular Atrial septectomy or septostomy; open heart w/ cardiopulmonary bypass</td>
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<td>Cardiovascular Atrial septectomy or septostomy: open heart, w/ inflow occlusion</td>
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<td>33750</td>
<td>Cardiovascular Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)</td>
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<td>33755</td>
<td>Cardiovascular Shunt: ascending aorta to pulmonary artery (Waterston type operation)</td>
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<td>33762</td>
<td>Cardiovascular Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)</td>
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<td>33766</td>
<td>Cardiovascular Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)</td>
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<td>33767</td>
<td>Cardiovascular Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)</td>
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<td>33813</td>
<td>Cardiovascular Aortopexy, Obliteration of Aortopulmonary Septal Defect w/o bypass</td>
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<td>33814</td>
<td>Cardiovascular Aortopexy, Obliteration of Aortopulmonary Septal Defect w/ bypass</td>
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<td>33822</td>
<td>Cardiovascular Patent ductus arteriosus repair by division, younger than 18 years</td>
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<td>33840</td>
<td>Cardiovascular Coarctation of aorta; excision, w/ or w/o associated patent ductus arteriosus; w/ direct anastomosis</td>
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<td>33845</td>
<td>Cardiovascular Coarctation of aorta; excision, w/ or w/o associated patent ductus arteriosus; w/ graft</td>
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<td>33851</td>
<td>Cardiovascular Coarctation of aorta; excision, w/ or w/o associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement</td>
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<td>33860</td>
<td>Cardiovascular Aorta (ascending) graft, w/ cardiopulmonary bypass, includes valve suspension, when performed (Thoracic Aneurysm Repair)</td>
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<tr>
<td>33863</td>
<td>Cardiovascular Aorta (ascending) graft, w/ cardiopulmonary bypass, w/ aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)</td>
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<tr>
<td>33864</td>
<td>Cardiovascular Aorta (ascending) graft, w/ cardiopulmonary bypass w/ valve suspension, w/ coronary reconstruction and valve-sparing aortic root remodeling (e.g., David Procedure, Yacoub Procedure)</td>
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<td>33870</td>
<td>Cardiovascular Aorta (transverse arch) graft, w/ cardiopulmonary bypass (Thoracic Aneurysm Repair)</td>
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<td>33875</td>
<td>Cardiovascular Aorta (descending thoracic) graft, w/ or w/o bypass (Thoracic Aneurysm Repair)</td>
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<td>33877</td>
<td>Cardiovascular Aortic aneurysm (Thoracoabdominal) repair; w/ graft, w/ or w/o cardiopulmonary bypass (Thoracic Aneurysm Repair)</td>
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<td>33880</td>
<td>Cardiovascular Descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin: <strong>Endovascular repair</strong></td>
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<td>33881</td>
<td>Cardiovascular Descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin: <strong>Endovascular repair</strong></td>
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<tr>
<td>33910</td>
<td>Cardiovascular Embolectomy Pulmonary Artery; w/ cardiopulmonary bypass</td>
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<tr>
<td>33915</td>
<td>Cardiovascular Embolectomy Pulmonary Artery; w/o cardiopulmonary bypass</td>
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<tr>
<td>33916</td>
<td>Cardiovascular Endarterectomy Pulmonary Artery, w/ or w/o embolectomy, w/ cardiopulmonary bypass</td>
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<tr>
<td>33922</td>
<td>Cardiovascular Pulmonary Artery Transection Repair w/ cardiopulmonary bypass</td>
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<tr>
<td>33967</td>
<td>Cardiovascular IABP Intra-aortic Balloon Pump assist device Insertion, <strong>Percutaneous</strong></td>
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<tr>
<td>33968</td>
<td>Cardiovascular IABP Intra-aortic Balloon Pump assist device Removal, <strong>Percutaneous</strong></td>
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<tr>
<td>33970</td>
<td>Cardiovascular IABP Intra-aortic Balloon Pump assist device Insertion through the femoral artery</td>
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<tr>
<td>33971</td>
<td>Cardiovascular IABP Intra-aortic Balloon Pump assist device Removal, including repair of femoral artery, w or w/o graft</td>
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<tr>
<td>34001</td>
<td>Cardiovascular Embolectomy/ Thrombectomy; carotid, subclavian artery by neck incision</td>
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<td>34051</td>
<td>Cardiovascular Embolectomy/ Thrombectomy; subclavian artery by thoracic incision</td>
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<td>Cardiovascular Embolectomy/ Thrombectomy; axillary, brachial, innominate, subclavian artery by arm incision</td>
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<td>34111</td>
<td>Cardiovascular Embolectomy/ Thrombectomy; radial or ulnar artery by arm incision</td>
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<td>34151</td>
<td>Cardiovascular Embolectomy/ Thrombectomy; renal, celiac, mesentry, aortoiliac artery, by abdominal incision</td>
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<td>34201</td>
<td>Cardiovascular Embolectomy/ Thrombectomy; femoropopliteal, aortoiliac artery by leg incision</td>
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<td>34203</td>
<td>Cardiovascular Embolectomy/ Thrombectomy; popliteal-tibio-peroneal artery by leg incision</td>
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<td>34510</td>
<td>Cardiovascular Venous Valve Transposition</td>
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<td>34800</td>
<td>Cardiovascular Aneurysm Repair, Abdominal aortic; using aorta-aortic tube prosthesis <strong>Endovascular</strong></td>
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<tr>
<td>34802</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair, Abdominal aortic; using modular bifurcated prosthesis (1 docking limb) <strong>Endovascular</strong></td>
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<td>34803</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair, Abdominal aortic; using modular bifurcated prosthesis (2 docking limbs) <strong>Endovascular</strong></td>
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<td>34804</td>
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<td>Aneurysm Repair, Abdominal aortic; using unibody bifurcated prosthesis <strong>Endovascular</strong></td>
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<td>34805</td>
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<td>Aneurysm Repair, Abdominal aortic; using aorto-uniliac or aorto-unifemoral prosthesis <strong>Endovascular</strong></td>
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<td>34808</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair, Iliac artery <strong>Endovascular</strong></td>
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<td>Cardiovascular</td>
<td>Aneurysm Repair, Abdominal Aortic, Femoral by groin incision, unilateral</td>
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<td>Cardiovascular</td>
<td>Aneurysm Repair, Abdominal Aortic, Femoral- femoral</td>
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<td>Cardiovascular</td>
<td>Aneurysm Repair, Iliac artery by abdominal or retroperitoneal incision, unilateral</td>
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<td>34825</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Abdominal aortic or ili, false or dissection <strong>Endovascular</strong></td>
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<td>34830</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Infrarenal aortic, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis</td>
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<td>34831</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Aorto-bi-iliac, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis</td>
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<td>34832</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Aorto- bifemoral, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis</td>
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<td>34833</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Iliac artery, abdominal or retroperitoneal incision, unilateral</td>
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<td>34834</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Brachial artery, arm incision, unilateral</td>
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<td>34841</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of 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) <strong>Endovascular</strong></td>
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<tr>
<td>34842</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) <strong>Endovascular</strong></td>
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<tr>
<td>34843</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) <strong>Endovascular</strong></td>
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<td>34844</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) <strong>Endovascular</strong></td>
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<td>34845</td>
<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprostheses (superior mesenteric, celiac or renal artery) <strong>Endovascular</strong></td>
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<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) <strong>Endovascular</strong></td>
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<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) <strong>Endovascular</strong></td>
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<td>Cardiovascular</td>
<td>Aneurysm Repair; Visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) <strong>Endovascular</strong></td>
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<td>34900</td>
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<td>Aneurysm Repair, Iliac artery <strong>Endovascular</strong></td>
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<td>35011</td>
<td>Cardiovascular Aneurysm Repair, w/ or w/o graft axillary-brachial artery; arm incision</td>
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<td>35013</td>
<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured axillary-brachial artery, by arm incision</td>
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<td>35021</td>
<td>Cardiovascular Aneurysm Repair, w/ or w/o graft subclavian artery, by thoracic incision</td>
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<td>35022</td>
<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured subclavian artery, by thoracic incision</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft radial or ulnar artery</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft abdominal aorta</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured abdominal aorta</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured abdominal aorta involving visceral vessels</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured abdominal aorta involving visceral vessels</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft abdominal aorta involving iliac vessels</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured abdominal aorta involving iliac vessels</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft splenic artery</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured splenic artery</td>
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<td>35121</td>
<td>Cardiovascular Aneurysm Repair, w/ or w/o graft hepatic, celiac, renal, or mesenteric artery</td>
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<td>35122</td>
<td>Cardiovascular Aneurysm Repair, w/ or w/o graft ruptured hepatic, celiac, renal, or mesenteric artery</td>
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<td>Cardiovascular Aneurysm Repair, w/ or w/o graft iliac artery</td>
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<td>Cardiovascular Blood Vessel Repair, Intrathoracic w/ bypass</td>
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<td>Cardiovascular Blood Vessel Repair, Intrathoracic w/o bypass</td>
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<td>Cardiovascular Blood Vessel Repair, direct, lower extremity</td>
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<td>Cardiovascular Blood Vessel Repair w/ vein graft, Intrathoracic w/ bypass</td>
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<td>Cardiovascular Blood Vessel Repair w/ vein graft, Intra-abdominal</td>
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<td>Cardiovascular Blood Vessel Repair w/ graft other than vein, Intrathoracic w/ bypass</td>
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<td>Cardiovascular Bypass graft, w/ vein; splenorenal</td>
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<td>Cardiovascular Bypass graft, w/ vein; aortoiliac</td>
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<td>Cardiovascular Bypass graft, w/ vein; iliopopliteal</td>
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<td>Cardiovascular Bypass graft, w/ vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels</td>
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<td>Cardiovascular Bypass graft, w/ other than vein; splenorenal</td>
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<td>Cardiovascular Bypass graft, w/ other than vein; aorto-iliac</td>
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<td>Cardiovascular Bypass graft, w/ other than vein; aortobi-iliac</td>
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<td>Cardiovascular Bypass graft, w/ other than vein; femoral-popliteal</td>
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<td>Cardiovascular Bypass graft, w/ femoral-anterior tibial, posterior tibial, peroneal artery</td>
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<td>Cardiovascular Arterial Transposition and/or reimplantation; vertebral to carotid artery</td>
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<td>Cardiovascular Arterial Transposition and/or reimplantation; carotid to subclavian artery</td>
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<td>Cardiovascular Arterial Reimplantation, visceral artery to infrarenal aortic prosthesis</td>
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<td>Cardiovascular Arterial Graft Re-Operation femoral- popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation</td>
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<td>Cardiovascular Exploration for postoperative hemorrhage, thrombosis or infection; chest</td>
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<td>Cardiovascular Exploration for postoperative hemorrhage, thrombosis or infection; abdomen</td>
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<td>Cardiovascular Exploration for postoperative hemorrhage, thrombosis or infection; extremity</td>
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<td>Cardiovascular Arterial Graft Re-exploration enteric fistula</td>
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<td>Cardiovascular Thrombectomy arterial or venous graft (other than hemodialysis graft or fistula); w/ revision of arterial or venous graft</td>
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<td>Cardiovascular Arterial Graft Revision, lower extremity arterial bypass, w/o thrombectomy, open; w/ vein patch angioplasty</td>
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<td>Cardiovascular Arterial Graft Revision, lower extremity arterial bypass, w/o thrombectomy, open; w/ segmental vein interposition</td>
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<td>Cardiovascular Arterial Graft Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; w/ nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)</td>
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<td>Cardiovascular Arterial Graft Revision w/ autogenous vein patch graft, femoral anastomosis of synthetic arterial bypass graft in groin, open; w/ autogenous vein patch graft</td>
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<td>Cardiovascular Graft, Excision of Infected; neck</td>
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<td>Cardiovascular Graft, Excision of Infected; extremity</td>
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</table>
Cardiovascular

Graft, Excision of Infected; thorax

Cardiovascular

Graft, Excision of Infected; abdomen

Cardiovascular

Transvenous Intrahepatic Portosystemic Shunt(s) (TIPS) Insertion

Cardiovascular

Transvenous Intrahepatic Portosystemic Shunt(s) (TIPS) Revision

Cardiovascular

Transluminal angioplasty iliac artery, unilateral; Revascularization, endovascular, open or percutaneous

Cardiovascular

Transluminal stent placement(s) iliac artery; Revascularization, endovascular, open or percutaneous, unilateral, initial vessel, includes angioplasty within the same vessel

Cardiovascular

Transluminal stent placement(s) iliac artery; Revascularization, endovascular, open or percutaneous, each additional ipsilateral iliac vessel, includes angioplasty within the same vessel, when performed

Cardiovascular

Transluminal angioplasty femoral, popliteal artery(s), unilateral; Revascularization, endovascular, open or percutaneous

Cardiovascular

Atherectomy, includes angioplasty within the same vessel, when performed femoral, popliteal artery(s); Revascularization, endovascular, open or percutaneous, unilateral

Cardiovascular

Transluminal stent placement(s), includes angioplasty within the same vessel, when performed; each additional vessel; includes angioplasty w/in the same vessel, when performed

Cardiovascular

Transluminal stent placement(s) tibial, peroneal artery; Revascularization, endovascular, open or percutaneous

Cardiovascular

Transluminal angioplasty tibial, peroneal artery; Revascularization, endovascular, open or percutaneous, unilateral, initial vessel

Cardiovascular

Atherectomy tibial, peroneal artery; Revascularization, endovascular, open or percutaneous, unilateral, initial vessel

Cardiovascular

Transluminal stent placement(s) tibial, peroneal artery; Revascularization, endovascular, open or percutaneous, unilateral, initial vessel; includes angioplasty w/in the same vessel, when performed

Cardiovascular

Transluminal angioplasty tibial, peroneal artery; Revascularization, endovascular, open or percutaneous, unilateral, each additional vessel

