

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes Measure Summary

Measure number: OT1-015-09

Measure name: Risk Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure

Description: This is a hospital based, risk adjusted, case mix adjusted elderly surgery composite (multiple) outcomes measure of adults 65 years of age and older.

Numerator statement: The outcome of interest is hospital-specific risk-adjusted mortality, a return to the operating room, or any of the following morbidities as defined by American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP): Cardiac Arrest requiring CPR, Myocardial Infarction, DVT requiring therapy, Sepsis, Septic Shock, Deep Incisional ssi, Organ/Space SSI, Wound Disruption, Unplanned Reintubation without prior ventilator dependence, Pneumonia without pre-operative pneumonia, Pulmonary Embolism, progressive Renal Insufficiency or Acute Renal Failure without pre-operative renal failure or dialysis, or UTI within 30 days of any ACS NSQIP listed (CPT) surgical procedure.

Denominator statement: Patients undergoing any ACS NSQIP listed (CPT) surgical procedure who are 65 years of age or older. (see separate list of ACS NSQIP CPT codes)

Level of Analysis: Facility/Agency

Type of Measure: Outcome

Data Source: Electronic clinical data, electronic Health/Medical Record, paper medical record/flowsheet

Measure developer: American College of Surgeons

Type of Endorsement: (full or time-limited): Full Endorsement (Recommend-22, Do not Recommend-0, Abstain-0, April 20-21 Meeting)

Summary table of TAP ratings of sub criteria and comments:

IMPORTANCE TO MEASURE AND REPORT		
1a impact	Completely	High impact, there is data to prove that the opportunity to close gaps exist. Morbidity and mortality are addressed; therefore, this is a very important measure. This measure uses a subset of NSQIP; outcomes considered to be most important, chosen based on the burden (frequency) or severity.
1b gap	Completely	
1c relation to outcomes	Completely	
SCIENTIFIC ACCEPTABILITY		
2a specs	Completely	The definitions for NSQIP are clear and concise and based on clinical data. The only question is how to determine functional status. Developer noted that this information is usually
2b reliability	Completely	
2c validity	Completely	

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes Measure Summary

2d exclusions	Partially	<p>documented well in the nursing assessment using ADLs. Data element shows high degree of reliability. Reliability estimate of 0.4 is low. Denominator includes 3000 CPT codes/procedures across multiple specialties. A systematic sampling method is described to avoid selection bias.</p> <p>Exclusions included ASA 6, trauma, and transplant procedures - hip fracture is considered a traumatic event that would be excluded. Concern about excluding this large population of elderly patients. Suggestion to separate trauma from injuries because, particularly for the elderly patient, minimal trauma to create a fracture should either be a separate measure or included in this. This elderly population excluding fractures is an issue – several hundred thousand cases are being excluded from this measure.</p> <p>Risk model controls for surgical case mix by standardizing for CPT groups. It is unclear how accurately the CPT grouping can risk stratify for surgical case mix.</p> <p>Risk model - General estimation equation, not a fully hierarchical model but has similar characteristics. Good performance statistics. The model is simple with a limited number of factors. Disparities – race and ethnicity not included in the model; NSQIP does collect race and ethnicity so stratification is possible. Socioeconomic status can only be determined by zip code or geographic proxy and not according to payment.</p>
2e risk adjustment	Partially	
2f meaningful differences	Partially	
2g comparability	N/A	
2h disparities	Completely	
USEABILITY		
3a distinctive	Partially	<p>While using O/E ratio seems meaningful for providers, it is not known how this information will be used in public reporting. Public reporting is different than the quality improvement – the facts are there for quality improvement. For harmonization, other measures are part of NSQIP; no other measures are applicable to a broad surgical population. Additive value-sheds light on an important population; the global measure is very applicable for individuals going to a hospital.</p>
3b harmonization	N/A	
3c Added value	Completely	
FEASIBILITY		
4a data a byproduct of care	Partial	<p>A limited number of hospitals belong to NSQIP and the TAP had concerns regarding the implementation plan for broader use. The developer noted that these measures have been developed in conjunction with CMS – CMS is likely to implement similarly fashion to the SCIP measures (i.e., the data would be sent to a central location for calculation and then reported back). To date,</p>
4b electronic	Minimal	
4c exclusions	Complete	
4d inaccuracies/errors	Partial	

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes

Measure Summary

4e Implementation	Partial	the measure has not been used outside of NSQIP. There is a data collection burden to abstract some clinical elements and follow-up with patients for any complications within the 30 days occurring after discharge – estimated at 1/10 to 1/3 FTE. Some data elements can come from administrative data – including the exclusions – but clinical elements require abstraction. Some judgment is required for the clinical elements such as functional status. This would be an added function for hospitals that do not currently have the resources. Electronic sources are not currently available in many hospitals it is dependent on whether there is a structured medical record. The data is entered by hospital employees and unless there is an audit it is nearly impossible to identify inaccuracy or error.
-------------------	---------	---

Summary of SC ratings of sub criteria and comments:

IMPORTANCE TO MEASURE AND REPORT	
The Committee supported the broad scope of the measure.	SC Vote on Importance Yes - 21 No - 0
SCIENTIFIC ACCEPTABILITY	
The measure has been specified for broader implementation by hospitals who do not participate in NSQIP.	SC vote on scientific acceptability Completely - 0 Partially – 12 Minimally – 8 Not at all – 1
USABILITY	
Measure can be implemented beyond NSQIP. This measure does not address the under the 65 age group. A companion measure would be useful. Concerns were raised about how this would be used in hospitals with	SC vote on usability Completely – 0 Partially – 1

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes Measure Summary

low volumes.	Minimally –16 Not at all – 4
FEASIBILITY	
Concerns were raised on the burden and costs of collecting clinical data for the measure whether participating in NSQIP or not.	SC vote on feasibility Completely – 0 Partially – 7 Minimally - 12 Not at all -2

Summary of Biostatistical review:

<p>Type of Risk Model :</p> <p><i>Marginal (i.e. not hierarchical) logistic regression. Hospital results were summarized as observed-to-expected ratios (O/E ratios).</i></p>
<p>RISK FACTORS</p> <p>Are the risk factors clearly identified in the submission information?</p> <p><i>YES. (But definitions were not provided.)</i></p> <p><i>Model covariates are: Log Odds CPT Group, Functional Status, and ASA Class</i></p>
<p>Does the model include risk factors associated with differences/inequalities with care such as race, socioeconomic status or gender? NO</p>
<p>Are the conceptual and quantitative criteria for inclusion or exclusion or combining of risk factors explained and appropriate?</p> <p><i>Variables were selected by a stepwise (forward, I believe) variable selection algorithm with an entry criterion of $p < .05$. From an initial list of 26 candidate predictors, 21 were selected. The final model was chosen by keeping only the first 3 variables to enter the model. The full list of 26 candidate variables is not given. It is not clear why the developers selected 3 variables for the final model.</i></p>
<p>Is quantitative assessment of the relative contribution of the model components described in detail?</p> <p>NO</p>

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes Measure Summary

<p>Does the measure have exclusions that influence outcomes that should be included as risk factors?</p> <p><i>The exclusions seem to be well justified.</i></p>
<p>Comments on risk factors:</p> <p><i>The list of candidate variable was not provided.</i></p> <p><i>Was preoperative creatinine considered as a risk factor?</i></p> <p><i>Why did the developers opt for a highly parsimonious model?</i></p> <p><i>Are risk factors NOT in the model randomly distributed across hospitals?</i></p> <p><i>A limitation of automated variable selection is that the choice of variables can be sensitive to chance.</i></p> <p><i>Would the same predictors be identified if the variable selection algorithm was repeated in the validation sample? If not, would this have a large impact on hospital performance estimates?</i></p>
<p>VALIDATION OF THE RISK MODEL</p> <p>Is there information provided on the cross-validation of the model comparing a development sample and a validation sample provided? YES</p> <p>Is there information on independent, external validation of the model in another data set? NO</p> <p>Are the results supportive of a valid model? YES. (But see comments.)</p>
<p>RISK MODEL PERFORMANCE (2e)</p>
<p>DISCRIMINATION: $C = 0.764$ (0.762 in validation sample).</p> <p>Does the statistic support good discrimination? YES.</p>
<p>CALIBRATION: Is a calibration curve included? NO</p> <p>Is a risk decile plot included? NO</p> <p>Hosmer-Lemeshow statistic: $p = 0.002$.</p> <p>Does the data support good model calibration? Not able to assess.</p>
<p>Comments on Risk Model Performance:</p> <p><i>The developers state: "Because of the very large sample sizes studied here, a statistically significant Hosmer=Lemeshow statistic is not considered informative with respect to calibration."</i></p> <p><i>Although the HL statistic is uninformative, model calibration could still be assessed graphically. This could be done by comparing observed vs. predicted event rates within deciles of predicted risk. The analysis population is relatively broad. Conceptually, with a large enough sample size, each type of surgery could have its own custom risk model which may perform better than an overall global model. Given the broad population, it would be reasonable to assess the fit of the model in specific subgroups, for example, by CRT group or indication for surgery.</i></p>
<p>Reliability testing (2b):</p> <p>Is the reliability of the key data elements, such as risk factors and the outcome demonstrated?</p>

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes Measure Summary

Data fields are well defined, but rigorous reliability testing has not been reported. In Section 4b, the developers mention that NSQIP data collectors undergo extensive training and are audited.

Is there information about the reliability of the measure score, such as signal to noise ratio?

YES. This was analyzed in detail. The developers estimated the intraclass correlation coefficient (ICC) and used this result to project the number of patients per hospital needed to achieve a specified signal to noise ratio (reliability). The developers estimate that 177 cases per hospital are needed to achieve a reliability coefficient of 0.4. The developers estimate that 91% of US hospitals and 85% of NSQIP participants have volumes large enough to meet this minimum sample size threshold.

Note. The following calculations (based on the binomial distribution) may provide some additional context for assessing precision:

- If exactly 30 of 177 patients (16.9%) at a hospital experienced the endpoint of interest, the 95% binomial confidence interval estimate would extend from 11.7% to 23.3%.*
- A sample size of 177 patients yields approximately 40% power to detect a 5 percentage point increase (21.7% vs. 16.7%) and 90% power to detect a 10 percentage point increase (26.7% vs. 16.7%) in a hospital's event rate compared to the national average.*

Has a sensitivity analysis been performed for problem or missing data?

YES. This is not described in the material provided, but a reference is provided. NSQIP investigators compared a variety of strategies for handling missing data and concluded that their approach is reasonable. Although inferences about specific risk factors did change depending on the missing data method, the differences did not substantially impact inferences about relative hospital performance.

Does the data demonstrate that the risk model is reliable? YES.

The developers performed sensitivity analysis to determine whether inferences about hospital performance were sensitive to the type of risk adjustment model (conventional vs. hierarchical). Results of each were similar.

Comments on reliability testing:

Validity testing (2c):

Is validity testing of the measure to demonstrate results can be used to make conclusions about quality provided?

YES. Validity testing focused on assessing the performance of the risk-adjustment model.

NATIONAL QUALITY FORUM
National Voluntary Consensus Standards for Patient Outcomes
Measure Summary

Are the results supportive of a valid measure? *YES. (More details on model calibration would be helpful.)*

Comments on validity testing:

It would be useful to have more information about the protocol for insuring consistent and reliable 30-day endpoint ascertainment. Observed differences in mortality & morbidity could conceivably reflect differences in protocols for following patients post-discharge during the 30-day window. Are patients who are lost to follow-up excluded from the calculations? Or, are they included and assumed not to have an event?

Did the investigators examine the relative frequency of individual endpoints in the composite endpoint? Did they verify that no single item dominates?

Scoring Method Justification (2f):

Is the choice of method for computing risk-adjusted scores and identifying statistically significant differences justified? *YES*

Comments on scoring methods:

The O/E point estimates may be somewhat noisy. Reporting confidence intervals (as the developers propose to do) will be helpful.

Summary comments:

Reviewer:

Sean O'Brien, PhD

Assistant Professor, Department of Biostatistics and Bioinformatics
Duke University Medical Center, Duke Clinical Research Institute,
Durham, NC

Attachments: None

NATIONAL QUALITY FORUM

Measure Evaluation 4.1 January 2010

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The sub-criteria and most of the footnotes from the [evaluation criteria](#) are provided in Word comments and will appear if your cursor is over the highlighted area (or in the margin if your Word program is set to show revisions in balloons). Hyperlinks to the evaluation criteria and ratings are provided in each section.

TAP/Workgroup (if utilized): Complete all **yellow highlighted** areas of the form. Evaluate the extent to which each sub-criterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

Note: If there is no TAP or workgroup, the SC also evaluates the sub-criteria (**yellow highlighted areas**).

Steering Committee: Complete all **pink** highlighted areas of the form. Review the workgroup/TAP assessment of the sub-criterion, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met

C = Completely (unquestionably demonstrated to meet the criterion)

P = Partially (demonstrated to partially meet the criterion)

M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)

N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)

NA = Not applicable (only an option for a few sub-criteria as indicated)

(for NQF staff use) NQF Review #: OT1-015-09	NQF Project: Patient Outcomes Measures: Phases I and II
MEASURE DESCRIPTIVE INFORMATION	
De.1 Measure Title: Risk Adjusted Case Mix Adjusted Elderly Surgery Outcomes Measure	
De.2 Brief description of measure: This is a hospital based, risk adjusted, case mix adjusted elderly surgery aggregate clinical outcomes measure of adults 65 years of age and older.	
1.1-2 Type of Measure: outcome	
De.3 If included in a composite or paired with another measure, please identify composite or paired measure	
De.4 National Priority Partners Priority Area: population health, safety	
De.5 IOM Quality Domain: effectiveness, efficiency, equity, safety	
De.6 Consumer Care Need: Getting Better	

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	NQF Staff
A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. <i>Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.</i> A.1 Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)? Yes A.2 Indicate if Proprietary Measure (as defined in measure steward agreement): A.3 Measure Steward Agreement: agreement signed and submitted A.4 Measure Steward Agreement attached:	A Y <input type="checkbox"/> N <input type="checkbox"/>
B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and	B

update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section	Y <input type="checkbox"/> N <input type="checkbox"/>
C. The intended use of the measure includes <u>both</u> public reporting <u>and</u> quality improvement. ► Purpose: public reporting, quality improvement 0,0,0,	C Y <input type="checkbox"/> N <input type="checkbox"/>
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1 Testing: No, testing will be completed within 12 months D.2 Have NQF-endorsed measures been reviewed to identify if there are similar or related measures? Yes	D Y <input type="checkbox"/> N <input type="checkbox"/>
(for NQF staff use) Have all conditions for consideration been met? Staff Notes to Steward (if submission returned):	Met Y <input type="checkbox"/> N <input type="checkbox"/>
Staff Notes to Reviewers (issues or questions regarding any criteria):	
Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
1. IMPORTANCE TO MEASURE AND REPORT	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria) 1a. High Impact	Eval Rating
(for NQF staff use) Specific NPP goal:	
1a.1 Demonstrated High Impact Aspect of Healthcare: affects large numbers, severity of illness, frequently performed procedure, a leading cause of morbidity/mortality, patient/societal consequences of poor quality, high resource use 1a.2 1a.3 Summary of Evidence of High Impact: Individuals aged 65 years and older consume more medical services than younger generations. In 1999, according to the National Hospital Discharge Survey, patients aged 65 years or older represented 12% of the population but accounted for 40% of hospital discharges and nearly half (48%) of days of inpatient care.1 In an analysis of the 1996 National Hospital Discharge Surgery and the National Survey of Ambulatory Surgery, Etzioni et al. demonstrated that individuals aged 65 years or older underwent surgery at a higher rate than their younger counterparts for 58% of the procedures analyzed. In addition to consuming more medical resources than their younger counterparts, the elderly are at greater risk of morbidity and mortality after surgical procedures. Major perioperative complications after nonemergent, major, noncardiac procedures have been documented to occur in 5.7% of patients 60-69 years of age, 9.6% of patients 70 to 79 years of age, and 12.5% of patients at least 80 years of age.2 Finlayson et al. demonstrated that the mortality associated with 14 major elective surgeries in Medicare beneficiaries ranged from 1.3% to 13.7% depending on the procedure, with the highest mortality associated with mitral valve replacement (10.5%), esophagectomy (13.6%), and pneumonectomy (13.7%). Those older than 80 years of age are at particularly high risk for perioperative adverse events.3, 4 Finallyson et al. demonstrated that the operative mortality among octogenarians was significantly higher than that of their	1a C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>

younger counterparts (patients aged 65 to 69 years) for esophagectomy (19.9% versus 8.8%, $p < 0.0001$), pancreatectomy (15.5% versus 6.7%, $p < 0.0001$), and lung resections (6.9% versus 3.7%, $p < 0.0001$) for cancer.⁵

In addition to causing patients significant harm and potentially costing them their life, postoperative adverse events are associated with a significant financial burden. The cost of ventilator associated pneumonia has been documented to be between \$10,019 and \$57,158 with the daily cost of intensive care unit care being \$1,861.⁶⁻⁸ The cost of postoperative acute renal failure ranges from \$18,414 to \$25,219.^{9, 10} Reducing complications can avert significant costs associated with complications. By reducing the number of surgical site infections, one participant in the American College of Surgeons National Surgical Quality Improvement Program has estimated savings at \$2,543,180 over four years. (unpublished data)

Not considering the associated adverse events, individuals aged 65 years and older consume a significant proportion of health care resources through the rate at which they undergo surgical procedures. Additionally, the elderly require additional medical resources due to their increased risk for postoperative morbidity and mortality. Reductions in postoperative morbidity and mortality will not only improve patient well-being but will reduce the cost of medical care.