Cardiovascular

Intravascular stent(s) placement, open or percutaneous, each additional ipsilateral iliac vessel, unilateral, initial vessel, includes angioplasty w/in the same vessel, when performed

Cardiovascular

Intravascular stent(s) placement (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

Cardiovascular

Intravascular stent(s) placement (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery

Cardiovascular

Intravascular stent(s) placement, open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein

Cardiovascular

Intravascular stent(s) placement, open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein

Cardiovascular

Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)

Cardiovascular

Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)

Cardiovascular

Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
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<tr>
<th>Code</th>
<th>Category</th>
<th>Description</th>
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<tbody>
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<td>Arterial Ligation internal or common carotid artery</td>
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<td>Cardiovascular</td>
<td>Arterial Ligation internal or common carotid artery w/ gradual occlusion</td>
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<td>Cardiovascular</td>
<td>Arterial Ligation or banding arteriovenous fistula</td>
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<td>Splenectomy; partial</td>
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<td>Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure</td>
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<td>40701</td>
<td>Digestive</td>
<td>Cleft Lip Repair; primary bilateral, 1-stage procedure</td>
</tr>
<tr>
<td>40702</td>
<td>Digestive</td>
<td>Cleft Lip Repair; primary bilateral, 1 of 2 stages</td>
</tr>
<tr>
<td>40720</td>
<td>Digestive</td>
<td>Cleft Lip Repair; secondary, by recreation of defect and reclosure</td>
</tr>
<tr>
<td>40761</td>
<td>Digestive</td>
<td>Cleft Lip Repair w/ cross lip pedicle flap</td>
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<tr>
<td>40842</td>
<td>Digestive</td>
<td>Vestibuloplasty; Posterior, unilateral</td>
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<tr>
<td>40843</td>
<td>Digestive</td>
<td>Vestibuloplasty; Posterior, bilateral</td>
</tr>
<tr>
<td>40844</td>
<td>Digestive</td>
<td>Vestibuloplasty; entire arch</td>
</tr>
<tr>
<td>40845</td>
<td>Digestive</td>
<td>Vestibuloplasty; Complex (including ridge extension, muscle repositioning)</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure</td>
<td>Modifier</td>
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<tr>
<td>41120</td>
<td>Digestive Glossectomy: less than half of tongue</td>
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<tr>
<td>41130</td>
<td>Digestive Hemiglossectomy</td>
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<tr>
<td>41135</td>
<td>Digestive Glossectomy: partial w/ unilateral radical neck dissection</td>
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<tr>
<td>41140</td>
<td>Digestive Glossectomy: complete or total, w/ or w/o tracheostomy, w/o radical neck dissection</td>
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<tr>
<td>41145</td>
<td>Digestive Glossectomy: complete or total, w/ or w/o tracheostomy, w/ unilateral radical neck dissection</td>
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<tr>
<td>41150</td>
<td>Digestive Glossectomy: composite procedure w/ resection floor of mouth and mandibular resection, w/o radical neck dissection</td>
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<tr>
<td>41153</td>
<td>Digestive Glossectomy: composite procedure w/ resection floor of mouth w/ suprathyroid neck dissection</td>
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<tr>
<td>41155</td>
<td>Digestive Glossectomy: composite procedure w/ resection floor of mouth, mandibular resection and radical neck dissection (Commando type)</td>
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<tr>
<td>41250</td>
<td>Digestive * Tongue Repair; anterior</td>
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<tr>
<td>41251</td>
<td>Digestive * Tongue Repair; posterior</td>
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<td>41252</td>
<td>Digestive * Tongue Repair, floor of mouth</td>
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<tr>
<td>41500</td>
<td>Digestive * Tongue Repair (eg, K-wire)</td>
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<td>41510</td>
<td>Digestive * Tongue Repair (Douglas type procedure)</td>
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<td>41874</td>
<td>Digestive * Alveoplasty</td>
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<tr>
<td>42200</td>
<td>Digestive * Palatoplasty for cleft palate, soft and/or hard palate only</td>
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<tr>
<td>42205</td>
<td>Digestive * Palatoplasty for cleft palate, w/ closure of alveolar ridge; soft tissue only</td>
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<td>42210</td>
<td>Digestive * Palatoplasty for cleft palate, w/ closure of alveolar ridge; w/ bone graft to alveolar ridge (includes obtaining graft)</td>
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<tr>
<td>42215</td>
<td>Digestive * Palatoplasty for cleft palate; major revision</td>
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<tr>
<td>42220</td>
<td>Digestive * Palatoplasty for cleft palate; secondary lengthening procedure</td>
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<td>42225</td>
<td>Digestive * Palatoplasty for cleft palate; attachment pharyngeal flap</td>
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<tr>
<td>42410</td>
<td>Digestive Parotidectomy, excision, partial, w/o nerve dissection; facial nerve preservation</td>
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<tr>
<td>42415</td>
<td>Digestive Parotid gland or tumor excision, partial</td>
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<td>42420</td>
<td>Digestive Parotid gland or tumor excision, total</td>
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<tr>
<td>42425</td>
<td>Digestive Parotidectomy, excision, total, w/ dissection/ facial nerve preservation; en bloc removal w/ sacrifice facial nerve</td>
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<tr>
<td>42426</td>
<td>Digestive Parotidectomy, excision, total, w/ unilateral radical neck dissection</td>
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<tr>
<td>42820</td>
<td>Digestive * Tonsillectomy &amp; Adenoidectomy, younger than age 12</td>
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<tr>
<td>42825</td>
<td>Digestive * Tonsillectomy, younger than age 12</td>
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<tr>
<td>42842</td>
<td>Digestive Tonsil, tonsillar pillars, and/or retromolar trigone; Radical resection tonsil, w/o closure</td>
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<td>42844</td>
<td>Digestive Tonsil, tonsillar pillars, and/or retromolar trigone; Radical resection, closure w/ local flap (eg, tongue, buccal)</td>
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<tr>
<td>42845</td>
<td>Digestive Tonsil, tonsillar pillars, and/or retromolar trigone; Radical resection, closure w/ other flap</td>
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<tr>
<td>42892</td>
<td>Digestive Pharyngeal Wall Resection</td>
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<td>42894</td>
<td>Digestive Pharyngeal Wall Resection w/ flap</td>
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<tr>
<td>42950</td>
<td>Digestive Pharyngoplasty (plastic or reconstructive operation on pharynx)</td>
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<tr>
<td>42953</td>
<td>Digestive Pharyngoesophageal Repair</td>
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<tr>
<td>42962</td>
<td>Digestive * Hemorrhage control, primary or secondary (eg, post-tonsillectomy); w/ secondary surgical intervention</td>
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<td>42972</td>
<td>Digestive * Hemorrhage control, primary or secondary (eg, postadenoidectomy); w/ secondary surgical intervention</td>
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<tr>
<td>43020</td>
<td>Digestive Esophagostomy w/ removal foreign body; cervical approach</td>
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<tr>
<td>43030</td>
<td>Digestive * Cricopharyngeal myotomy</td>
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<tr>
<td>43045</td>
<td>Digestive Esophagostomy w/ removal foreign body; thoracic approach</td>
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<tr>
<td>43100</td>
<td>Digestive Esophagus lesion, excision w/ primary repair, cervical approach</td>
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<tr>
<td>43101</td>
<td>Digestive Esophagus lesion, excision w/ primary repair; thoracic or abdominal approach</td>
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<tr>
<td>43107</td>
<td>Digestive Esophagectomy; total or near total, w/o thoracotomy; w/ pharyngogastrostomy or cervical esophagogastrostomy, w/ or w/o pyloroplasty (transhiatal)</td>
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<tr>
<td>43108</td>
<td>Digestive Esophagectomy; total or near total, w/ colon reconstruction</td>
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<tr>
<td>43112</td>
<td>Digestive Esophagostomy; total or near total, w/ thoracotomy</td>
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<tr>
<td>43113</td>
<td>Digestive Esophagogastrostomy; w/ thoracotomy</td>
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<tr>
<td>43116</td>
<td>Digestive Esophagopathy; partial, cervical, w/ free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction</td>
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<tr>
<td>43117</td>
<td>Digestive Esophagectomy; partial, distal 2/3, w/ thoracotomy and separate abdominal incision, w/ or w/o proximal gastrectomy; w/ thoracic esophagogastrostomy, w/ or w/o pyloroplasty (Ivor Lewis)</td>
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<tr>
<td>Procedure Description</td>
<td>CPT Code</td>
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<td>--------------------------------------------------------------------------------------</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication), via thoracotomy, w/o implantation of mesh or other prosthesis</td>
<td>43120</td>
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<tr>
<td>Esophagectomy; partial, distal 2/3, w/ thoracotomy and separate abdominal incision, w/o w/o proximal gastrectomy; w/ colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)</td>
<td>43118</td>
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<tr>
<td>Esophagectomy; partial, distal 2/3, w/ thoracotomy only, w/ or w/o proximal gastrectomy, w/ thoracic esophagogastrectomy, w/ or w/o pyloroplasty</td>
<td>43121</td>
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<tr>
<td>Esophagectomy; partial, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ esophagogastrectomy, w/ or w/o pyloroplasty</td>
<td>43122</td>
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<tr>
<td>Esophagectomy; partial, thoracoabdominal or abdominal approach, w/ or w/o proximal gastrectomy; w/ colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)</td>
<td>43123</td>
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<tr>
<td>Esophagectomy; total or partial w/o reconstruction, w/ cervical esophagostomy</td>
<td>43124</td>
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<tr>
<td>Diverticulectomy hypopharynx or esophagus, w/ or w/o myotomy; cervical approach</td>
<td>43130</td>
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<tr>
<td>Diverticulectomy hypopharynx or esophagus, w/ or w/o myotomy; thoracic approach</td>
<td>43135</td>
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<tr>
<td>Esophagostomy (Heller type), w/ fundoplasty, laparoscopic</td>
<td>43279</td>
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<tr>
<td>Esophagogastric fundoplasty (eg, Nissen, Toupet procedures), laparoscopic</td>
<td>43280</td>
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<tr>
<td>Paraesophageal hernia repair, includes fundoplasty, when performed; w/o implantation of mesh Fundoplasty, esophagogastric hernia, laparoscopic</td>
<td>43281</td>
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<tr>
<td>Fundoplasty, paraesophageal hernia repair; w/ implantation of mesh, laparoscopic</td>
<td>43282</td>
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<tr>
<td>Esophagogastrectomy (cardioplasty), w/ or w/o vagotomy and pyloroplasty, transabdominal or transthoracic approach</td>
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<tr>
<td>Esophagoplasty, cervical approach w/ repair of tracheoesophageal fistula</td>
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<tr>
<td>Esophagoplasty, cervical approach w/ repair of tracheoesophageal fistula</td>
<td>43310</td>
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<tr>
<td>Esophagoplasty, thoracic approach w/ repair of tracheoesophageal fistula</td>
<td>43312</td>
<td></td>
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<tr>
<td>Esophagoplasty, thoracic approach w/ repair of congenital tracheoesophageal fistula</td>
<td>43313</td>
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<tr>
<td>Esophagoplasty, thoracic approach w/ repair of congenital tracheoesophageal fistula</td>
<td>43314</td>
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<tr>
<td>Esophagogastroplasty for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion: w/ stomach, w/ or w/o pyloroplasty</td>
<td>43320</td>
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<tr>
<td>Fundoplasty; esophagogastric w/ fundic patch (Thal- Nissen procedure)</td>
<td>43325</td>
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<tr>
<td>Fundoplasty; esophagogastric; partial or complete; laparotomy</td>
<td>43327</td>
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<td>Fundoplasty; esophagogastric; partial or complete; thoracotomy</td>
<td>43328</td>
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<tr>
<td>Esophagomyotomy (Heller type); abdominal approach</td>
<td>43330</td>
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<tr>
<td>Esophagomyotomy (Heller type); thoracic approach</td>
<td>43331</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication) via laparotomy w/o implantation of mesh or other prosthesis</td>
<td>43332</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication) w/ implantation of mesh or other prosthesis</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication), via thoracotomy, w/o implantation of mesh or other prosthesis</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication), via thoracotomy, w/o implantation of mesh or other prosthesis</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication), via thoracotomy, w/o implantation of mesh or other prosthesis</td>
<td>43336</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication), via thoracoabdominal incision, w/o implantation of mesh or other prosthesis</td>
<td>43337</td>
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<tr>
<td>Hiatal hernia repair, paraesophageal (including fundoplication), via thoracoabdominal incision, except neonatal; w/ implantation of mesh or other prosthesis</td>
<td>43338</td>
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<tr>
<td>Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion: w/ stomach, w/ or w/o pyloroplasty</td>
<td>43339</td>
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<tr>
<td>Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion: w/ colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)</td>
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<tr>
<td>Esophageal varices, direct</td>
<td>43341</td>