1a.4 Citations for Evidence of High Impact: 1. Popovic J. 1999 National hospital Discharge Survey: Annula Summary with Detailed Diagnoses and Procedure Data. In: Statistics NCFH, ed. Vol 1; 2001.

2. Polanczyk CA, Marcantonio E, Goldman L, et al. Impact of age on perioperative complications and length of stay in patients undergoing noncardiac surgery. *Ann Intern Med.* Apr 17 2001;134(8):637-643.

3. Hamel MB, Henderson WG, Khuri SF, Daley J. Surgical outcomes for patients aged 80 and older: morbidity and mortality from major noncardiac surgery. *J Am Geriatr Soc.* Mar 2005;53(3):424-429.

4. Turrentine FE, Wang H, Simpson VB, Jones RS. Surgical risk factors, morbidity, and mortality in elderly patients. *J Am Coll Surg.* Dec 2006;203(6):865-877.

5. Finlayson E, Fan Z, Birkmeyer JD. Outcomes in octogenarians undergoing high-risk cancer operation: a national study. *J Am Coll Surg.* Dec 2007;205(6):729-734.

6. Warren DK, Shukla SJ, Olsen MA, et al. Outcome and attributable cost of ventilator-associated pneumonia among intensive care unit patients in a suburban medical center. *Crit Care Med.* May 2003;31(5):1312-1317.

7. Safdar N, Dezfoulian C, Collard HR, Saint S. Clinical and economic consequences of ventilator-associated pneumonia: a systematic review. *Crit Care Med.* Oct 2005;33(10):2184-2193.

8. Cocanour CS, Ostrosky-Zeichner L, Peninger M, et al. Cost of a ventilator-associated pneumonia in a shock trauma intensive care unit. *Surg Infect (Larchmt).* Spring 2005;6(1):65-72.

9. Pronovost P, Garrett E, Dorman T, et al. Variations in complication rates and opportunities for improvement in quality of care for patients having abdominal aortic surgery. *Langenbecks Arch Surg.* Jul 2001;386(4):249-256.

10. Dimick JB, Pronovost PJ, Cowan JA, Lipsett PA. Complications and costs after high-risk surgery: where should we focus quality improvement initiatives? *J Am Coll Surg.* May 2003;196(5):671-678.

1b. Opportunity for Improvement

1b.1 Benefits (improvements in quality) envisioned by use of this measure: Reduced mortality and major morbidity rates for elderly following surgeries.

1b.2 Summary of data demonstrating performance gap (variation or overall poor performance) across providers:

The rates of the serious events described in this measure are highly variable by institution. ACS NSQIP uses clinical, audited, third -party collection, and risk adjusted data. An analysis of ACS NSQIP data shows that O/E ratios for mortality and serious morbidity in the elderly (age equal or greater than 65 years). The results show that O/E ratios for mortality and serious morbidity range from 0.49 to 4.22 for all participating hospitals. The interquartile range for O/E ratios is 0.89-1.13, a difference in performance of more than 25% between institutions at these quartile cutoffs, and the 10th percentile and 90th percentile O/E ratios were 0.76 and 1.25, respectively, a difference of 64%. These statistics demonstrate the significance of the performance gap in mortality and serious morbidity outcomes in the elderly across hospital providers.

1b.3 Citations for data on performance gap:

The data cited above is unpublished, obtained from an internal analysis of ACS NSQIP data. However,

1b
C ☐
P ☐
M ☐
N ☐

these gaps have been repeatedly demonstrated since the inception of the program.

1b.4 Summary of Data on disparities by population group:

Dramatic variations in the quality and delivery of surgical care¹¹⁻¹³ as well as involvement in clinical trials^{14, 15} have been documented for those individuals aged 65 years and older. Birkmeyer et al. demonstrated that Medicare beneficiaries undergoing one of six major surgical procedures who belonged to a lower socioeconomic class had higher rates of adjusted mortality than those from a higher class, attributing the variation in outcomes to hospital-level differences in care.¹⁶ Furthermore, in the Nationwide Inpatient Sample, operative mortality among patients aged 65 years and older who underwent pancreatic resection and esophagectomy was 10% less at high-volume centers compared to low-volume centers.¹⁷ Hardiman et al. demonstrated through a retrospective review of prospectively collected data on 10,433 patients diagnosed with primary colon tumors that individuals who were at least 80 years old were less likely to have colectomy for advanced or metastatic disease, have fewer lymph nodes removed, receive chemotherapy for every stage than those who were younger than 80 years old.¹⁸ Skinner et al. found that the rate of surgical treatment of osteoarthritis of the knee in Medicare beneficiaries varies substantially by region of the country, sex, and race or ethnicity.¹⁹ Jha et al. confirmed the persistence of significant racial disparities in the performance of coronary artery bypass grafts, carotid endarterectomy, and total hip replacement among Medicare beneficiaries despite federal initiatives to reduce this variation.²⁰

1b.5 Citations for data on Disparities:

11. Wanebo HJ, Cole B, Chung M, et al. Is surgical management compromised in elderly patients with breast cancer? *Ann Surg.* May 1997;225(5):579-586; discussion 586-579.
12. Laycock WS, Siewers AE, Birkmeyer CM, Wennberg DE, Birkmeyer JD. Variation in the use of laparoscopic cholecystectomy for elderly patients with acute cholecystitis. *Arch Surg.* Apr 2000;135(4):457-462.
13. Dunlop DD, Manheim LM, Song J, et al. Age and racial/ethnic disparities in arthritis-related hip and knee surgeries. *Med Care.* Feb 2008;46(2):200-208.
14. Bugeja G, Kumar A, Banerjee AK. Exclusion of elderly people from clinical research: a descriptive study of published reports. *BMJ.* Oct 25 1997;315(7115):1059.
15. Murthy VH, Krumholz HM, Gross CP. Participation in cancer clinical trials: race-, sex-, and age-based disparities. *JAMA.* Jun 9 2004;291(22):2720-2726.
16. Birkmeyer NJ, Gu N, Baser O, Morris AM, Birkmeyer JD. Socioeconomic status and surgical mortality in the elderly. *Med Care.* Sep 2008;46(9):893-899.
17. Finlayson EV, Birkmeyer JD. Operative mortality with elective surgery in older adults. *Eff Clin Pract.* Jul-Aug 2001;4(4):172-177.
18. Hardiman KM, Cone M, Sheppard BC, Herzig DO. Disparities in the treatment of colon cancer in octogenarians. *Am J Surg.* May 2009;197(5):624-628.
19. Skinner J, Weinstein JN, Sporer SM, Wennberg JE. Racial, ethnic, and geographic disparities in rates of knee arthroplasty among Medicare patients. *N Engl J Med.* Oct 2 2003;349(14):1350-1359.
20. Jha AK, Fisher ES, Li Z, Orav EJ, Epstein AM. Racial trends in the use of major procedures among the elderly. *N Engl J Med.* Aug 18 2005;353(7):683-691.

1c. Outcome or Evidence to Support Measure Focus

1c.1 Relationship to Outcomes (*For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population*): As patients aged 65 years or older represent one of the fastest growing segments of the population and are at substantial risk for post-operative morbidity and mortality, additional resources should be directed toward assessing and improving outcomes among elderly surgical patients. Due to increased longevity and the aging of "baby boomers," individuals over the age of 65 represent the segment of the United States population with the fastest rate of growth. The number of people in this segment is expected to increase 13.3% by 2010 and 53.2% by 2020; this represents an increase in the number of individuals aged 65 years or older by 53.2% (18.9 million persons) between 2001 and 2020.²¹

The forecasted workload due to the demand for surgical procedures in the elderly is expected to only increase. By 2020, the surgical workload for general surgery, orthopedics, urology, and neurosurgery is

1c
C ☐
P ☐
M ☐
N ☐

anticipated to increase by 31%, 28%, 35%, and 28%, respectively.²² Similarly, overall rates of general surgery procedures for individuals aged 65 years and older have been estimated to be three times higher than those aged 15 to 44 years and 1.6 times higher than rates for those aged 45 to 64 years by 2020. Colon resection, which in individuals 65 years and older has a rate that is 17-fold higher than in those aged 15 to 44 years and a 4-fold higher rate than in those aged 45 to 64 years, is the most rapidly increasing operation (42.0% from 2000 to 2020) out of five common general surgery procedures (laparoscopic cholecystectomy, appendectomy, inguinal hernia, and breast excision).²³ Between 1994 and 2003, total discharges after lung, esophageal, and pancreatic surgery in patients aged 80 years and older increased by 76%.⁵ By 2020, the number of patients aged 80 years and older undergoing oncologic surgery is anticipated to increase by 51%.²⁴ With a growing portion of the population becoming elderly and more elderly persons undergoing surgical procedures, efforts, including meaningful outcome measures, are needed to mitigate the morbidity and mortality experienced by this high-risk population.

Evidence that demonstrates the significance and relevance of outcomes in the elderly to the population may be found in RCTs, observational trials, cohort studies, etc. (See below)

1c.2-3. Type of Evidence: randomized controlled trial, observational study, systematic synthesis of research, meta-analysis, cohort study, expert opinion, other (specify) Observational based on prospectively collected rigorously controlled data (ACS NSQIP)

1c.4 Summary of Evidence (*as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome*):

Despite evidence that the elderly require specific perioperative care²⁵⁻²⁸, few of the initiatives to delineate process-based quality indicators for the elderly have focused on improving outcomes after surgical procedures.²⁹ Most of the research specifically addressing quality indicators for elderly surgical procedures has been conducted by members of the Research AND Development (RAND) Corporation; their research has identified process measures that are specific to the elderly undergoing surgery and include but are not limited to screens for nutrition, cognition, and delirium risk.^{30, 31} Using the RAND/University of California Los Angeles Appropriateness Methodology, a modified Delphi technique, quality indicators have been developed for elderly patients undergoing elective major abdominal surgery³⁰ and for elderly patients undergoing ambulatory or inpatient surgery for nearly all surgical specialties that care for elderly patients (cardiothoracic, colorectal, general, gynecology, orthopedic, urology, and vascular surgery).³¹ The need for additional research for surgical quality improvement that focuses on elderly care is highlighted by the fact that most of the quality indicators identified by McGory et al. did not have level one randomized controlled trial evidence. Indeed, the RAND/UCLA Appropriateness Methodology was designed to identify as accurately as possible the highest quality processes when the highest level of evidence is not available.³²

In sum, there is a lack of high level evidence for process measures in elderly surgery, thus supporting the need to use outcome-based measures to evaluate elderly surgery quality of care.

1c.5 Rating of strength/quality of evidence (*also provide narrative description of the rating and by whom*):

Not applicable to outcomes based measures.

1c.6 Method for rating evidence: N/A

1c.7 Summary of Controversy/Contradictory Evidence: There are no specific process measures that have Level I evidence for the evaluation of surgery in the elderly. There are general process measures (i.e. SCIP) that are applicable to surgery in the elderly, however, internal analyses using clinical risk adjusted ACS NSQIP data demonstrate little to no correlation of these processes to outcomes. This dilemma/circumstance supports the need to use outcomes based measures.

1c.8 Citations for Evidence (*other than guidelines*): 5. Finlayson E, Fan Z, Birkmeyer JD. Outcomes in octogenarians undergoing high-risk cancer operation: a national study. J Am Coll Surg. Dec 2007;205(6):729-734.

21. Anderson R, DeTurk P. United States Life Tables, 1999. Natl Vital Stat Rep. 2002;50(6):33.

<p>22. Etzioni DA, Liu JH, Maggard MA, Ko CY. The aging population and its impact on the surgery workforce. <i>Ann Surg.</i> Aug 2003;238(2):170-177.</p> <p>23. Liu JH, Etzioni DA, O'Connell JB, Maggard MA, Ko CY. The increasing workload of general surgery. <i>Arch Surg.</i> Apr 2004;139(4):423-428.</p> <p>24. Etzioni DA, Liu JH, O'Connell JB, Maggard MA, Ko CY. Elderly patients in surgical workloads: a population-based analysis. <i>Am Surg.</i> Nov 2003;69(11):961-965.</p> <p>25. Pofahl WE, Pories WJ. Current status and future directions of geriatric general surgery. <i>J Am Geriatr Soc.</i> Jul 2003;51(7 Suppl):S351-354.</p> <p>26. Rosenthal RA, Kavic SM. Assessment and management of the geriatric patient. <i>Crit Care Med.</i> Apr 2004;32(4 Suppl):S92-105.</p> <p>27. Loran DB, Hyde BR, Zwischenberger JB. Perioperative management of special populations: the geriatric patient. <i>Surg Clin North Am.</i> Dec 2005;85(6):1259-1266, xi.</p> <p>28. Jin F, Chung F. Minimizing perioperative adverse events in the elderly. <i>Br J Anaesth.</i> Oct 2001;87(4):608-624.</p> <p>29. Shekelle PG, MacLean CH, Morton SC, Wenger NS. Assessing care of vulnerable elders: methods for developing quality indicators. <i>Ann Intern Med.</i> Oct 16 2001;135(8 Pt 2):647-652.</p> <p>30. McGory ML, Shekelle PG, Rubenstein LZ, Fink A, Ko CY. Developing quality indicators for elderly patients undergoing abdominal operations. <i>J Am Coll Surg.</i> Dec 2005;201(6):870-883.</p> <p>31. McGory ML, Kao KK, Shekelle PG, et al. Developing quality indicators for elderly surgical patients. <i>Ann Surg.</i> Aug 2009;250(2):338-347.</p> <p>32. Brook RH. The RAND/UCLA Appropriateness Method. Clinical practice guideline development: methodology perspectives. Rockville, MD: Public Health Service: ACHR; 1994.</p> <p>33. Brook RH, Chassin MR, Fink A, Solomon DH, Koscoff J, Park RE. A method for the detailed assessment of the appropriateness of medical technologies. <i>Int J Technol Assess Health Care.</i> 1986;2(1):53-63.</p> <p>1c.9 Quote the Specific guideline recommendation (including guideline number and/or page number): While quality indicators for patients aged 65 years or older undergoing surgical procedures exist (as described above), there are no national clinical practice guidelines specific for elderly patients undergoing surgical procedures (http://www.guideline.gov/; accessed 9/10/09).</p> <p>1c.10 Clinical Practice Guideline Citation: N/A</p> <p>1c.11 National Guideline Clearinghouse or other URL: N/A</p> <p>1c.12 Rating of strength of recommendation (also provide narrative description of the rating and by whom): N/A</p> <p>1c.13 Method for rating strength of recommendation (If different from USPSTF system, also describe rating and how it relates to USPSTF): N/A</p> <p>1c.14 Rationale for using this guideline over others: N/A</p>	
<p>TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Importance to Measure and Report</i>?</p>	1
<p>Steering Committee: Was the threshold criterion, <i>Importance to Measure and Report</i>, met? Rationale:</p>	<p>1</p> <p>Y <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES</p>	
<p>Extent to which the measure, <u>as specified</u>, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)</p>	<p>Eval Rating</p>
<p>2a. MEASURE SPECIFICATIONS</p>	

S.1 Do you have a web page where current detailed measure specifications can be obtained?

S.2 If yes, provide web page URL:

2a. Precisely Specified

2a.1 Numerator Statement (*Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome*):

The outcome of interest is hospital-specific risk-adjusted mortality, a return to the operating room, or any of the following morbidities as defined by American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP): Cardiac Arrest requiring CPR, Myocardial Infarction, DVT requiring therapy, Sepsis, Septic Shock, Deep Incisional ssi, Organ/Space SSI, Wound Disruption, Unplanned Reintubation without prior ventilator dependence, Pneumonia without pre-operative pneumonia, Pulmonary Embolism, progressive Renal Insufficiency or Acute Renal Failure without pre-operative renal failure or dialysis, or UTI within 30 days of any ACS NSQIP listed (CPT) surgical procedure.

2a.2 Numerator Time Window (*The time period in which cases are eligible for inclusion in the numerator*):

Targeted events within 30 days of the operation are included.

2a.3 Numerator Details (*All information required to collect/calculate the numerator, including all codes, logic, and definitions*):

Mortality-Death within 30 day follow-up period: Any death occurring through midnight on the 30th day after the date of the procedure, regardless of cause, in or out of the hospital.

Additional operations within 30 days of the index operation are considered an outcome (return to OR) and are not eligible to become new index cases.

Return to the Operating Room within Thirty Days after the Assessed Procedure: Return to the operating room includes all major surgical procedures that required the patient to be taken to the surgical operating room for intervention of any kind. "Major surgical procedures" are defined as those cases in any and all surgical subspecialties that meet Program criteria for inclusion.