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<tr>
<td>Esophagus transection w/ repair for esophageal varices</td>
<td>43342</td>
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<tr>
<td>Esophageal Perforation, ligation or stapling at gastroesophageal junction for pre-existing perforation</td>
<td>43343</td>
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<tr>
<td>Esophageal Perforation Repair; cervical approach</td>
<td>43344</td>
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<tr>
<td>Esophageal Perforation Repair; transthoracic or transabdominal approach</td>
<td>43345</td>
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<tr>
<td>Esophagostomy or fistula closure; cervical approach</td>
<td>43346</td>
<td></td>
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<tr>
<td>Esophagostomy or fistula closure; cervical approach</td>
<td>43347</td>
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<tr>
<td>Esophagostomy closure; cervical approach</td>
<td>43348</td>
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<tr>
<td>Esophagostomy closure; thoracic approach</td>
<td>43349</td>
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<td>Esophagostomy closure; thoracic approach</td>
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<td>Esophagostomy closure; thoracic approach</td>
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<td>Esophagostomy closure; thoracic approach</td>
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<tr>
<td>Esophagostomy closure; thoracic approach</td>
<td>43353</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>43425</td>
<td>Digestive Esophagostomy or fistula closure; transthoracic or transabdominal</td>
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<tr>
<td></td>
<td>approach</td>
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<td>43496</td>
<td>Digestive Free jejenum transfer w/ microvascular anastomosis</td>
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<td>43500</td>
<td>Digestive Gastrotomy w/ exploration or foreign body removal</td>
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<td>43501</td>
<td>Digestive Gastrotomy w/ suture repair of bleeding ulcer</td>
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<td>43502</td>
<td>Digestive Gastrotomy w/ suture repair of esophageal laceration (Mallory-Weiss)</td>
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<td>43510</td>
<td>Digestive Gastrotomy w/ esophageal dilation and insertion of tube</td>
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<td>43520</td>
<td>Digestive Pyloromyotomy (Fredet-Ramstedt type operation)</td>
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<td>43605</td>
<td>Digestive Stomach Biopsy, by laparotomy</td>
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<tr>
<td>43610</td>
<td>Digestive Excision, local; ulcer or benign tumor of stomach</td>
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<tr>
<td>43611</td>
<td>Digestive Excision, local; malignant tumor of stomach</td>
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<tr>
<td>43620</td>
<td>Digestive Gastrectomy, total w/ esophagoenterostomy</td>
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<td>43621</td>
<td>Digestive Gastrectomy, total; w/ Roux-en-Y reconstruction</td>
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<td>43622</td>
<td>Digestive Gastrectomy, total w/ formation of intestinal pouch</td>
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<tr>
<td>43631</td>
<td>Digestive Gastrectomy, partial, distal w/ gastroduodenostomy</td>
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<td>43632</td>
<td>Digestive Gastrectomy, partial, distal w/ gastrojejunitosomy</td>
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<td>43634</td>
<td>Digestive Gastrectomy, partial, distal w/ formation of intestinal pouch</td>
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<td>43635</td>
<td>Digestive Gastrectomy, partial, distal w/ vagotomy</td>
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<td>43640</td>
<td>Digestive Vagotomy including pyloroplasty, w/ or w/o gastrostomy; truncal</td>
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<td>or selective</td>
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<td>43647</td>
<td>Digestive * Gastric neurostimulator electrodes implantation or replacement,</td>
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<tr>
<td></td>
<td>antrum, laparoscopic</td>
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<tr>
<td>43648</td>
<td>Digestive * Gastric neurostimulator electrodes revision or removal, antrum,</td>
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<tr>
<td></td>
<td>laparoscopic</td>
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<td>43653</td>
<td>Digestive Gastroscopy, w/o construction of gastric tube (eg, Stamm procedure), laparoscopic</td>
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<td>43800</td>
<td>Digestive Pyloroplast</td>
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<td>43810</td>
<td>Digestive Gastroduodenostomy</td>
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<td>43820</td>
<td>Digestive Gastrojejunitosmy w/o vagotomy</td>
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<td>43825</td>
<td>Digestive Gastrojejunitosmy w/ vagotomy</td>
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<td>43830</td>
<td>Digestive Gastrostomy, open; w/o construction of gastric tube (eg, Stamm</td>
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<td></td>
<td>procedure)</td>
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<td>43832</td>
<td>Digestive Gastroplasty, Revision (Janeway Procedure)</td>
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<td>43840</td>
<td>Digestive Gastrohraphy, suture of perforated duodenal or gastric ulcer, w/o</td>
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<td></td>
<td>injury</td>
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<td>43850</td>
<td>Digestive Gastroduodenal anastomosis revision (gastroduodenostomy) w/</td>
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<td></td>
<td>reconstruction; w/o vagotomy</td>
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<td>43855</td>
<td>Digestive Gastroduodenal anastomosis revision (gastroduodenostomy) w/</td>
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<td></td>
<td>reconstruction; w/ vagotomy</td>
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<tr>
<td>43865</td>
<td>Digestive Gastrojejunal anastomosis revision (gastrojejunitosmy) w/</td>
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<td></td>
<td>reconstruction; w/ or w/o partial gastrectomy or intestinal resection; w/</td>
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<td></td>
<td>vagotomy</td>
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<tr>
<td>43881</td>
<td>Digestive * Gastric neurostimulator electrodes implantation or replacement,</td>
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<tr>
<td></td>
<td>antrum</td>
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<tr>
<td>43882</td>
<td>Digestive * Gastric neurostimulator electrodes revision or removal, antrum</td>
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<tr>
<td>44005</td>
<td>Digestive Lysis of adhesions (enterolysis)</td>
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<tr>
<td>44020</td>
<td>Digestive Enterotomy, small intestines for exploration, biopsy (s), or</td>
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<td></td>
<td>foreign body removal</td>
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<tr>
<td>44025</td>
<td>Digestive Colotomy, for exploration, biopsy (s), or foreign body removal</td>
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<tr>
<td>44050</td>
<td>Digestive Volvulus Reduction, intussusception, internal hernia, by</td>
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<tr>
<td></td>
<td>laparotomy</td>
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<tr>
<td>44055</td>
<td>Digestive Correction of malrotation by lysis of duodenal bands and/or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reduction of midgut volvulus (eg, Ladd Procedure)</td>
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<tr>
<td>44110</td>
<td>Digestive Excision of One or More Lesions of Small or Large Bowel Not</td>
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<tr>
<td></td>
<td>Requiring Anastomosis, Exteriorization, or Fistulization; Single Enterotomy</td>
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<tr>
<td>44120</td>
<td>Digestive Enterectomy, resection small intestine; single resection and</td>
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<tr>
<td></td>
<td>anastomosis</td>
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</tr>
<tr>
<td>44121</td>
<td>Digestive Enterectomy, resection small intestine; each additional resection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and anastomosis</td>
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<tr>
<td>44125</td>
<td>Digestive Enterectomy, resection small intestine w/ enterostomy</td>
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<tr>
<td>44126</td>
<td>Digestive Enterectomy, resection small intestine for congenital atresia,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>single resection and anastomosis of proximal segment of intestine; w/o</td>
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</tr>
<tr>
<td></td>
<td>tapering</td>
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<tr>
<td>44127</td>
<td>Digestive Enterectomy, resection of small intestine for congenital atresia,</td>
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</tr>
<tr>
<td></td>
<td>single resection and anastomosis of proximal segment of intestine; w/</td>
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<td>tapering</td>
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<tr>
<td>44130</td>
<td>Digestive Enteroenterostomy, anastomosis of intestine, w/ or w/o cutaneous</td>
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<tr>
<td></td>
<td>enterostomy</td>
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<tr>
<td>44140</td>
<td>Digestive Colectomy, partial; w/ anastomosis</td>
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<td>44141</td>
<td>Digestive Colectomy, partial; w/ cecostomy or colectomy</td>
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<tr>
<td>44143</td>
<td>Digestive Colectomy, partial; w/ end colostomy and closure of distal segment,</td>
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<tr>
<td></td>
<td>Hartmann type procedure</td>
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</table>
| Code  | Description                                                                                   | Value
|-------|-----------------------------------------------------------------------------------------------|------
| 44144 | Colectomy, partial; w/ resection, w/ colostomy or ileostomy and creation of mucofistula     | 5    
| 44145 | Colectomy, partial; w/ coloproctostomy (low pelvic anastomosis)                              | 5    
| 44146 | Colectomy, partial; w/ coloproctostomy (low pelvic anastomosis), w/ colostomy                | 5    
| 44147 | Colectomy, partial; abdominal and transanal approach                                         | 5    
| 44150 | Colectomy, total, abdominal, w/o proctectomy; w/ ileostomy or ileoproctostomy               | 5    
| 44151 | Colectomy total, abdominal, w/ continent ileostomy                                           | 5    
| 44155 | Colectomy total, abdominal, w/ ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed | 5    
| 44156 | Colectomy total, abdominal, w/ ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed | 5    
| 44160 | Colectomy partial w/ removal of terminal ileum w/ ileocolostomy                             | 5    
| 44180 | Enterolysis (freeing of intestinal adhesion); laparoscopic                                  | 4    
| 44187 | Ileostomy or jejunostomy; laparoscopic                                                        | 4    
| 44188 | Colectomy or cecostomy; laparoscopic                                                          | 4    
| 44202 | Enterectomy, resection of small intestine, single resection and anastomosis, laparoscopic     | 4    
| 44204 | Colectomy, partial w/ anastomosis, laparoscopic                                               | 4    
| 44205 | Colectomy, partial w/ removal of terminal ileum with ileocolostomy, laparoscopic             | 4    
| 44206 | Colectomy, partial w/ end colostomy and closure of distal segment (Hartmann type procedure), laparoscopic | 4    
| 44207 | Colectomy, partial w/ anastomosis, w/ coloproctostomy (low pelvic anastomosis), laparoscopic | 4    
| 44208 | Colectomy, partial w/ anastomosis, w/ coloproctostomy (low pelvic anastomosis) w/ colostomy, laparoscopic | 4    
| 44210 | Colectomy, total, abdominal, w/o proctectomy, w/ ileostomy or ileoproctostomy, laparoscopic  | 4    
| 44211 | Colectomy, total, abdominal, w/ proctectomy, w/ ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy includes rectal mucosectomy, when performed, laparoscopic | 4    
| 44212 | Colectomy, total, abdominal, w/ proctectomy, w/ ileostomy, laparoscopic                       | 4    
| 44227 | Enterostomy closure (large or small intestines), w/resection and anastomosis, laparoscopic    | 4    
| 44300 | Enterostomy or Cecostomy, placement tube                                                      | 1    
| 44310 | Ileostomy or jejunostomy, non-tube                                                             | 3    
| 44312 | Ileostomy revision; simple (release of superficial scar)                                      | 3    
| 44314 | Ileostomy revision; complicated (reconstruction in-depth)                                     | 3    
| 44316 | Continent ileostomy (Kock Procedure)                                                          | 3    
| 44320 | Colectomy or cecostomy                                                                        | 3    
| 44322 | Colectomy or cecostomy; w/ multiple biopsies (eg, for congenital megacolon)                   | 3    
| 44340 | Colectomy revision; simple (release of superficial scar)                                     | 3    
| 44345 | Colectomy revision; complicated (reconstruction in-depth)                                     | 3    
| 44346 | Colectomy revision; w/ repair of paracolostomy hernia                                        | 3    
| 44602 | Enterorrhaphy; suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; single perforation | 5    
| 44603 | Enterorrhaphy; suture of small intestine for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations | 5    
| 44604 | Colorrhaphy; suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/o colostomy | 5    
| 44605 | Colorrhaphy; suture of large intestine for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); w/ colostomy | 5    
| 44615 | Enterotomy and enterorrhaphy intestinal stricturoplasty; w or w/o dilation, for intestinal obstruction | 5    
| 44620 | Enterostomy closure (small or large intestines)                                               | 5    
| 44625 | Enterostomy closure w/ resection and anastomosis                                              | 5    
| 44626 | Enterostomy closure w/ resection and anastomosis (eg, closure of Hartmann type procedure)      | 5    
| 44640 | Fistula closure, intestinal cutaneous                                                        | 5    
| 44650 | Fistula closure, Intestinal enterocutaneous or enterocolic                                     | 5    
| 44660 | Fistula closure, Intestinal enterovesical; w/o intestinal or bladder resection                | 5    
| 44661 | Fistula closure, Intestinal enterovesical fistula; w/ intestine and/or bladder resection     | 5    
| 44680 | Intestinal Plication                                                                         | 3    

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<table>
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<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>44800</td>
<td>Digestive Meckel's Diverticulum Excision (diverticulectomy) or omphalomesenteric duct</td>
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<td>44900</td>
<td>Digestive I &amp; D Appendiceal Abscess</td>
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<td>44950</td>
<td>Digestive Appendectomy</td>
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<td>44960</td>
<td>Digestive Appendectomy; ruptured w/ abscess or generalized peritonitis (open or lap)</td>
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<td>44970</td>
<td>Digestive * Appendectomy, <strong>Laparoscopic</strong></td>
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<td>45108</td>
<td>Digestive * Myomectomy, Anorectal</td>
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<tr>
<td>45110</td>
<td>Digestive Proctectomy; complete, combined abdominoperineal, w/ colostomy</td>
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<tr>
<td>45111</td>
<td>Digestive Proctectomy; partial resection of rectum, transabdominal approach</td>
<td>5</td>
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<tr>
<td>45112</td>
<td>Digestive Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)</td>
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<tr>
<td>45113</td>
<td>Digestive Proctectomy, partial, w/ rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), w/ or w/o loop ileostomy</td>
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<tr>
<td>45114</td>
<td>Digestive Proctectomy, partial, w/ anastomosis; abdominal and transsacral approach</td>
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<tr>
<td>45116</td>
<td>Digestive Proctectomy, partial, w/ anastomosis; transsacral approach only (Kraske type)</td>
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<tr>
<td>45119</td>
<td>Digestive Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), w/ creation of colonic reservoir (eg, J-pouch), w/ diverting enterostomy when performed</td>
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</tr>
<tr>
<td>45120</td>
<td>Digestive Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)</td>
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<tr>
<td>45121</td>
<td>Digestive Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; w/ subtotal or total colectomy, w/ multiple biopsies</td>
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<tr>
<td>45123</td>
<td>Digestive Proctectomy, partial, w/o anastomosis, perineal approach</td>
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<tr>
<td>45126</td>
<td>Digestive Pelvic Exenteration for colorectal malignancy, w/ proctectomy (w/ or w/out colostomy), w/ removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), or any combination thereof</td>
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<td>45136</td>
<td>Digestive Ileoanal reservoir excision w/ ileostomy</td>
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<tr>
<td>45395</td>
<td>Digestive Proctectomy, complete, combined abdominoperineal, w/ colostomy, <strong>laparoscopic</strong></td>
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<tr>
<td>45397</td>
<td>Digestive Proctectomy, complete, combined abdominoperineal pull-through procedure, (eg, colo-anal anastomosis), w/ creation of colonic reservoir (eg, J-pouch), w/ diverting enterostomy, when performed; <strong>laparoscopic</strong></td>
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<tr>
<td>45400</td>
<td>Digestive Proctoplexy, for prolapse, <strong>Laparoscopic</strong></td>
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<td>45402</td>
<td>Digestive Proctoplexy, for prolapse w/ sigmoid section, <strong>Laparoscopic</strong></td>
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<td>45540</td>
<td>Digestive Proctoplexy, for prolapse, abdominal approach</td>
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<td>45541</td>
<td>Digestive Proctoplexy, for prolapse, perineal approach</td>
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<td>45550</td>
<td>Digestive Proctoplexy, for prolapse w/ sigmoid section, abdominal approach</td>
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<td>45560</td>
<td>Digestive * Rectocele Repair</td>
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<td>46200</td>
<td>Digestive * Fissurectomy, including sphincterotomy, when performed</td>
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<tr>
<td>46700</td>
<td>Digestive * Anoplasty</td>
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<td>46705</td>
<td>Digestive * Anoplasty, plastic operation for stricture; infant</td>
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<td>46716</td>
<td>Digestive Low imperforate anus repair; w/ transposition of anoperineal or anovestibular fistula</td>
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<td>46751</td>
<td>Digestive Sphincteroplasty, anal, for incontinence or prolapse; child</td>
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<tr>
<td>47010</td>
<td>Digestive Hepatotomy; drainage of abscess or cyst, open</td>
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<tr>
<td>47120</td>
<td>Digestive Hepatectomy, resection of liver; partial lobectomy</td>
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<tr>
<td>47122</td>
<td>Digestive Hepatectomy, resection of liver; trisegmentectomy</td>
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<tr>
<td>47125</td>
<td>Digestive Hepatectomy, resection of liver; total left lobectomy</td>
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<tr>
<td>47130</td>
<td>Digestive Hepatectomy, resection of liver; total right lobectomy</td>
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<tr>
<td>47350</td>
<td>Digestive Hepatic: Repair, simple suture</td>
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<tr>
<td>47360</td>
<td>Digestive Hepatic: Repair, complex suture, w/ or w/o hepatic artery ligation</td>
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<tr>
<td>47361</td>
<td>Digestive Hepatic: Exploration of wound, debridement, coagulation and/or suture, w/ or w/o packing</td>
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<tr>
<td>47362</td>
<td>Digestive Hepatic: Re Exploration wound for removal of packing</td>
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<tr>
<td>47400</td>
<td>Digestive Hepaticectomy or Hepaticostomy w/ exploration, drainage or removal of calculus</td>
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<tr>
<td>47420</td>
<td>Digestive Choledochotomy or Choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/o transduodenal sphincterotomy or sphincteroplast</td>
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<tr>
<td>47425</td>
<td>Digestive Choledochotomy or Choledochostomy w/ exploration, drainage, or removal of calculus, w/ or w/o cholecystotomy; w/ transduodenal sphincterotomy or sphincteroplast</td>
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<tr>
<td>47480</td>
<td>Digestive Cholecystotomy or Cholecystostomy w/ exploration, drainage, or removal of calculus</td>
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<tr>
<td>47490</td>
<td>Digestive * Cholecystotomy, <strong>percutaneous</strong>, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed</td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>47560</td>
<td>Digestive Cholangiography, transhepatic w/o biopsy; laparoscopic</td>
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<td>47562</td>
<td>Digestive Cholecystectomy, laparoscopic</td>
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<tr>
<td>47563</td>
<td>Digestive Cholecystectomy, w/ cholangiography; laparoscopic</td>
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<tr>
<td>47564</td>
<td>Digestive Cholecystectomy w/ exploration of common duct; laparoscopic</td>
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<tr>
<td>47570</td>
<td>Digestive Cholecystoenterostomy, laparoscopic</td>
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<td>47600</td>
<td>Digestive Cholecystectomy</td>
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<tr>
<td>47605</td>
<td>Digestive Cholecystectomy w/ cholangiography</td>
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<td>47610</td>
<td>Digestive Cholecystectomy w/ duct exploration</td>
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<td>47612</td>
<td>Digestive Cholecystectomy w/ duct exploration; w/ choledochoenterostomy</td>
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<td>47620</td>
<td>Digestive Cholecystectomy w/ duct exploration; w/ transduodenal sphincterotomy or sphincteroplasty, w/ or w/o cholangiography</td>
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<td>47720</td>
<td>Digestive Cholecystoenterostomy</td>
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<td>47721</td>
<td>Digestive Cholecystoenterostomy w/ gastroenterostomy</td>
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<td>47740</td>
<td>Digestive Cholecystoenterostomy; Roux-en-Y</td>
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<td>47741</td>
<td>Digestive Cholecystoenterostomy; Roux-en-Y w/ gastroenterostomy</td>
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<tr>
<td>47760</td>
<td>Digestive Choledochoenterostomy (Anastomosis, of extrahaepatic biliary ducts and gastrointestinal tract)</td>
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<td>47780</td>
<td>Digestive Anastomosis, Roux-en-Y, of extrahaepatic biliary ducts and gastrointestinal tract</td>
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<tr>
<td>47785</td>
<td>Digestive Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract</td>
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<td>48100</td>
<td>Digestive Pancreas, Biopsy (eg, fine needle aspiration, needle core biopsy, wedge biopsy)</td>
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<td>48140</td>
<td>Digestive Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/o pancreaticojejunostomy</td>
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<tr>
<td>48145</td>
<td>Digestive Pancreatectomy, distal subtotal, w/ or w/o splenectomy; w/ pancreaticojejunostomy</td>
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<tr>
<td>48146</td>
<td>Digestive Pancreatectomy, distal, near-total w/ preservation of duodenum (Child- type procedure)</td>
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<td>Digestive Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); w/ pancreaticojejunostomy</td>
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<td>Digestive Pancreatectomy, proximal subtotal w/ total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); w/o pancreaticojejunostomy</td>
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<td>Digestive Pancreatectomy, proximal subtotal w/ near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); w/ pancreaticojejunostomy</td>
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<td>Digestive Pancreatectomy, proximal subtotal w/ near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); w/o pancreaticojejunostomy</td>
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<tr>
<td>48155</td>
<td>Digestive Pancreatectomy, total</td>
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<tr>
<td>48510</td>
<td>Digestive Pancreatic pseudocyst drainage</td>
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<td>48520</td>
<td>Digestive Pancreatocystogastrostomy</td>
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<td>48548</td>
<td>Digestive Pancreatocystogastrostomy (Puestow- type operation)</td>
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<td>49000</td>
<td>Digestive Exploratory Laparotomy, exploratory celiotomy w/ or w/o biopsy(s)</td>
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<td>49010</td>
<td>Digestive Exploration, retroperitoneal area w/ or w/out biopsy(s)</td>
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<td>49020</td>
<td>Digestive Drainage peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open</td>
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<td>49203</td>
<td>Digestive Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less</td>
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<tr>
<td>49204</td>
<td>Digestive Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter</td>
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<tr>
<td>49205</td>
<td>Digestive Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter</td>
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<td>49220</td>
<td>Digestive Laparotomy, staging for lymphoma or Hodgkins disease (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)</td>
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<td>49255</td>
<td>Digestive Omentectomy, epiploectomy, resection of omentum</td>
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<td>49425</td>
<td>Digestive Peritoneal-venous shunt insertion</td>
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<td>49426</td>
<td>Digestive Peritoneal-venous shunt revision</td>
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<td>Digestive Gastrostomy tube placement, percutaneous</td>
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<td>49441</td>
<td>Digestive Duodenostomy or jejunostomy tube placement, percutaneous</td>
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<td>49442</td>
<td>Digestive Cecostomy tube placement, percutaneous</td>
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<td>49446</td>
<td>Digestive Gastrostomy tube conversion to gastro-jejunostomy tube, percutaneous</td>
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<td>Code</td>
<td>Category</td>
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<tr>
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<td>Digestive</td>
<td>Gastrostomy or Cecostomy tube replacement, <em>percutaneous</em></td>
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<td>49451</td>
<td>Digestive</td>
<td>Duodenostomy or jejunostomy tube replacement, <em>percutaneous</em></td>
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<td>49452</td>
<td>Digestive</td>
<td>Gastro-jejunostomy tube replacement, <em>percutaneous</em></td>
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<tr>
<td>49492</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, w/ or w/o hydrocelectomy; incarcerated or strangulated</td>
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<tr>
<td>49496</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, w/ or w/o hydrocelectomy; incarcerated or strangulated</td>
</tr>
<tr>
<td>49501</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair, age 6 months to younger than 5 years, w/ or w/o hydrocelectomy; incarcerated or strangulated</td>
</tr>
<tr>
<td>49507</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair, age 5 years or older; incarcerated or strangulated</td>
</tr>
<tr>
<td>49520</td>
<td>Digestive</td>
<td>Repair recurrent inguinal hernia, any age; reducible</td>
</tr>
<tr>
<td>49521</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair, any age; incarcerated or strangulated</td>
</tr>
<tr>
<td>49560</td>
<td>Digestive</td>
<td>Hernia, Ventral or Incisional repair</td>
</tr>
<tr>
<td>49561</td>
<td>Digestive</td>
<td>Hernia, Ventral or Incisional repair; Incarcerated or Strangulated</td>
</tr>
<tr>
<td>49565</td>
<td>Digestive</td>
<td>Hernia, Ventral or Incisional repair; reducible</td>
</tr>
<tr>
<td>49566</td>
<td>Digestive</td>
<td>Hernia, Ventral or Incisional repair; recurrent, Incarcerated or Strangulated</td>
</tr>
<tr>
<td>49568</td>
<td>Digestive</td>
<td>Hernia, Incisional or Ventral repair; Implantation of mesh or other prosthesis for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)</td>
</tr>
<tr>
<td>49580</td>
<td>Digestive</td>
<td>Hernia, Umbilical repair, younger than age 5 years; reducible</td>
</tr>
<tr>
<td>49585</td>
<td>Digestive</td>
<td>Hernia, Umbilical repair, age 5 years or older; reducible</td>
</tr>
<tr>
<td>49582</td>
<td>Digestive</td>
<td>Hernia, Umbilical repair, younger than age 5 years; incarcerated or strangulated</td>
</tr>
<tr>
<td>49587</td>
<td>Digestive</td>
<td>Hernia, Umbilical repair; Incarcerated or Strangulated</td>
</tr>
<tr>
<td>49590</td>
<td>Digestive</td>
<td>Hernia, Spigelian repair</td>
</tr>
<tr>
<td>49600</td>
<td>Digestive</td>
<td>Omphalocele Repair, small</td>
</tr>
<tr>
<td>49605</td>
<td>Digestive</td>
<td>Omphalocele or Gastoschisis Repair, large</td>
</tr>
<tr>
<td>49606</td>
<td>Digestive</td>
<td>Omphalocele or Gastoschisis Repair w/ removal of prosthesis</td>
</tr>
<tr>
<td>49610</td>
<td>Digestive</td>
<td>Omphalocele Repair (Gross type operation); first stage</td>
</tr>
<tr>
<td>49611</td>
<td>Digestive</td>
<td>Omphalocele Repair (Gross type operation); second stage</td>
</tr>
<tr>
<td>49650</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair; initial <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49651</td>