Cardiac Arrest Requiring CPR: The absence of cardiac rhythm or presence of chaotic cardiac rhythm that results in loss of consciousness requiring the initiation of any component of basic and/or advanced cardiac life support. Patients with automatic implantable cardioverter defibrillator (AICD) that fire but the patient has no loss of consciousness should be excluded.

Myocardial Infarction: An acute myocardial infarction occurring within 30 days following surgery as manifested by one of the following three criteria:

a. Documentation of ECG changes indicative of acute MI(one or more of the following):

- ST elevation > 1 mm in two or more contiguous leads
- New left bundle branch
- New q-wave in two of more contiguous leads

b. New elevation in troponin greater than 3 times upper level of the reference range in the setting of suspected myocardial ischemia

c. Physician diagnosis of myocardial infarction

Deep Vein Thrombosis (DVT)/Requiring Therapy: The identification of a new blood clot or thrombus within the venous system, which may be coupled with inflammation. This diagnosis is confirmed by a duplex, venogram or CT scan. The patient must be treated with anticoagulation therapy and/or placement of a vena cava filter or clipping of the vena cava.

Sepsis:

Sepsis is the systemic response to infection. Report this variable if the patient has TWO OR MORE of the following five clinical signs and symptoms of Systemic Inflammatory Response Syndrome (SIRS):

- a. Temp >38 degrees C (100.4 degrees F) or < 36 degrees C (96.8 degrees F)
- b. HR >90 bpm
- c. RR >20 breaths/min or PaCO₂ <32 mmHg(<4.3 kPa)
- d. WBC >12,000 cell/mm³, <4000 cells/mm³, or >10% immature (band) forms
- e. Anion gap acidosis: this is defined by either:

2a-

specs

C ☐

P ☐

M ☐

N ☐

- $[\text{Na} + \text{K}] - [\text{Cl} + \text{HCO}_3 \text{ (or serum CO}_2\text{)}]$. If this number is greater than 16, then an anion gap acidosis is present.
- $\text{Na} - [\text{Cl} + \text{HCO}_3 \text{ (or serum CO}_2\text{)}]$. If this number is greater than 12, then an anion gap acidosis is present.

AND one of the following TWO:

- positive blood culture
- clinical documentation of purulence or positive culture from any site thought to be causative

Severe Sepsis/Septic Shock: Sepsis is considered severe when it is associated with organ and/or circulatory dysfunction. Report this variable if the patient has sepsis AND documented organ and/or circulatory dysfunction. Examples of organ dysfunction include: oliguria, acute alteration in mental status, acute respiratory distress. Examples of circulatory dysfunction include: hypotension, requirement of inotropic or vasopressor agents. Severe Sepsis/Septic Shock is assigned when it appears to be related to Sepsis and not a Cardiogenic or Hypovolemic etiology.

Deep Incisional SSI: Deep Incision SSI is an infection that occurs within 30 days after the operation and the infection appears to be related to the operation and infection involved deep soft tissues (for example, fascial and muscle layers) of the incision and at least one of the following: Purulent drainage from the deep incision but not from the organ/space component of the surgical site; A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever ($> 38^\circ\text{C}$), localized pain, or tenderness, unless site is culture-negative; An abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination; Diagnosis of a deep incision SSI by a surgeon or attending physician.

Organ/Space SSI: Organ/Space SSI is an infection that occurs within 30 days after the operation and the infection appears to be related to the operation and the infection involves any part of the anatomy (for example, organs or spaces), other than the incision, which was opened or manipulated during an operation and at least one of the following: Purulent drainage from a drain that is placed through a stab wound into the organ/space; Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space; An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination; Diagnosis of an organ/space SSI by a surgeon or attending physician.

Wound Disruption: Separation of the layers of a surgical wound, which may be partial or complete, with disruption of the fascia.

Unplanned Intubation for Respiratory/Cardiac Failure (without preoperative ventilator dependent): Patient required placement of an endotracheal tube and mechanical or assisted ventilation because of the onset of respiratory or cardiac failure manifested by severe respiratory distress, hypoxia, hypercarbia, or respiratory acidosis. In patients who were intubated for their surgery, unplanned intubation occurs after they have been extubated after surgery. In patients who were not intubated during surgery, intubation at any time after their surgery is considered unplanned.

Pneumonia (without preoperative pneumonia): if the patient has pneumonia meeting the definition below AND pneumonia was not present preoperatively. Patients with pneumonia must meet criteria from both Radiology and Signs/Symptoms/Laboratory sections listed as follows:

Radiology: One definitive chest radiological exam (x-ray or CT) with at least one of the following: New or progressive and persistent infiltrate, Consolidation or opacity, Cavitation. In patients with underlying pulmonary or cardiac disease (e.g. respiratory distress syndrome, bronchopulmonary dysplasia, pulmonary edema, or chronic obstructive pulmonary disease), two or more serial chest radiological exams (x-ray or CT) are required.

Signs/Symptoms/Laboratory

FOR ANY PATIENT, at least one of the following three:

- Fever ($>38^\circ\text{C}$ or $>100.4^\circ\text{F}$) with no other recognized cause
- Leukopenia ($<4000 \text{ WBC/mm}^3$) or leukocytosis ($\geq 12,000 \text{ WBC/mm}^3$)
- For adults = 70 years old, altered mental status with no other recognized cause

AND

At least one of the following four:

- a. 5% Bronchoalveolar lavage (BAL) -obtained cells contain intracellular bacteria on direct microscopic exam (e.g., Gram stain)
- b. Positive growth in blood culture not related to another source of infection
- c. Positive growth in culture of pleural fluid
- d. Positive quantitative culture from minimally contaminated lower respiratory tract (LRT) specimen (e.g. BAL or protected specimen brushing)

OR

At least two of the following four:

- a. New onset of purulent sputum, or change in character of sputum, or increased respiratory secretions, or increased suctioning requirements
- b. New onset or worsening cough, or dyspnea, or tachypnea
- c. Rales or bronchial breath sounds
- d. Worsening gas exchange (e.g. O₂ desaturations (e.g., PaO₂/FiO₂ = 240), increased oxygen requirements, or increased ventilator demand)

Pulmonary Embolism: Lodging of a blood clot in a pulmonary artery with subsequent obstruction of blood supply to the lung parenchyma. The blood clots usually originate from the deep leg veins or the pelvic venous system. Pulmonary embolism is recorded if the patient has a V-Q scan interpreted as high probability of pulmonary embolism or a positive CT spiral exam, pulmonary arteriogram or CT angiogram. Treatment usually consists of: Initiation of anticoagulation therapy, Placement of mechanical interruption (for example Greenfield Filter), for patients in whom anticoagulation is contraindicated or already instituted.

Progressive Renal Insufficiency (without preoperative renal failure or dialysis): The reduced capacity of the kidney to perform its function as evidenced by a rise in creatinine of >2 mg/dl from preoperative value, but with no requirement for dialysis.

Acute Renal Failure Requiring Dialysis (without preoperative renal failure or dialysis): In a patient who did not require dialysis preoperatively, worsening of renal dysfunction postoperatively requiring hemodialysis, peritoneal dialysis, hemofiltration, hemodiafiltration, or ultrafiltration.

Urinary Tract Infection: Postoperative symptomatic urinary tract infection must meet ONE of the following TWO criteria:

Criterion One:

One of the following five:

- a. fever (>38 degrees C),
- b. urgency,
- c. frequency,
- d. dysuria,
- e. suprapubic tenderness

AND a urine culture of > 100,000 colonies/ml urine with no more than two species of organisms.

OR

Criterion Two:

Two of the following five:

- a. fever (>38 degrees C),
- b. urgency,
- c. frequency,
- d. dysuria,
- e. suprapubic tenderness

AND ANY ONE or MORE of the following seven:

- f. Dipstick test positive for leukocyte esterase and/or nitrate,
- g. Pyuria (>10 WBCs/mm³ or > 3 WBC/hpf of unspun urine),
- h. Organisms seen on Gram stain of unspun urine,
- i. Two urine cultures with repeated isolation of the same uropathogen with >100 colonies/ml urine in non-voided specimen,
- j. Urine culture with < 100,000 colonies/ml urine of single uropathogen in patient being treated with appropriate antimicrobial therapy,
- k. Physician's diagnosis,
- l. Physician institutes appropriate antimicrobial therapy.

2a.4 Denominator Statement (*Brief, text description of the denominator - target population being measured*):

Patients undergoing any ACS NSQIP listed (CPT) surgical procedure who are 65 years of age or older. (see separate list of roughly 2900 ACS NSQIP eligible CPT codes)

2a.5 Target population gender: Female, Male

2a.6 Target population age range: Any patient equal to or greater than 65 years of age

2a.7 Denominator Time Window (*The time period in which cases are eligible for inclusion in the denominator*):

Data are derived from a systematic sample collected over a one year period constructed to as to meet sample size requirements specified for the measure.