<td>Digestive</td>
<td>Hernia, Inguinal repair; recurrent <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49652</td>
<td>Digestive</td>
<td>Hernia, Ventral, Umbilical, Spigelian, or Epigastric repair; reducible <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49653</td>
<td>Digestive</td>
<td>Hernia, Ventral, Umbilical, Spigelian, or Epigastric repair; incarcerated or strangulated <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49654</td>
<td>Digestive</td>
<td>Hernia, Incisional repair; reducible <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49655</td>
<td>Digestive</td>
<td>Hernia, Incisional repair; incarcerated or strangulated <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49656</td>
<td>Digestive</td>
<td>Hernia, Incisional repair; recurrent reducible <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49657</td>
<td>Digestive</td>
<td>Hernia, Incisional repair; recurrent, incarcerated or strangulated <em>Laparoscopic</em></td>
</tr>
<tr>
<td>49904</td>
<td>Skin</td>
<td>Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)</td>
</tr>
<tr>
<td>49906</td>
<td>Skin</td>
<td>Omental Flap, free w/ microvascular anastomosis</td>
</tr>
<tr>
<td>50010</td>
<td>Urinary</td>
<td>Renal Exploration</td>
</tr>
<tr>
<td>50020</td>
<td>Urinary</td>
<td>Renal Abscess Drainage</td>
</tr>
<tr>
<td>50040</td>
<td>Urinary</td>
<td>Nephrostomy, nephrotomy w/ drainage</td>
</tr>
<tr>
<td>50045</td>
<td>Urinary</td>
<td>Nephrotoomy w/ exploration</td>
</tr>
<tr>
<td>50060</td>
<td>Urinary</td>
<td>Nephrolithotomy; removal of calculus</td>
</tr>
<tr>
<td>50065</td>
<td>Urinary</td>
<td>Nephrolithotomy; secondary surgical operation for calculus</td>
</tr>
<tr>
<td>50070</td>
<td>Urinary</td>
<td>Nephrolithotomy; complicated by congenital kidney abnormality</td>
</tr>
<tr>
<td>50075</td>
<td>Urinary</td>
<td>Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)</td>
</tr>
<tr>
<td>50080</td>
<td>Urinary</td>
<td>*Nephrolithotomy or Pyelolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm <em>Percutaneous</em></td>
</tr>
<tr>
<td>50081</td>
<td>Urinary</td>
<td>*Nephrolithotomy or Pyelolithotomy w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm <em>Percutaneous</em></td>
</tr>
<tr>
<td>50100</td>
<td>Urinary</td>
<td>Transection or repositioning of aberrant renal vessels</td>
</tr>
<tr>
<td>50120</td>
<td>Urinary</td>
<td>Pyelotomy, w/ exploration</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>50125</td>
<td>Urinary Pyelotomy, w/ drainage, pyelostomy</td>
<td>2</td>
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<tr>
<td>50130</td>
<td>Urinary Pyelotomy, w/ removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)</td>
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<tr>
<td>50135</td>
<td>Urinary Pyelotomy, Complicated (eg, secondary operation, congenital kidney abnormality)</td>
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<tr>
<td>50220</td>
<td>Urinary Nephrectomy, including partial ureterectomy</td>
<td>3</td>
</tr>
<tr>
<td>50225</td>
<td>Urinary Nephrectomy, including partial ureterectomy</td>
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</tr>
<tr>
<td>50230</td>
<td>Urinary Nephrectomy, including partial ureterectomy; radical, w/ regional lymphadenectomy and/or vena cava thrombectomy</td>
<td>3</td>
</tr>
<tr>
<td>50234</td>
<td>Urinary Nephrectomy, w/ total ureterectomy and bladder cuff</td>
<td>3</td>
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<tr>
<td>50236</td>
<td>Urinary Nephrectomy, total ureterectomy and bladder cuff</td>
<td>3</td>
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<tr>
<td>50240</td>
<td>Urinary Nephrectomy; Partial</td>
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<tr>
<td>50280</td>
<td>Urinary Kidney cyst(s) Excision or unroofing</td>
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<tr>
<td>50290</td>
<td>Urinary Perinephric cyst Excision</td>
<td>1</td>
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<tr>
<td>50360</td>
<td>Urinary Renal allotransplantation, implantation of graft; w/o recipient nephrectomy</td>
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<tr>
<td>50365</td>
<td>Urinary Renal allotransplantation, implantation of graft; w/ recipient nephrectomy</td>
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<tr>
<td>50400</td>
<td>Urinary Pyeloplasty (Foley Y-pyeloplasty), simple</td>
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<tr>
<td>50405</td>
<td>Urinary Pyeloplasty (Foley Y-pyeloplasty), complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyceoplasty)</td>
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<tr>
<td>50500</td>
<td>Urinary Nephrohraphy, suture of kidney wound or injury</td>
<td>2</td>
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<tr>
<td>50520</td>
<td>Urinary Nephroureterostomy</td>
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<tr>
<td>50525</td>
<td>Urinary Nephroureterostomy</td>
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<tr>
<td>50526</td>
<td>Urinary Nephroureterostomy</td>
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<tr>
<td>50540</td>
<td>Urinary Symphysiotomy for Horseshoe Kidney w or w/o pyeloplasty</td>
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<tr>
<td>50541</td>
<td>Urinary Ablation of Renal Cysts; Laparoscopic</td>
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<tr>
<td>50543</td>
<td>Urinary Nephrectomy; Partial Laparoscopic</td>
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<tr>
<td>50544</td>
<td>Urinary Pyeloplasty, Laparoscopic</td>
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<tr>
<td>50545</td>
<td>Urinary Nephrectomy, Radical Laparoscopic</td>
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<tr>
<td>50546</td>
<td>Urinary Nephrectomy, including partial ureterectomy, Laparoscopic</td>
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<tr>
<td>50548</td>
<td>Urinary Nephrectomy, w/ total ureterectomy, Laparoscopic</td>
<td>2</td>
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<tr>
<td>50562</td>
<td>Urinary Renal endoscopy through established nephrostomy or pyelostomy, w/ w/o irrigation, instillation, or ureteropyelography, exclusive of radiologic service; w/ resection of tumor</td>
<td>2</td>
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<tr>
<td>50600</td>
<td>Urinary Ureterotomy w/ exploration or drainage</td>
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<tr>
<td>50605</td>
<td>Urinary Ureterotomy for insertion of indwelling stent</td>
<td>2</td>
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<tr>
<td>50610</td>
<td>Urinary Ureterolithotomy; upper 1/3 of ureter</td>
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<tr>
<td>50620</td>
<td>Urinary Ureterolithotomy; middle 1/3 of ureter</td>
<td>2</td>
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<tr>
<td>50630</td>
<td>Urinary Ureterolithotomy; lower 1/3 of ureter</td>
<td>2</td>
</tr>
<tr>
<td>50650</td>
<td>Urinary Ureterectomy, w/ bladder cuff</td>
<td>2</td>
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<tr>
<td>50660</td>
<td>Urinary Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach</td>
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<tr>
<td>50700</td>
<td>Urinary Ureteroplasty (eg, stricture)</td>
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</tr>
<tr>
<td>50715</td>
<td>Urinary Ureterolysis, for Retropertitoneal Fibrosis</td>
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<tr>
<td>50722</td>
<td>Urinary Ureterolysis, for Ovarian Vein Syndrome</td>
<td>2</td>
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<tr>
<td>50725</td>
<td>Urinary Ureterolysis, for Retrocaval Ureter, w/ reanastomosis of upper urinary tract or vena cava</td>
<td>2</td>
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<tr>
<td>50727</td>
<td>Urinary Urinary-cutaneous anastomosis Revision (any type urostomy)</td>
<td>2</td>
</tr>
<tr>
<td>50728</td>
<td>Urinary Urinary-cutaneous anastomosis Revision w/ repair of fascial defect and hernia</td>
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<tr>
<td>50740</td>
<td>Urinary Ureteropyelostomy, anastomosis of ureter and renal pelvis</td>
<td>2</td>
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<tr>
<td>50750</td>
<td>Urinary Ureterocalycostomy, anastomosis of ureter to renal calyx</td>
<td>2</td>
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<tr>
<td>50760</td>
<td>Urinary Ureteroureterostomy</td>
<td>2</td>
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<tr>
<td>50770</td>
<td>Urinary Transureteroureterostomy</td>
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<tr>
<td>50780</td>
<td>Urinary Ureteroneocystostomy; anastomosis of single ureter to bladder</td>
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<tr>
<td>50782</td>
<td>Urinary Ureteroneocystostomy; anastomosis of duplicated ureter to bladder</td>
<td>2</td>
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<tr>
<td>50783</td>
<td>Urinary Ureteroneocystostomy; w/ extensive ureteral tailoring</td>
<td>2</td>
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<tr>
<td>50785</td>
<td>Urinary Ureteroneocystostomy; w/ vesico-psaas hitch or bladder flap</td>
<td>2</td>
</tr>
<tr>
<td>50800</td>
<td>Urinary Ureterointerostomy, direct anastomosis of ureter to intestine</td>
<td>3</td>
</tr>
<tr>
<td>CPT Code</td>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>50810</td>
<td>Urerterosigmoidostomy, w/ creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis</td>
<td>4</td>
</tr>
<tr>
<td>50815</td>
<td>Ureterocolon conduit, including intestine anastomosis</td>
<td>4</td>
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<tr>
<td>50820</td>
<td>Ureteroileal Conduit (ileal bladder), including intestine anastomosis (Bricker operation)</td>
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</tr>
<tr>
<td>50825</td>
<td>Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)</td>
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<tr>
<td>50830</td>
<td>Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy w/ ureteroureterostomy or ureteroneocystectomy)</td>
<td>5</td>
</tr>
<tr>
<td>50840</td>
<td>Ureter Replacement of all or part of by intestine segment, including intestine anastomosis</td>
<td>5</td>
</tr>
<tr>
<td>50845</td>
<td>Cutaneous appendico-vesicostomy</td>
<td>5</td>
</tr>
<tr>
<td>50860</td>
<td>Ureterostomy, transplantation of ureter to skin</td>
<td>2</td>
</tr>
<tr>
<td>50900</td>
<td>Ureterorrhaphy, suture of ureter</td>
<td>2</td>
</tr>
<tr>
<td>50920</td>
<td>Ureterocutaneous Fistula Repair</td>
<td>2</td>
</tr>
<tr>
<td>50930</td>
<td>Ureterovisceral Fistula Repair</td>
<td>2</td>
</tr>
<tr>
<td>50940</td>
<td>Ureter Deligation</td>
<td>2</td>
</tr>
<tr>
<td>50945</td>
<td>Ureterolithotomy, <em>laparoscopic</em></td>
<td>2</td>
</tr>
<tr>
<td>50947</td>
<td>Ureteroneocystostomy w/ cystoscopy and ureteral stent placement, <em>laparoscopic</em></td>
<td>2</td>
</tr>
<tr>
<td>50948</td>
<td>Ureteroneocystostomy w/o cystoscopy and ureteral stent placement, <em>laparoscopic</em></td>
<td>2</td>
</tr>
<tr>
<td>51550</td>
<td>Cystectomy, Partial; Simple</td>
<td>3</td>
</tr>
<tr>
<td>51555</td>
<td>Cystectomy, Partial; Complicated (eg, postradiation, previous surgery, difficult location)</td>
<td>3</td>
</tr>
<tr>
<td>51565</td>
<td>Cystectomy, Partial, Reimplantation of Ureter(s) into bladder (ureteroneocystostomy)</td>
<td>3</td>
</tr>
<tr>
<td>51570</td>
<td>Cystectomy, complete</td>
<td>4</td>
</tr>
<tr>
<td>51575</td>
<td>Cystectomy, complete w/ Bilateral Pelvic Lymphadenectomy, including external iliac, hypogastric, and obturator nodes</td>
<td>4</td>
</tr>
<tr>
<td>51580</td>
<td>Cystectomy, complete w/ Uretersigmoidostomy or ureterocutaneous transplantations</td>
<td>4</td>
</tr>
<tr>
<td>51585</td>
<td>Cystectomy, complete w/ Uretersigmoidostomy or ureterocutaneous transplantations; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes</td>
<td>4</td>
</tr>
<tr>
<td>51590</td>
<td>Cystectomy, complete w/ Ureteroneocystostomy and sigmoid bladder, including intestine anastomosis</td>
<td>4</td>
</tr>
<tr>
<td>51595</td>
<td>Cystectomy, complete, w/ ureteroneocystostomy or sigmoid bladder, including intestine anastomosis, w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes</td>
<td>4</td>
</tr>
<tr>
<td>51596</td>
<td>Cystectomy, complete w/ Continent Diversion (Neobladder)</td>
<td>4</td>
</tr>
<tr>
<td>51597</td>
<td>Pelvic Exenteration, complete, for vesical, prostatic or urethral malignancy, w/ removal of bladder and ureteral transplantations, w/ w/o hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof</td>
<td>4</td>
</tr>
<tr>
<td>51800</td>
<td>Cystoplasty or cystourethroplasty (anterior Y-plasty, vesical fundus resection), w/ or w/o wedge resection of posterior vesical neck</td>
<td>3</td>
</tr>
<tr>
<td>51820</td>
<td>Cystourethroplasty w/ unilateral or bilateral ureteroneocystostomy</td>
<td>3</td>
</tr>
<tr>
<td>51840</td>
<td>*Anterior vesicourethropaxy, or urethropaxy (eg, Marshall-Marchetti-Krantz, Burch); simple</td>
<td>1</td>
</tr>
<tr>
<td>51841</td>
<td>*Anterior vesicourethropaxy, or urethropaxy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)</td>
<td>1</td>
</tr>
<tr>
<td>51845</td>
<td>*Abdomino-vaginal vesical neck suspension, w/ or w/o endoscopic control (eg, Stamey, Raz, modified Pereyra)</td>
<td>1</td>
</tr>
<tr>
<td>51860</td>
<td>Cystorrhaphy, suture of bladder wound, injury or rupture; simple</td>
<td>3</td>
</tr>
<tr>
<td>51865</td>
<td>Cystorrhaphy, suture of bladder wound, injury or rupture; complicated</td>
<td>3</td>
</tr>
<tr>
<td>51900</td>
<td>Vesicovaginal Fistula Repair, abdominal approach</td>
<td>3</td>
</tr>
<tr>
<td>51960</td>
<td>Enterocystoplasty, including intestinal anastomosis</td>
<td>5</td>
</tr>
<tr>
<td>52240</td>
<td>Cystourethroscopy, w/ fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)</td>
<td>3</td>
</tr>
<tr>
<td>52500</td>
<td>Transurethral resection of bladder neck (*TURB)</td>
<td>1</td>
</tr>
<tr>
<td>52601</td>
<td>Transurethral electrosurgical resection of prostate (*TURP, TVUP, TVP, TUEVP, TUVRP), including control of postoperative bleeding, complete (vasectomy, meatoctomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)</td>
<td>1</td>
</tr>
<tr>
<td>52630</td>
<td>Transurethral resection; residual or regrowth of obstructive prostate tissue (*TURP)</td>
<td>1</td>
</tr>
<tr>
<td>52640</td>
<td>Transurethral resection; of postoperative bladder neck contracture</td>
<td>1</td>
</tr>
<tr>
<td>52648</td>
<td>Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatoctomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy and transurethral resection of prostate are included if performed)</td>
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</tr>
<tr>
<td>52649</td>
<td>Transurethral laser enucleation of the prostate</td>
<td>1</td>
</tr>
<tr>
<td>53405</td>
<td>Urethroplasty; second stage (formation of urethra), including urinary diversion</td>
<td>2</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>53425</td>
<td>Urinary</td>
<td>Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage</td>
</tr>
<tr>
<td>53430</td>
<td>Urinary</td>
<td>Urethroplasty, reconstruction of female urethra (Lynx urethral sling procedure)</td>
</tr>
<tr>
<td>54120</td>
<td>Genitourinary</td>
<td>Amputation of penis; partial</td>
</tr>
<tr>
<td>54125</td>
<td>Genitourinary</td>
<td>Amputation of penis; complete</td>
</tr>
<tr>
<td>54130</td>
<td>Genitourinary</td>
<td>Amputation of penis; radical w/ bilateral inguinofermal lymphadenectomy</td>
</tr>
<tr>
<td>54135</td>
<td>Genitourinary</td>
<td>Amputation of penis; radical; in continuity w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes</td>
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<tr>
<td>54300</td>
<td>Genitourinary</td>
<td>Urethroplasty, Hypospadias</td>
</tr>
<tr>
<td>54380</td>
<td>Genitourinary</td>
<td>Urethroplasty, Epispadias</td>
</tr>
<tr>
<td>55600</td>
<td>Genitourinary</td>
<td>Vesiculotomy</td>
</tr>
<tr>
<td>55605</td>
<td>Genitourinary</td>
<td>Vesiculotomy, Complicated</td>
</tr>
<tr>
<td>55650</td>
<td>Genitourinary</td>
<td>Vesiculectomy</td>
</tr>
<tr>
<td>55801</td>
<td>Genitourinary</td>
<td>Prostatectomy; perineal, subtotal</td>
</tr>
<tr>
<td>55810</td>
<td>Genitourinary</td>
<td>Prostatectomy, perineal radical</td>
</tr>
<tr>
<td>55812</td>
<td>Genitourinary</td>
<td>Prostatectomy, perineal radical; w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)</td>
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<tr>
<td>55815</td>
<td>Genitourinary</td>
<td>Prostatectomy, perineal radical; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes</td>
</tr>
<tr>
<td>55821</td>
<td>Genitourinary</td>
<td>Prostatectomy; Suprapubic, subtotal</td>
</tr>
<tr>
<td>55831</td>
<td>Genitourinary</td>
<td>Prostatectomy; Retropubic, subtotal</td>
</tr>