2a.8 Denominator Details (*All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions*):

Cases are collected so as to match ACS NSQIP inclusion and exclusion criteria, thereby permitting valid application of ACS NSQIP model-based risk adjustment.

2a.9 Denominator Exclusions (*Brief text description of exclusions from the target population*): Cases must first have ACS NSQIP eligible CPT codes on the submitted list of ~2900 codes. Major/multisystem trauma and transplant surgeries are excluded. Patients who are ASA 6 (brain-death organ donor) are not eligible surgical cases. Surgeries following within 30 d of an index procedure are an outcome (return to OR) and are not eligible to be new index cases. Thus, a patient known to have had a prior surgical operation within 30 days is excluded from having the subsequent surgery considered an index case.

2a.10 Denominator Exclusion Details (*All information required to collect exclusions to the denominator, including all codes, logic, and definitions*):

NOT ON ELIGIBLE CPT LIST: Approximately 2900 codes are eligible list.

MAJOR TRAUMA: A patient who is admitted to the hospital with acute major or multisystem trauma and has surgery for that trauma is excluded, though any operation performed after the patient has been discharged from that trauma admission can be included. Exclusion of trauma cases does consider magnitude of injuries. If the patient has minor injuries, they are not excluded. If there are multiple severe injuries and the situation is emergent, the case would be excluded. For instance, ground level falls are included as they are not considered multisystem trauma, but a fall from a ladder or a fall from height would be excluded. Any emergent, major or multisystem trauma case is excluded. These algorithms are communicated to the data collectors via educational tools.

TRANSPLANT: A patient who is admitted to the hospital for a transplant and has a transplant procedure and any additional surgical procedures during the transplant hospitalization will be excluded, though any operation performed after the patient has been discharged from the transplant stay is eligible for selection.

ASA 6: A patient classified as ASA Class 6 is not eligible for inclusion.

2a.11 Stratification Details/Variables (*All information required to stratify the measure including the stratification variables, all codes, logic, and definitions*):

The measure is risk adjusted and case mix adjusted. There is no risk adjustment of race or ethnicity, however race and ethnicity variables will be collected and secondary stratification by race/ethnicity to investigate disparities can be performed.

2a.12-13 Risk Adjustment Type: case-mix adjustment**2a.14 Risk Adjustment Methodology/Variables** (*List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method*):

From 271,368 patient records in the 2008 ACS NSQIP Data file ; 83,832 acceptable records from 211 hospitals (mean/hospital=397) were analyzed. Records were included if patients were ≥ 65 years of age and excluded either because of missing values for critical variables or because the primary CPT code was not a member of the CPT eligibility list. This CPT eligibility list includes CPT codes from 136 pre-established CPT "Groups". These categorizations have been defined and implemented for risk adjustment in previously published research.*

An outcome was defined as 30-day mortality or any serious morbidity including: cardiac arrest requiring CPR, myocardial infarction, DVT requiring therapy, sepsis, septic shock, organ space SSI, deep incisional SSI, wound disruption, unplanned reintubation without prior ventilator dependence, pneumonia without pre-operative pneumonia, pulmonary embolism, progressive renal insufficiency or acute renal failure without pre-operative renal failure or dialysis, urinary tract infection, or return to the operating room, according to ACS NSQIP definitions. Of the 83,832 patients, 13,960 (16.7%) experienced death or a serious morbidity event. CPT Group was originally considered a categorical variable but, because of frequent empty cells, which precluded logistic model convergence (quasi-complete separation), CPT Group was converted to continuous risk variable referred to as "CPT Risk". This was accomplished by making the categorical CPT Group variable a single predictor for mortality/morbidity and invoking the Firth penalized likelihood method in the logistic modeling software (SAS PROC LOGISTIC). For one CPT Group, composed of only two subjects, both of whom experience an event, the estimated log odds was unacceptably large and was replaced by the next largest value. The patient-based predicted log odds from this model was then used as a continuous predictor in subsequent logistic models which also included the standard predictors. This approach to generation and inclusion in regression modeling of a procedure-specific scalar risk score provides powerful standardization of the risk adjustment across different procedures, such that institutions are not advantaged nor disadvantaged by the types and mix of procedures they perform.

Step-wise logistic regression ($P < 0.05$ for inclusion), which selected from a total of 26 NSQIP predictors, identified 21 predictors for inclusion in the model. In order of inclusion these variables were: CPT Risk, pre-operative Functional Status, ASA Class, Emergent, history of COPD, Wound Class, Ventilator Dependent, Weight Loss, Dyspnea, Steroid Use, Disseminated Cancer, Age Group, Ascites, Smoking, Bleeding Disorder, Radio Therapy, BMI Class, Previous Vascular Event/Disease, Alcohol Use, Previous Neurological Event/Disease, and Diabetes. The c-statistic was 0.774 and the Hosmer-Lemeshow was 0.002. Because of the very large sample sizes studied here, a statistically significant Hosmer-Lemeshow statistic is not considered informative with respect to calibration.

Using only the first three selected variables (CPT Risk, Functional Status, and ASA Class), the c-statistic was 0.764 and the Hosmer-Lemeshow was 0.002. The use of these three predictors for modeling was further evaluated. Using a 95% confidence interval for the ratio of observed to expected events (O/E), this three variable logistic model identified 30 statistical outliers (16 low outliers and 14 high outliers). When the same three-variables were used in a random intercept, fixed slope, hierarchical model (SAS PROC GLIMMIX) using only the fixed portion of the prediction equation (NOBLUP option), 28 outliers were detected (14 low outliers and 14 high outliers). Thus, using a 95% confidence interval, logistic and hierarchical models identified 7% of hospitals as high outliers. When the logistic model parameters were applied to an independent validation data set (the 2007 Data file composed of 65,056 patients) after coding CPT Groups with log odds derived from the original 1-variable model on 2008 data, the c-statistic was essentially unchanged (c-statistic=0.762).

A GEE (generalized estimating equations) approach (SAS PROC GENMOD) with compound symmetry (which factors in multilevel, or hierarchical, data clustering) was used to estimate the intraclass correlation (ICC) which is reported in GENMOD as the exchangeable working correlation. The ICC was 0.00377. The relationship between sample size, the ICC, and reliability is defined as:

$$N = R / [ICC(1 - R)] - R / (1 - R),$$

where N is the required number patients per hospital and R is reliability. Based on the estimated ICC, patients per hospital to achieve reliability levels of 0.3, 0.4, 0.5, 0.6, and 0.7 are 114, 177, 265, 397, and 617, respectively. Thus, for moderate reliability (> 0.4) a minimum sample size of ≥ 180 cases is estimated.

For the table detailing risk factors, odds ratios, and parameters for the logistic model, please see attachment (Parsimonious Model for Elderly.doc)

For initial year(s) of measure use, ACS NSQIP data-derived model parameters will be used to construct risk-adjusted O/E ratios for participating hospitals. Once data from measure-participating hospitals is substantial, models will be derived from that data.

***References utilizing CPT groups**

Hall BL, Hamilton BH, Richards K, et al. Does Surgical Quality Improve in the American College of Surgeons National Surgical Quality Improvement Program: An Evaluation of All Participating Hospitals. *Ann Surg*, in press.

Hall BL, Hsiao EY, Majercik S, et al. The impact of surgeon specialization on patient mortality: examination of a continuous Herfindahl-Hirschman index. *Ann Surg* 2009; 249(5):708-16.

Cohen ME, Bilimoria KY, Ko CY, Hall BL. Development of an American College of Surgeons National Surgery Quality Improvement Program: morbidity and mortality risk calculator for colorectal surgery. *J Am Coll Surg* 2009; 208(6):1009-16.

Schilling PL, Dimick JB, Birkmeyer JD. Prioritizing quality improvement in general surgery. *J Am Coll Surg* 2008; 207(5):698-704.

2a.15-17 Detailed risk model available Web page URL or attachment: Attachment Parsimonious_Model_for_Elderly.doc

2a.18-19 Type of Score: ratio

2a.20 Interpretation of Score: better quality = lower score

2a.21 Calculation Algorithm (*Describe the calculation of the measure as a flowchart or series of steps*):

For data collected during the one year time interval at each hospital: (a) O = the number of observed adverse events at the hospital; (b) using parameters from the applicable model derived logistic equation, compute predicted event probabilities for each patient in the hospital's data set; (c) the sum of these predicted probabilities defines E; (d) compute the hospital's O/E ratio and applicable confidence intervals.