<tr>
<td>55840</td>
<td>Genitourinary</td>
<td>Prostatectomy; Retropubic radical, w/ or w/o nerve sparing</td>
</tr>
<tr>
<td>55842</td>
<td>Genitourinary</td>
<td>Prostatectomy; Retropubic radical w/ lymph node biopsy(s) (limited pelvic lymphadenectomy)</td>
</tr>
<tr>
<td>55845</td>
<td>Genitourinary</td>
<td>Prostatectomy; Retropubic radical, w/ or w/o nerve sparing; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes</td>
</tr>
<tr>
<td>55866</td>
<td>Genitourinary</td>
<td>Prostatectomy; Radical; w/ bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes Laparoscopic</td>
</tr>
<tr>
<td>56630</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, partial</td>
</tr>
<tr>
<td>56631</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, partial; w/ unilateral inguinofermal lymphadenectomy</td>
</tr>
<tr>
<td>56632</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, partial; w/ bilateral inguinofermal lymphadenectomy</td>
</tr>
<tr>
<td>56633</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, complete</td>
</tr>
<tr>
<td>56634</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, complete w/ unilateral inguinofermal lymphadenectomy</td>
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<tr>
<td>56637</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, complete w/ bilateral inguinofermal lymphadenectomy</td>
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<td>56640</td>
<td>OB/GYN/GU</td>
<td>Vulvectomy, radical, complete w/ inguinofermal, iliac and pelvic lymphadenectomy</td>
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<tr>
<td>57106</td>
<td>OB/GYN/GU</td>
<td>Vaginectomy (Colpectomy), partial removal of vaginal wall</td>
</tr>
<tr>
<td>57107</td>
<td>OB/GYN/GU</td>
<td>Vaginectomy, partial removal of vaginal wall; w/ removal of paravaginal tissue (radical vaginectomy)</td>
</tr>
<tr>
<td>57109</td>
<td>OB/GYN/GU</td>
<td>Vaginectomy, partial removal of vaginal wall; w/ removal of paravaginal tissue (radical vaginectomy) w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)</td>
</tr>
<tr>
<td>57110</td>
<td>OB/GYN/GU</td>
<td>Vaginectomy (Colpectomy), complete removal of vaginal wall</td>
</tr>
<tr>
<td>57200</td>
<td>OB/GYN/GU</td>
<td>Colporrhaphy, suture of injury of vagina (nonobstetrical)</td>
</tr>
<tr>
<td>57210</td>
<td>OB/GYN/GU</td>
<td>Colporrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)</td>
</tr>
<tr>
<td>57240</td>
<td>OB/GYN/GU</td>
<td>Colporrhaphy, Anterior repair of cystocele w/ or w/o repair of urethrocele</td>
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<tr>
<td>57250</td>
<td>OB/GYN/GU</td>
<td>Colporrhaphy, Posterior repair of rectocele w/ or w/o perineorrhaphy</td>
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<tr>
<td>57260</td>
<td>OB/GYN/GU</td>
<td>Colporrhaphy, Combined anteroposterior</td>
</tr>
<tr>
<td>57265</td>
<td>OB/GYN/GU</td>
<td>Colporrhaphy, Combined anteroposterior w/ enterocoele repair</td>
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<tr>
<td>57280</td>
<td>OB/GYN/GU</td>
<td>Colpopexy, abdominal approach (Vaginal suspension)</td>
</tr>
<tr>
<td>57282</td>
<td>OB/GYN/GU</td>
<td>Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)</td>
</tr>
<tr>
<td>57283</td>
<td>OB/GYN/GU</td>
<td>Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)</td>
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<tr>
<td>57284</td>
<td>OB/GYN/GU</td>
<td>Construction of artificial vagina; w/ graft</td>
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<tr>
<td>57300</td>
<td>OB/GYN/GU</td>
<td>Rectovaginal Fistula Closure; vaginal or transanal approach</td>
</tr>
<tr>
<td>57305</td>
<td>OB/GYN/GU</td>
<td>Rectovaginal Fistula Closure; abdominal approach</td>
</tr>
<tr>
<td>57307</td>
<td>OB/GYN/GU</td>
<td>Rectovaginal Fistula Closure; abdominal approach, w/ concomitant colostomy</td>
</tr>
<tr>
<td>57308</td>
<td>OB/GYN/GU</td>
<td>Rectovaginal Fistula Closure; transperineal approach, w/ perineal body reconstruction, w/ or w/o levator plication</td>
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<tr>
<td>57320</td>
<td>OB/GYN/GU</td>
<td>VesicoVaginal Fistula Repair; vaginal approach</td>
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<tr>
<td>57330</td>
<td>OB/GYN/GU</td>
<td>VesicoVaginal Fistula Repair; transvesical and vaginal approach</td>
</tr>
<tr>
<td>57425</td>
<td>OB/GYN/GU</td>
<td>Colpopexy, (suspension of vaginal apex); Laparoscopic</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Value</td>
</tr>
<tr>
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<tr>
<td>57531</td>
<td>OB/GYN/GU, Trachelectomy, Radical, w/bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, w/or w/o removal of tube(s), w/or w/o removal of ovary(s)</td>
<td>2</td>
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<tr>
<td>57540</td>
<td>OB/GYN/GU, Cervical stump excision, abdominal approach</td>
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<tr>
<td>57545</td>
<td>OB/GYN/GU, Cervical stump excision, abdominal approach; w/pelvic floor repair</td>
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<tr>
<td>57555</td>
<td>OB/GYN/GU, *Cervical stump excision, vaginal approach; w/ anterior and/or posterior repair</td>
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<tr>
<td>57556</td>
<td>OB/GYN/GU, *Cervical stump excision, vaginal approach; w/rear repair of enterocoele</td>
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<tr>
<td>58140</td>
<td>OB/GYN/GU, Myomecmy; abdominal approach</td>
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<tr>
<td>58145</td>
<td>OB/GYN/GU, *Myomecmy; vaginal approach</td>
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<tr>
<td>58146</td>
<td>OB/GYN/GU, Myomecmy; abdominal approach</td>
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<td>58150</td>
<td>OB/GYN/GU, Hysterectomy, Abdominal, w/or w/o removal of tube(s), w/or w/o removal of ovary(s)</td>
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<tr>
<td>58152</td>
<td>OB/GYN/GU, Hysterectomy, Abdominal, w/or w/o removal of tube(s), w/or w/o removal of ovary(s) w/colpo-urethroctopyx (eg, Marshall-Marchetti-Krantz, Burch)</td>
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<tr>
<td>58180</td>
<td>OB/GYN/GU, Hysterectomy, Abdominal, Supracervical (subtotal hystereotomcy), w/or w/o removal of tube(s), w/or w/o removal of ovary(s)</td>
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<tr>
<td>58200</td>
<td>OB/GYN/GU, Hysterectomy, Abdominal, total, 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)</td>
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<tr>
<td>58210</td>
<td>OB/GYN/GU, Hysterectomy, Radical Abdominal, w/bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), w/or w/o removal of tube(s), w/or w/o removal of ovary(s)</td>
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<tr>
<td>58240</td>
<td>OB/GYN/GU, Pelvic Exenteration for 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</td>
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<tr>
<td>58260</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal</td>
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<tr>
<td>58262</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58263</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/removal of tube(s) and/or ovary(s), w/rear repair of enterocoele</td>
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<td>58267</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/colpo-urethroctopyx (Marshall-Marchetti-Krantz type, Pereyra type)</td>
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<tr>
<td>58270</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/rear repair of enterocoele</td>
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<tr>
<td>58275</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/total or partial vaginectomy</td>
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<td>58280</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/rear repair of enterocoele</td>
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<tr>
<td>58285</td>
<td>OB/GYN/GU, Hysterectomy, Vaginal; Radical (Schauta type operation)</td>
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<tr>
<td>58290</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal</td>
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<tr>
<td>58291</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/removal of tube(s) and/or ovary(s)</td>
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<tr>
<td>58292</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/removal of tube(s) and/or ovary(s), w/rear repair of enterocoele</td>
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<tr>
<td>58293</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/colpo-urethroctopyx (Marshall-Marchetti-Krantz type, Pereyra type)</td>
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<tr>
<td>58294</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/rear repair of enterocoele</td>
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<tr>
<td>58400</td>
<td>OB/GYN/GU, *Uterine Suspension w/or w/o shortening of round ligaments, w/or w/o shortening of sacrouterine ligaments</td>
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<tr>
<td>58525</td>
<td>OB/GYN/GU, Hysterosphathy, repair of ruptured uterus (nonobstetrical)</td>
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<tr>
<td>58540</td>
<td>OB/GYN/GU, Hysteroctomy, repair of uterine anomaly (Strassman type)</td>
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<tr>
<td>58548</td>
<td>OB/GYN/GU, *Hysterectomy, Radical, w/bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), w/removal of tube(s) and ovary(s), if performed, Laparoscopic</td>
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<tr>
<td>58550</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal, Laparoscopic</td>
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</tr>
<tr>
<td>58552</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/removal of tube(s) and/or ovary, Laparoscopic</td>
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<td>58553</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal, Laparoscopic</td>
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<tr>
<td>58554</td>
<td>OB/GYN/GU, *Hysterectomy, Vaginal w/removal of tube(s) and/or ovary, Laparoscopic</td>
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<tr>
<td>58570</td>
<td>OB/GYN/GU, *Hysterectomy, Total, Laparoscopic</td>
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<tr>
<td>58571</td>
<td>OB/GYN/GU, *Hysterectomy, Total w/removal of tube(s) and/or ovary, Laparoscopic</td>
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<td>58572</td>
<td>OB/GYN/GU, *Hysterectomy, Total, Laparoscopic</td>
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<td>58573</td>
<td>OB/GYN/GU, *Hysterectomy, Total w/removal of tube(s) and/or ovary, Laparoscopic</td>
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<tr>
<td>58700</td>
<td>OB/GYN/GU, Salpingectomy, complete or partial, unilateral or bilateral</td>
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<tr>
<td>58720</td>
<td>OB/GYN/GU, Salpingo-Oophorectomy, complete or partial, unilateral or bilateral</td>
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<tr>
<td>58770</td>
<td>OB/GYN/GU, Salpingo-Enteroctomy, salpingoentomy</td>
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<tr>
<td>58920</td>
<td>OB/GYN/GU, Ovarian Wedge Resection, unilateral or bilateral</td>
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<tr>
<td>58925</td>
<td>OB/GYN/GU, Ovarian Cystectomy, unilateral or bilateral</td>
<td>2</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Value</td>
</tr>
<tr>
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<tr>
<td>58940</td>
<td>Oophorectomy, partial or total, unilateral or bilateral</td>
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<tr>
<td>58943</td>
<td>Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, w/ para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, w/ or w/o salpingectomy(s), w/ or w/o omentectomy</td>
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<tr>
<td>58951</td>
<td>Hysterectomy, TAH, w/ BSO and Omenectomy (for malignancy), pelvic and limited para-aortic lymphadenectomy</td>
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<tr>
<td>58952</td>
<td>Ovarian, tubal or primary peritoneal malignancy resection w/ BSO and omentectomy; w/ radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)</td>
<td>4</td>
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<tr>
<td>58953</td>
<td>Hysterectomy, TAH, w/ BSO and Omenectomy (for malignancy) and radical dissection for debulking;</td>
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<tr>
<td>58954</td>
<td>Hysterectomy, TAH, w/ BSO and Omenectomy, and radical dissection for debulking; w/ pelvic lymphadenectomy and limited para-aortic lymphadenectomy</td>
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<tr>
<td>58956</td>
<td>Hysterectomy, TAH, w/ BSO and Omenectomy (for malignancy)</td>
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</tr>
<tr>
<td>58960</td>
<td>Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal 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</td>
<td>4</td>
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<tr>
<td>59100</td>
<td>Hysterotomy, abdominal (eg, hydatidiform mole, abortion)</td>
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<tr>
<td>59325</td>
<td>Cervical Cerclage, During Pregnancy; Abdominal</td>
<td>2</td>
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<tr>
<td>59350</td>
<td>Hysteronhaphy of ruptured uterus</td>
<td>2</td>
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<tr>
<td>59510</td>
<td>Cesarean delivery</td>
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<td>59514</td>
<td>Cesarean delivery</td>
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<td>59515</td>
<td>Cesarean delivery</td>
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<td>59618</td>
<td>Cesarean delivery</td>
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<tr>
<td>59620</td>
<td>Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery</td>
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</tr>
<tr>
<td>59622</td>
<td>Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery</td>
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<tr>
<td>59830</td>
<td>Pregnancy Termination (Septic)</td>
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<tr>
<td>59850</td>
<td>Pregnancy Termination (Therapeutic), by saline</td>
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<tr>
<td>60210</td>
<td>Endocrine * Thyroid lobectomy, Partial unilateral; w/ or w/o isthmusectomy</td>
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<tr>
<td>60220</td>
<td>Endocrine * Thyroid lobectomy, Total, unilateral; w/ or w/o isthmusectomy</td>
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<tr>
<td>60225</td>
<td>Endocrine * Thyroid lobectomy, Total, unilateral; w/ contralateral subtotal lobectomy, including isthmusectomy</td>
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<tr>
<td>60240</td>
<td>Endocrine * Thyroidectomy, Total or Complete</td>
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<tr>
<td>60252</td>
<td>Endocrine * Thyroidectomy, Total or Subtotal for malignancy w/ limited neck dissection</td>
<td>1</td>
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<tr>
<td>60254</td>
<td>Endocrine * Thyroidectomy, Total or Subtotal for malignancy w/ radical neck dissection</td>
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<tr>
<td>60270</td>
<td>Endocrine Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach</td>
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<tr>
<td>60271</td>
<td>Endocrine Thyroidectomy, including substernal thyroid; cervical approach</td>
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<tr>
<td>60500</td>
<td>Endocrine * Parathyroidectomy excision or exploration</td>
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<tr>
<td>60502</td>
<td>Endocrine * Parathyroidectomy excision or exploration; re-exploration</td>
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<tr>
<td>60505</td>
<td>Endocrine * Parathyroidectomy, excision or exploration, w/mediastinal exploration, sternal split or transthoracic approach</td>
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<tr>
<td>60520</td>
<td>Endocrine * Thyrmectomy, partial or total; transcervical approach</td>
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<tr>
<td>60521</td>
<td>Endocrine Thyrmectomy, partial or total; sternal split or transthoracic approach; w/ radical mediastinal dissection</td>
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<tr>
<td>60522</td>
<td>Endocrine Thyrmectomy, partial or total; sternal split or transthoracic approach; w/ radical mediastinal dissection</td>
<td>3</td>
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<tr>
<td>60540</td>