2a.22 Describe the method for discriminating performance (*e.g., significance testing*):

The default methodology for discrimination performance will be based on the computed 95% CI for the O/E ratio. If the interval is above, and does not overlap 1.0, the hospital is identified as having performance significantly worse than expected. If the interval is below, and does not overlap 1.0, the hospital is identified as having performance significantly better than expected. Depending on programmatic objectives, the implementing organization could also opt for outlier status being defined by percentile rank, for example, in upper or lower distributional deciles of O/E ratios.

2a.23 Sampling (Survey) Methodology *If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):*

For each data collection year, hospitals would need to estimate their number of qualifying surgeries. Based on that denominator and the required sample size (roughly 180 cases) to achieve reliability of 0.4 (see Risk-adjustment Methodology section), hospitals would take a systematic sample (e.g., every 3rd qualifying case), to achieve the minimum sample size. In the event that the required sample size can not be achieved, hospitals would collect data on all eligible patients.

2a.24 Data Source (*Check the source(s) for which the measure is specified and tested*)

Documentation of original self-assessment, Management data, pharmacy data, Electronic clinical data, paper medical record/flowsheet, registry data

2a.25 Data source/data collection instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*):

The modeling presented herein is based on historical ACS NSQIP Data files for the last several years. As a measure, data would be collected and reported on an annual basis. Hospitals would not be required to participate in ACS NSQIP- they would simply submit their data to the implementing organization or agency,

and would receive their assessments in return.

2a.26-28 Data source/data collection instrument reference web page URL or attachment: [URL
https://acsnsqip.org/puf/PufRequestHomepage.aspx](https://acsnsqip.org/puf/PufRequestHomepage.aspx)

2a.29-31 Data dictionary/code table web page URL or attachment: [URL
https://acsnsqip.org/documents_section/documents_appendix_c-2.pdf](https://acsnsqip.org/documents_section/documents_appendix_c-2.pdf)

2a.32-35 Level of Measurement/Analysis (*Check the level(s) for which the measure is specified and tested*)
Facility/Agency

2a.36-37 Care Settings (*Check the setting(s) for which the measure is specified and tested*)
Hospital, Ambulatory Care: Hospital Outpatient

2a.38-41 Clinical Services (*Healthcare services being measured, check all that apply*)
Clinicians: Physicians (MD/DO), Clinicians: Pharmacist, Clinicians: Nurses, Clinicians: PA/NP/Advanced Practice Nurse, Clinicians: Dietician/Nutritional professional, Clinicians: Respiratory Therapy

TESTING/ANALYSIS

2b. Reliability testing

2b.1 Data/sample (*description of data/sample and size*): See Risk-adjustment Methodology in Specifications. Models were constructed using a large sample derived from the ACS NSQIP database for 2008.

2b.2 Analytic Method (*type of reliability & rationale, method for testing*):
See Risk-adjustment Methodology in Specifications. Reliability was determined using ICCs estimated by SAS PROC GENMOD.

2b.3 Testing Results (*reliability statistics, assessment of adequacy in the context of norms for the test conducted*):
See Risk-adjustment Methodology in Specifications. The relative variation between hospitals defined by the intra-class correlation coefficient (ICC) for hospitals can be estimated for continuous outcomes using linear mixed models, but the within-hospital variation needed to calculate ICCs is not routinely estimated for dichotomous outcomes. Hence, the usual measure of ICC based on a latent variable formulation using the standard logistic distribution was estimated. The between-hospital variation component of the ICC was estimated from SAS PROC GENMOD regressing the composite outcome on the significant predictors for mortality/serious morbidity in patients ≥ 65 . Together with procedure volumes, these ICCs were entered into the following equation to estimate reliability:

$$R = nICC / (1 + (n - 1)ICC),$$
where R is the reliability, n is the case load per hospital and ICC is the intra-class correlation.

There are no definitive criteria for what level of reliability is acceptable, but it is proposed to be similar to inter-rater reliability standards used for assessing survey instruments.

RELIABILITY ESTIMATE _____ INTERPRETATION

0.00-0.20 _____ Slight

0.21-0.40 _____ Fair

0.41-0.60 _____ Moderate

0.61-0.80 _____ Substantial

0.81-1.00 _____ Excellent

The ICC was estimated at 0.00377. Using a minimum acceptable reliability for mortality/serious morbidity in patients ≥ 65 of 0.4 (moderate), requiring roughly 180 cases, the proportions of hospitals likely to have these "moderate" reliability estimate are as follows. 90.8% of all U.S. hospitals and 84.8% of ACS NSQIP hospitals meet the 0.4 reliability requirement. It is estimated that >95% of all eligible cases performed in

2b

C ☐

P ☐

M ☐

N ☐

the country would be captured within this institutional set.

Table 1. Estimates of Procedure Volume Required to Achieve Specified Measure Reliability, and Proportions of U.S. Hospitals and ACS NSQIP Hospitals Meeting the Volume Requirements.

Reliability__RequiredCases__%U..S.HospMtgRqrmnt*__%NSQIPHospMtg Rqrmnt+

0.3	114	93.3	92.4
0.4	177	90.8	84.8
0.5	265	86.8	72.5
0.6	397	80.9	46.5
0.7	617	70.7	13.3

*Based on volume data from the 2005 National Inpatient Survey and inflated to account for outpatient procedures.

+Based on ACS NSQIP Data file 2008 and inflated to account for procedures that might be excluded for over-representation

2c. Validity testing

2c.1 Data/sample (*description of data/sample and size*): See Risk-adjustment Methodology in Specifications. Models were constructed using a large sample derived from the ACS NSQIP database for 2008.

2c.2 Analytic Method (*type of validity & rationale, method for testing*):

See Risk-adjustment Methodology in Specifications. C-statistics and Hosmer-Lemeshow P-values for the developmental data set were computed; c-statistics were computed for an independent validation data set base on 2007 data.

2c.3 Testing Results (*statistical results, assessment of adequacy in the context of norms for the test conducted*):

See Risk-adjustment Methodology in Specifications. Model validity (a similar c-statistic, discrimination) was demonstrated when the 2008 model was applied to 2007 data.

2c
C ☐
P ☐
M ☐
N ☐

2d. Exclusions Justified

2d.1 Summary of Evidence supporting exclusion(s):

The ACS NSQIP eligible CPT list provided separately includes all surgeries that would be appropriate for measurement of quality, and it would be unreasonable to provide documentation on the thousands of inapplicable codes. In addition, we have explicitly excluded surgeries related to trauma, transplant, and ASA Class 6 (brain-death organ donors). The ASA 6 exclusion as regards prediction of postoperative mortality and morbidity does not require explanation. As this measure is intended to apply generally to all hospitals doing surgery, inclusion of trauma and transplant cases, which tend to be directed towards metropolitan or regional centers, could adversely affect the efficacy of risk-adjustment (non-overlap of these types of cases across hospitals might be profound).

2d.2 Citations for Evidence:

As exclusions are based on reasoned argument rather empirical findings neither published evidence nor research findings are provided

2d.3 Data/sample (*description of data/sample and size*): N/A

2d.4 Analytic Method (*type analysis & rationale*):

N/A

2d.5 Testing Results (*e.g., frequency, variability, sensitivity analyses*):