<td>Endocrine Adrenalecetomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal</td>
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<tr>
<td>60545</td>
<td>Endocrine Adrenalecetomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal; w/ excision of adjacent retroperitoneal tumor</td>
<td>4</td>
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<tr>
<td>60600</td>
<td>Endocrine * Excision of carotid body tumor; w/ excision of carotid artery</td>
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</tr>
<tr>
<td>60605</td>
<td>Endocrine * Excision of carotid body tumor; w/ excision of carotid artery</td>
<td>1</td>
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<tr>
<td>60650</td>
<td>Endocrine Adrenalecetomy, partial or complete, or exploration of adrenal gland w/ or w/o biopsy, transabdominal, lumbar or dorsal; Laporoscopic</td>
<td>4</td>
</tr>
<tr>
<td>61105</td>
<td>Nervous System Burr Holes, Twist for subdural or ventricular puncture</td>
<td>4</td>
</tr>
<tr>
<td>61107</td>
<td>Nervous System Burr Holes, Twist for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device</td>
<td>4</td>
</tr>
<tr>
<td>61108</td>
<td>Nervous System Burr Holes, Twist for evacuation and/or drainage of subdural hematoma</td>
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<tr>
<td>61120</td>
<td>Nervous System Burr Hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)</td>
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<tr>
<td>61140</td>
<td>Nervous System Burr Holes w/ biopsy of brain or intracranial lesion</td>
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<tr>
<td>Code</td>
<td>Nervous System</td>
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<tr>
<td>61150</td>
<td>Nervous System</td>
<td>Burr Holes w/ drainage of brain abscess or cyst</td>
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<td>61151</td>
<td>Nervous System</td>
<td>Burr Holes w/ aspiration of intracranial abscess or cyst</td>
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<td>61154</td>
<td>Nervous System</td>
<td>Burr Holes w/ evacuation and/or drainage of hematoma, extradural or subdural</td>
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<td>61156</td>
<td>Nervous System</td>
<td>Burr Holes w/ aspiration of hematoma or cyst, intracerebral</td>
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<td>61210</td>
<td>Nervous System</td>
<td>Burr Holes for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device</td>
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<td>61215</td>
<td>Nervous System</td>
<td>Burr Holes for insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter</td>
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<td>Nervous System</td>
<td>Burr Holes, supratentorial</td>
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<td>61253</td>
<td>Nervous System</td>
<td>Burr Holes, infratentorial, unilateral or bilateral</td>
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<td>Nervous System</td>
<td>Craniectomy or craniotomy, supratentorial</td>
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<td>61305</td>
<td>Nervous System</td>
<td>Craniectomy or craniotomy, infratentorial (posterior fossa)</td>
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<td>61312</td>
<td>Nervous System</td>
<td>Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural</td>
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<td>Cranial bone graft placement</td>
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<td>Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial</td>
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<td>Nervous System</td>
<td>Craniectomy or craniotomy, decompressive w/o lobectomy</td>
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<td>Nervous System</td>
<td>Craniectomy or craniotomy, decompressive w/ lobectomy</td>
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<td>61343</td>
<td>Nervous System</td>
<td>Craniectomy, suboccipital w/ cervical laminectomy for decompression of medulla and spinal cord, w/ or w/o dural graft (eg, Arnold-Chiari malformation)</td>
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<td>Craniectomy (cranial decompression), posterior fossa</td>
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<td>Craniotomy for section of tentorium cerebelli</td>
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<td>Nervous System</td>
<td>Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion</td>
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<td>Craniectomy, suboccipital, for exploration or decompression of cranial nerves</td>
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<td>Craniectomy, suboccipital for medullary tractotomy</td>
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<td>Craniectomy for osteomyelitis</td>
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<td>Craniectomy for excision of brain tumor, supratentorial</td>
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<td>Nervous System</td>
<td>Craniectomy for excision of meningioma, supratentorial</td>
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<td>Nervous System</td>
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<td>Craniectomy for excision of meningioma, infratentorial or posterior fossa</td>
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<td>Nervous System</td>
<td>Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor</td>
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<td>Nervous System</td>
<td>Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull</td>
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<td>Craniectomy for excision of brain abscess</td>
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<td>Nervous System</td>
<td>Craniectomy for excision or fenestration of cyst</td>
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<td>Nervous System</td>
<td>Craniectomy, bone flap craniotomy, trans temporal</td>
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<td>Craniectomy, bone flap craniotomy, combined w/ middle/ posterior fossa craniotomy/ craniectomy</td>
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<td>61533</td>
<td>Nervous System</td>
<td>Craniotomy w/ elevation of bone flap for subdural implantation of an electrode array, for long- term seizure monitoring</td>
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<td>61534</td>
<td>Nervous System</td>
<td>Craniotomy w/ elevation of bone flap for excision of epileptogenic focus</td>
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<td>Nervous System</td>
<td>Craniotomy w/ elevation of bone flap for removal of epidural or subdural electrode array</td>
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<td>Nervous System</td>
<td>Craniotomy w/ elevation of bone flap for excision of cerebral epileptogenic focus</td>
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<td>61537</td>
<td>Nervous System</td>
<td>Craniotomy for lobectomy, temporal lobe, w/o electrocorticography during surgery</td>
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<td>Craniotomy for lobectomy, temporal lobe, w/ electrocorticography during surgery</td>
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<td>61539</td>
<td>Nervous System</td>
<td>Craniotomy for lobectomy, other than temporal lobe, partial or total w/ electrocorticography during surgery</td>
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<td>Nervous System: Craniotomy for lobectomy, other than temporal lobe, partial or total w/o electorcorticography during surgery</td>
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<td>61541</td>
<td>Nervous System: Craniotomy for transection of corpus callosum</td>
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<td>Nervous System: Craniotomy for total hemispherectomy</td>
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<td>Nervous System: Craniotomy for parial or subtotal (functional) hemispherectomy</td>
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<td>Nervous System: Craniotomy for excision or coagulation of choroid plexus</td>
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<td>Nervous System: Craniotomy for excision of criopharyngioma</td>
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<td>61546</td>
<td>Nervous System: Craniotomy for hypophysectomy or excision of pituitary tumor</td>
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<td>61548</td>
<td>Endocrine: Pituitary Tumor Excision, Hypophysectomy, Transnasal or Transseptal approach, nonstererotactic</td>
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<td>61550</td>
<td>Nervous System: Craniectomy or craniosynostosis, single cranial suture</td>
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<td>61552</td>
<td>Nervous System: Craniectomy or craniosynostosis, multiple cranial sutures</td>
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<td>61556</td>
<td>Nervous System: Craniectomy for craniosynostosis; frontal or parietal bone flap</td>
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<td>61557</td>
<td>Nervous System: Craniotomy for craniosynostosis; bifrontal bone flap</td>
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<td>61558</td>
<td>Nervous System: Craniectomy, extensive for multiple cranial sutures craniostnosis (eg, cloverleaf skull); not requiring bone graft</td>
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<td>61559</td>
<td>Nervous System: Craniectomy, extensive for multiple cranial sutures craniostnosis (eg, cloverleaf skull); recontouring w/ multiple osteotomies and bone autografts (eg, barrel-stave procedure)</td>
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<td>61563</td>
<td>Nervous System: Craniotomy, excision tumor (eg, fibrous dysplasia); w/o optic nerve decompression</td>
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<td>61564</td>
<td>Nervous System: Craniotomy, excision tumor (eg, fibrous dysplasia); w/ optic nerve decompression</td>
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<td>61566</td>
<td>Nervous System: Craniotomy w/ elevation of bone flap; for selective amygdalthippocampectomy</td>
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<td>61567</td>
<td>Nervous System: Craniotomy w/ elevation of bone flap; for multiple subpial transections</td>
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<td>61570</td>
<td>Nervous System: Craniectomy or craniotomy; w/ excision of foreign body from brain</td>
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<td>61571</td>
<td>Nervous System: Craniectomy or craniotomy; w/ treatment of penetrating wound of brain</td>
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<td>61575</td>
<td>Nervous System: Craniectomy or craniotomy; transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion</td>
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<td>61576</td>
<td>Nervous System: Craniectomy or craniotomy; transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)</td>
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<td>61580</td>
<td>Nervous System: Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, w/o maxillectomy or orbital exenteration</td>
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<td>61582</td>
<td>Nervous System: Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa</td>
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<td>61600</td>
<td>Nervous System: Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural</td>
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<tr>
<td>61601</td>
<td>Nervous System: Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, w/ or w/o graft</td>
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<td>61605</td>
<td>Nervous System: Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural</td>
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<td>61613</td>
<td>Nervous System: Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus</td>
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<td>61624</td>
<td>Nervous System: Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), any method; central nervous system (intracranial, spinal cord), <strong>percutaneous</strong></td>
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<td>61626</td>
<td>Nervous System: Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch), <strong>percutaneous</strong></td>
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<td>61630</td>
<td>Nervous System: Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), <strong>percutaneous</strong></td>
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<td>61635</td>
<td>Nervous System: Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed</td>
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<td>61680</td>
<td>Nervous System: AVM (arteriovenous malformation) Repair; supratentorial, simple</td>
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<td>61682</td>
<td>Nervous System: AVM (arteriovenous malformation) Repair; supratentorial, complex</td>
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<td>61684</td>
<td>Nervous System: AVM (arteriovenous malformation) Repair; infratentorial, simple</td>
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<td>61686</td>
<td>Nervous System: AVM (arteriovenous malformation) Repair; infratentorial, complex</td>
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<td>Nervous System: AVM (arteriovenous malformation) Repair; dural, complex</td>
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<td>61697</td>
<td>Nervous System: Aneurysm, intracranial, repair, intracranial approach, carotid, complex</td>
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<td>Nervous System: Aneurysm, intracranial, repair, intracranial approach, vertobrobasilar</td>
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<td>61702</td>
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<td>Nervous System</td>
<td>Aneurysm, intracranial, repair, intracranial approach, (Selverstone-Crutchfield type)</td>
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<td>Nervous System</td>
<td>Aneurysm Repair, vascular malformation or carotid-cavernous fistula by intracranial and cervical occlusion of carotid artery</td>
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<td>61708</td>
<td>Nervous System</td>
<td>Aneurysm Repair, vascular malformation or carotid-cavernous fistula by intracranial electrothrombosis</td>
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<td>61710</td>
<td>Nervous System</td>
<td>Aneurysm Repair, vascular malformation or carotid-cavernous fistula by intra-arterial embolization, injection procedure, or balloon catheter</td>
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<td>Nervous System</td>
<td>Stereotactic biopsy, aspiration, or excision for intracranial lesion</td>
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<td>Skull fracture repair; simple, extradural</td>
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<td>Nervous System</td>
<td>Skull fracture repair; simple, compound or communicated, extradural</td>
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<td>62010</td>
<td>Nervous System</td>
<td>Skull fracture repair; w/ repair of dura and/or debridement of brain</td>
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<td>62100</td>
<td>Nervous System</td>
<td>Craniotomy for repair of dura and/or debridement of brain</td>
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<td>62110</td>
<td>Nervous System</td>
<td>Craniotomy, Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty</td>
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<td>62116</td>
<td>Nervous System</td>
<td>Cranioplasty; simple (eg, treated hydrocephalus)</td>
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<td>62117</td>
<td>Nervous System</td>
<td>Cranioplasty requiring craniotomy and reconstruction w/ or w/o bone graft  (eg, treated hydrocephalus)</td>
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<td>Nervous System</td>
<td>Cranioplasty for repair of encephalocele, skull vault</td>
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<td>62121</td>
<td>Nervous System</td>
<td>Craniotomy for repair of encephalocele, skull base</td>
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<td>Nervous System</td>
<td>Cranioplasty for skull defect up to 5 cm</td>
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<td>Nervous System</td>
<td>Cranioplasty for skull defect larger than 5 cm</td>
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<td>Nervous System</td>
<td>Removal of bone flap or prosthetic plate of skull</td>
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<td>Nervous System</td>
<td>Replacement of bone flap or prosthetic plate of skull</td>
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<td>Nervous System</td>
<td>Cranioplasty for skull defect w/ reparative brain surgery</td>
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<td>Nervous System</td>
<td>Cranioplasty w/ autograft up to 5 cm</td>
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<td>Nervous System</td>
<td>Cranioplasty w/ autograft larger than 5 cm</td>
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<td>Nervous System</td>
<td>Cranioplasty, bone graft</td>
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<td>62164</td>
<td>Nervous System</td>
<td>Brain Tumor Excision, including placement of external ventricular catheter for drainage; Neuroendoscopy intracranial</td>
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<td>Endocrine</td>
<td>Pituitary Tumor Excision; Neuroendoscopy intracranial; Transnasal or Transphenoidal approach</td>
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<td>Nervous System</td>
<td>Ventrilocisternostomy (Torkildsen type operation)</td>
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<td>Nervous System</td>
<td>Shunt Creation; subarachnoid/subdural-atrial, -jugular, -auricular</td>
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<td>62190</td>
<td>Nervous System</td>
<td>Shunt Creation; subarachnoid/subdural-peritoneal, -pleural, other terminus</td>
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<td>62194</td>
<td>Nervous System</td>
<td>Shunt Replacement or irrigation, subarachnoid/subdural catheter</td>
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<td>Nervous System</td>
<td>Ventrilocisternostomy, third ventricle</td>
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<td>Nervous System</td>
<td>Ventrilocisternostomy, third ventricle; stereotactic, neuroendoscopic method</td>
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<td>Nervous System</td>
<td>Shunt Creation; ventriculo-atrial, -jugular, -auricular</td>
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<td>62223</td>
<td>Nervous System</td>
<td>Shunt Creation; ventriculo-peritoneal, -pleural, other terminus</td>
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<td>62225</td>
<td>Nervous System</td>
<td>Ventricular Catheter - Replacement or Irrigation</td>
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<td>62230</td>
<td>Nervous System</td>
<td>CSF Shunt Replacement or Revision, obstructed valve, or distal catheter in shunt system</td>
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<td>Nervous System</td>
<td>CSF Shunt Removal w/o replacement</td>
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<td>62258</td>
<td>Nervous System</td>
<td>CSF Shunt Removal w/ replacement</td>
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<td>Nervous System</td>
<td>Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical</td>
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<tr>
<td>63003</td>
<td>Nervous System</td>
<td>Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic</td>
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<td>Nervous System</td>
<td>Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis</td>
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<td>Nervous System</td>
<td>Laminectomy w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral</td>
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<td>Nervous System</td>
<td>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)</td>
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<td>63015</td>
<td>Nervous System</td>
<td>Laminectomy, w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy more than 2 segments; cervical</td>
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<td>63016</td>
<td>Nervous System</td>
<td>Laminectomy, w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy more than 2 segments; thoracic</td>
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<tr>
<td>ICD Code</td>
<td>Nervous System</td>
<td>Description</td>
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<td>63017</td>
<td>Nervous System</td>
<td>Laminectomy, w/ exploration and/or decompression of spinal cord and/or cauda equina, w/o facetectomy, foraminotomy or discectomy more than 2 segments; lumbar</td>
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<td>Nervous System</td>
<td>Laminotomy (Hemilaminectomy), w/ decompression - cervical 1 interspace</td>
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<td>Laminotomy (Hemilaminectomy), w/ decompression - lumbar 1 interspace</td>
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<td>63035</td>
<td>Nervous System</td>
<td>Laminotomy (Hemilaminectomy), w/ decompression - cervical or lumbar add on</td>
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<td>63040</td>
<td>Nervous System</td>
<td>Laminotomy (Hemilaminectomy), w/ decompression - cervical</td>
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<td>Laminotomy (Hemilaminectomy), w/ decompression - lumbar</td>
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<td>Nervous System</td>
<td>Laminotomy (Hemilaminectomy), w/ decompression - lumbar add on</td>
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<td>63044</td>
<td>Nervous System</td>
<td>Laminotomy (Hemilaminectomy), w/ decompression - lumbar add on</td>
</tr>
<tr>
<td>63045</td>
<td>Nervous System</td>
<td>Laminectomy, facetectomy &amp; foraminotomy w/ decompression of spinal cord, cauda equina, single segment; cervical</td>
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<tr>
<td>63046</td>
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<tr>
<td>63047</td>
<td>Nervous System</td>
<td>Laminectomy, facetectomy &amp; foraminotomy w/ decompression of spinal cord, cauda equina, single segment; lumbar</td>
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<td>63048</td>
<td>Nervous System</td>
<td>Laminectomy, facetectomy &amp; foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar</td>
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<tr>
<td>63050</td>
<td>Nervous System</td>
<td>Laminoplasty, cervical, w/ decompression of the spinal cord, 2 or more vertebral segments</td>
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<td>63051</td>
<td>Nervous System</td>
<td>Laminoplasty, cervical, w/ decompression of the spinal cord, 2 or more vertebral segments; w/ reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)</td>
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<td>Decompression, spinal - thoracic - transpedicular (eg, herniated intervertebral disc)</td>
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<td>Nervous System</td>
<td>Decompression, spinal - lumbar- transpedicular (eg, herniated intervertebral disc); (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)</td>
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<td>Decompression, spinal- lumbar or thoracic (eg, herniated intervertebral disc), Transpedicular approach equina and/or nerve root(s) single segment; each additional segment, thoracic or lumbar</td>
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<td>Nervous System</td>
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<td>63076</td>
<td>Nervous System</td>
<td>Discectomy, Anterior w/ decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace</td>
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<td>Nervous System</td>
<td>Discectomy, Anterior w/ decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace</td>
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<tr>
<td>63078</td>
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<td>63081</td>
<td>Nervous System</td>
<td>Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach w/ decompression of spinal cord and/or nerve root(s); cervical, single segment</td>
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<td>63082</td>
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<td>Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach w/ decompression of spinal cord and/or nerve root(s); cervical, each additional segment</td>
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<td>63085</td>
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<td>63086</td>
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<td>Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach w/ decompression of spinal cord and/or nerve root(s); thoracic, each additional segment</td>
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<td>63087</td>
<td>Nervous System</td>
<td>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</td>
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<td>63090</td>
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<td>63091</td>
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<td>Rhizotomy, w/ laminectomy, 1 or 2 segments</td>
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<td>Rhizotomy, w/ laminectomy, more than 2 segments</td>
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<td>63200</td>
<td>Nervous System</td>
<td>Release of tethered spinal cord</td>
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<td>AVM (arteriovenous malformation) Removal or occlusion; thoracic</td>
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<td>Nervous System</td>
<td>AVM (arteriovenous malformation) Removal or occlusion; thoracolumbar</td>
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<td>63275</td>
<td>Nervous System</td>
<td>Laminectomy for biopsies/excision of intraspinal neoplasm; extradural, cervical</td>
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<td>Nervous System</td>
<td>Laminectomy for biopsies/excision of intraspinal neoplasm; extradural, thoracic</td>
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<td>Nervous System</td>
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<td>63290</td>
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<td>63300</td>
<td>Nervous System</td>
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<td>Nervous System</td>
<td>Vertebral corpectomy (Vertebral Body Resection), excision of intraspinal lesion; extradural, thoracic by transthoracic approach</td>
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<td>63304</td>
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<td>Meningocele Repair, &gt; 5 cm</td>
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<td>Myelomenigocele Repair, &lt; 5 cm</td>
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<td>Myelomenigocele Repair, &gt; 5 cm</td>
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<td>* Sympathectomy, Thoracolumbar</td>
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<td>* Sympathectomy, Ulnar artery</td>
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<td>* Facial Nerve Repair, extracranial</td>
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<td>* Facial Nerve Repair, infratemporal, w/ or w/o grafting</td>
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<td>* Anastomosis, Facial Nerve, spinal accessory</td>
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<td>* Anastomosis, Facial Nerve, facial-hypoglossal</td>
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<td>* Anastomosis, Facial Nerve, phrenic</td>
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<td>65091</td>
<td>EYE</td>
<td>* Evisceration eye w/o implant</td>
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<td>65093</td>
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<td>* Evisceration eye w/ implant</td>
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<tr>
<td>65101</td>
<td>EYE</td>
<td>* Enucleation eye w/o implant</td>
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<td>65110</td>
<td>EYE Exenteration of orbit</td>
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<td>EYE Exenteration of orbit w/ removal of bone</td>
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<tr>
<td>69646</td>
<td>Auditory Tympanoplasty w/ mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, w/o ossicular chain reconstruction</td>
<td>1</td>
</tr>
<tr>
<td>Code</td>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
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<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>69660</td>
<td>Auditory</td>
<td>Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material</td>
</tr>
<tr>
<td>69661</td>
<td>Auditory</td>
<td>Stapedectomy or stapedotomy w/ reestablishment of ossicular continuity, w/ or w/o use of foreign material; w/ footplate drill out</td>
</tr>
<tr>
<td>69662</td>
<td>Auditory</td>
<td>Stapedectomy or stapedotomy Revision</td>
</tr>
<tr>
<td>69666</td>
<td>Auditory</td>
<td>Middle ear repair, oval window fistula</td>
</tr>
<tr>
<td>69667</td>
<td>Auditory</td>
<td>Middle ear repair, round window fistula</td>
</tr>
<tr>
<td>69970</td>
<td>Auditory</td>
<td>Temporal Bone tumor removal</td>
</tr>
<tr>
<td>75952</td>
<td>Vascular</td>
<td>Aneurysm Repair, abdominal aortic Endovascular</td>
</tr>
<tr>
<td>75953</td>
<td>Vascular</td>
<td>Aneurysm Repair, aortic or iliac artery, pseudoaneurysm or dissection Endovascular</td>
</tr>
<tr>
<td>75954</td>
<td>Vascular</td>
<td>Aneurysm Repair; iliac artery, pseudoaneurysm, arteriovenous malformation, or trauma Endovascular</td>
</tr>
<tr>
<td>75957</td>
<td>Vascular</td>
<td>Descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesi plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, Endovascular repair</td>
</tr>
<tr>
<td>92920</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal coronary angioplasty; single major coronary artery or branch</td>
</tr>
<tr>
<td>92921</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery</td>
</tr>
<tr>
<td>92924</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal coronary atherectomy, w/ coronary angioplasty when performed; single major coronary artery or branch</td>
</tr>
<tr>
<td>92925</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal coronary atherectomy, w/ coronary angioplasty when performed; each additional branch of a major coronary artery</td>
</tr>
<tr>
<td>92928</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transcatheter placement of intracoronary stent(s), w/ coronary angioplasty when performed; single major coronary artery or branch</td>
</tr>
<tr>
<td>92929</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transcatheter placement of intracoronary stent(s), w/ coronary angioplasty when performed; each additional branch of a major coronary artery</td>
</tr>
<tr>
<td>92933</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal coronary atherectomy, w/ intracoronary stent, w/ coronary angioplasty when performed; single major coronary artery or branch</td>
</tr>
<tr>
<td>92934</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal coronary atherectomy, w/ intracoronary stent, w/ coronary angioplasty when performed; each additional branch of a major coronary artery</td>
</tr>
<tr>
<td>92937</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel</td>
</tr>
<tr>
<td>92938</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft</td>
</tr>
<tr>
<td>92941</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel</td>
</tr>
<tr>
<td>92943</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel</td>
</tr>
<tr>
<td>92944</td>
<td>Cardiovascular</td>
<td>PTCA- Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft</td>
</tr>
<tr>
<td>92973</td>
<td>Cardiovascular</td>
<td>Percutaneous transluminal coronary thrombectomy mechanical</td>
</tr>
<tr>
<td>92975</td>
<td>Cardiovascular</td>
<td>PCI- Percutaneous Coronary Intervention: Thrombolysis, coronary by intracoronary infusion</td>
</tr>
<tr>
<td>92977</td>
<td>Cardiovascular</td>
<td>PCI- Percutaneous Coronary Intervention: Thrombolysis, coronary by intravenous infusion</td>
</tr>
<tr>
<td>92986</td>
<td>Cardiovascular</td>
<td>Valvuloplasty; aortic valve, Percutaneous balloon</td>
</tr>
<tr>
<td>92987</td>
<td>Cardiovascular</td>
<td>Valvuloplasty; mitral valve, Percutaneous balloon</td>
</tr>
<tr>
<td>92990</td>
<td>Cardiovascular</td>
<td>Valvuloplasty; pulmonary valve, Percutaneous balloon</td>
</tr>
<tr>
<td>92997</td>
<td>Cardiovascular</td>
<td>Percutaneous transluminal pulmonary artery balloon angioplasty</td>
</tr>
<tr>
<td>93650</td>
<td>Cardiovascular</td>
<td>Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, w/ or w/o temporary pacemaker placement</td>
</tr>
<tr>
<td>Code</td>
<td>Service Description</td>
<td>Count</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>93653</td>
<td>Intracardiac catheter ablation of arrhythmogenic focus; w/ treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry</td>
<td>1</td>
</tr>
<tr>
<td>93654</td>
<td>Intracardiac catheter ablation of arrhythmogenic focus; w/ treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed</td>
<td>1</td>
</tr>
<tr>
<td>93655</td>
<td>Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia</td>
<td>1</td>
</tr>
<tr>
<td>93656</td>
<td>Intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation</td>
<td>1</td>
</tr>
<tr>
<td>93657</td>
<td>Intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation; Additional linear or focal; Additional linear or focal</td>
<td>1</td>
</tr>
</tbody>
</table>

Associate Medical Director: _______________________________                       Date: ______________________

July 10, 2015