N/A

2d
C ☐
P ☐
M ☐
N ☐
NA ☐

2e. Risk Adjustment for Outcomes/ Resource Use Measures

2e
C ☐

<p>2e.1 Data/sample (<i>description of data/sample and size</i>): The data sample is derived from the most recent ACS NSQIP Data file . The model for patients ≥ 65 used 83,832 patient records. Future models can be constructed using the most recent Data file. If this measure is adopted by sufficient numbers of non-NSQIP hospitals re-modeling can be based on data from the broader sample of hospitals.</p> <p>2e.2 Analytic Method (<i>type of risk adjustment, analysis, & rationale</i>): Preliminary risk-adjustment models were constructed for these developmental purposes using step-wise logistic regression, and GEE models were also utilized which allow for effect of clustering. Compared to full hierarchical models this methodology poses fewer convergence problems, has step-wise variable-selection methodology, and we have found that it provides nearly identical risk-adjustment as random intercept hierarchical models. However, Odds ratios and parameters reported here are derived from hierarchical model methodology applied to the predictor set established using step-wise logistic regression methods.</p> <p>2e.3 Testing Results (<i>risk model performance metrics</i>): See Risk-adjustment Methodology in Specifications. A parsimonious predictor set was constructed from the full step-wise set. Step-wise logistic regression ($P < 0.05$ for inclusion), which selected from a total of 26 predictors, identified 21 predictors for inclusion in the model. In order of inclusion these variables were: CPT Risk, pre-operative Functional Status, ASA Class, Emergent, history of COPD, Wound Class, Ventilator Dependent, Weight Loss, Dyspnea, Steroid Use, Disseminated Cancer, Age Group, Ascites, Smoking, Bleeding Disorder, Radio Therapy, BMI Class, Previous Vascular Event/Disease, Alcohol Use, Previous Neurological Event/Disease, and Diabetes. The c-statistic was 0.774 and the Hosmer-Lemeshow was 0.002. Because of the very large sample sizes studied here, a statistically significant Hosmer-Lemeshow statistic is not considered informative with respect to calibration. Using only the first three selected variables (Log Odds CPT Group, Functional Status, and ASA Class), which is being advocated as the risk-adjustment model, the c-statistic was 0.764 and the Hosmer-Lemeshow was 0.002. The use of these three predictors for modeling was further evaluated. Using a 95% confidence interval for the ratio of observed to expected events (O/E), this three variable logistic model identified 30 statistical outliers (16 low outliers and 14 high outliers). When the same three-variables were used in a random intercept, fixed slope, hierarchical model (SAS PROC GLIMMIX) using only the fixed portion of the prediction equation (NOBLUP option), 28 outliers were detected (14 low outliers and 14 high outliers). Thus, using a 95% confidence interval, logistic and hierarchical models identified 7% of hospitals as high outliers.</p> <p>2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:</p>	P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
<p>2f. Identification of Meaningful Differences in Performance</p> <p>2f.1 Data/sample from Testing or Current Use (<i>description of data/sample and size</i>): See Risk Adjustment Strategy Data Sample Section.</p> <p>2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance (<i>type of analysis & rationale</i>): The default methodology for discrimination performance will be based on the computed 95% CI for the O/E ratio. If the interval is above, and does not overlap, 1.0, the hospital is identified as having performance significantly worse than expected. If the interval is below, and does not overlap, 1.0, the hospital is identified as having performance significantly better than expected. Depending on programmatic objectives, the implementing organization could also opt for outlier status being defined by percentile rank, for example, in upper or lower distributional percentiles of O/E ratios.</p> <p>2f.3 Provide Measure Scores from Testing or Current Use (<i>description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance</i>): See Risk-adjustment strategy Testing Results</p>	2f C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
<p>2g. Comparability of Multiple Data Sources/Methods</p> <p>2g.1 Data/sample (<i>description of data/sample and size</i>): The only sources of data are those indicated above. This measure will require mostly clinical data (electronic or paper records), with administrative data added only as necessary. The advantage of clinical data versus administrative or claims data in</p>	2g C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>

<p>identifying risk-adjusted outcomes is exemplified in the study by Steinberg et al (2008). The study compared comorbidities collected and postsurgical complications from the ACS NSQIP database and the University HealthSystem Consortium (UHC). Comorbidities per patient were identified twice as often in the UHC system, while there was a discordance of 26% in identifying complications (UHC complication rate, 2% vs. ACS NSQIP complication rate, 28%). Using administrative or claims data may result in significant differences in risk-adjusted outcomes than using clinical data.</p> <p>Steinberg, S.M., et al., Comparison of risk adjustment methodologies in surgical quality improvement. Surgery, 2008. 144(4): p. 662-7; discussion 662-7.</p> <p>2g.2 Analytic Method (<i>type of analysis & rationale</i>): See above</p> <p>2g.3 Testing Results (<i>e.g., correlation statistics, comparison of rankings</i>): see above</p>	NA <input type="checkbox"/>
<p>2h. Disparities in Care</p> <p>2h.1 If measure is stratified, provide stratified results (<i>scores by stratified categories/cohorts</i>): measure is not stratified; measure is case mix adjusted, without inclusion of race or ethnicity. Post hoc stratification by race or ethnicity can be performed for the purpose of identifying disparities.</p> <p>2h.2 If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:</p>	2h C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Scientific Acceptability of Measure Properties</i> ?	2
Steering Committee: Overall, to what extent was the criterion, <i>Scientific Acceptability of Measure Properties</i> , met? Rationale:	2 C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
3. USABILITY	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)	Eval Rating
<p>3a. Meaningful, Understandable, and Useful Information</p> <p>3a.1 Current Use: in use</p> <p>3a.2 Use in a public reporting initiative (disclosure of performance results to the public at large) (<i>If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years</i>): Not currently in use for a public reporting initiative</p> <p>3a.3 If used in other programs/initiatives (<i>If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years</i>): ACS NSQIP www.acsnsqip.org</p> <p>Testing of Interpretability (<i>Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement</i>)</p> <p>3a.4 Data/sample (<i>description of data/sample and size</i>): Although this specific measure has not been formally tested for interpretability, the ACS NSQIP has been using similar O/E ratios to measure outcomes in the program for over 15 years from its inception in the VA. The success of this program and the satisfaction of participants provide evidence of interpretability of this outcome measure. Hospitals are able to compare their observed complications with their number of expected complications in a ratio that</p>	3a C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>

<p>provides a very straightforward measure of performance, while simultaneously being complex enough to adjust for each hospital's case mix. Hospitals are also able to benchmark their performance against other participating hospitals, so that better and worse performers are easily identified.</p> <p>This risk-adjusted and benchmarked measure provides enormous motivation for hospitals to see their outcomes improve. A recent analysis (Hall et al, 2009) has shown that 66% of ACS NSQIP hospitals improved their risk-adjusted mortality and 82% of hospitals improved their risk-adjusted complication rates. The effect on avoided complications is also significant, as the analysis demonstrates that between 250 and 500 complications per hospital were avoided in 2007.</p> <p>The data for the above study was ACS NSQIP data collected over 3 years (2005-2007) from 118 hospitals. This measure will be reported annually.</p> <p>Hall BL, Hamilton BH, Richards K, Bilimoria KY, Cohen ME, Ko CY. Does surgical quality improve in the American College of Surgeons National Surgical Quality Improvement Program: an evaluation of all participating hospitals. Ann Surg. Sep 2009;250(3):363-376.</p> <p>3a.5 Methods (e.g., focus group, survey, QI project): An analysis of longitudinal changes in O/E ratios</p> <p>3a.6 Results (qualitative and/or quantitative results and conclusions): See above section on 'Testing of interpretability'</p>	
<p>3b/3c. Relation to other NQF-endorsed measures</p> <p>3b.1 NQF # and Title of similar or related measures:</p>	
<p>(for NQF staff use) Notes on similar/related endorsed or submitted measures:</p>	
<p>3b. Harmonization If this measure is related to measure(s) already endorsed by NQF (e.g., same topic, but different target population/setting/data source <u>or</u> different topic but same target population):</p> <p>3b.2 Are the measure specifications harmonized? If not, why?</p>	<p>3b</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>
<p>3c. Distinctive or Additive Value 3c.1 Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:</p> <p>5.1 Competing Measures If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), describe why it is a more valid or efficient way to measure quality:</p>	<p>3c</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Usability</i>?</p>	<p>3</p>
<p>Steering Committee: Overall, to what extent was the criterion, <i>Usability</i>, met? Rationale:</p>	<p>3</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>4. FEASIBILITY</p>	
<p>Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)</p>	<p>Eval Rating</p>

<p>4a. Data Generated as a Byproduct of Care Processes</p> <p>4a.1-2 How are the data elements that are needed to compute measure scores generated? data generated as byproduct of care processes during delivery, coding/abstraction performed by someone other than person obtaining original information,</p>	<p>4a</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>4b. Electronic Sources</p> <p>4b.1 Are all the data elements available electronically? (<i>elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims</i>) No</p> <p>4b.2 If not, specify the near-term path to achieve electronic capture by most providers. A completely electronic medical record will be needed to capture the risk factors that enter into the model. In addition, a software module (currently available to ACS NSQIP subscribers) will be required to transfer information from the EMR to a measure submission database.</p>	<p>4b</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>4c. Exclusions</p> <p>4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications? No</p> <p>4c.2 If yes, provide justification.</p>	<p>4c</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>
<p>4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences</p> <p>4d.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results. Based upon experience with ACS NSQIP data collection, there are very few problems with errors or inaccuracies. Data collectors in the ACS NSQIP receive extensive training and support for accurate data collection. In addition, data collectors are audited for inter-rater reliability and are held to a 95% or better concordance rate for all variables. Additionally, chart audits have been planned in accordance with CMS stipulations for measure participants who are not ACS NSQIP participants.</p>	<p>4d</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>4e. Data Collection Strategy/Implementation</p> <p>4e.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: ACS NSQIP has been open to subscription by private sector hospitals since 2004. Ten years prior to this time the program was implemented in the U.S. Department of Veterans Affairs. Thus we have long term experience with the data collection and operational use of the O/E ratio for quality improvement and benchmarking on which this measure is based. Historically, the use of trained data collectors within ACS NSQIP and a comprehensive support system has resulted in high reliability of data and very few problems with missing data. Participants in the program are required to assign a dedicated person for data collection to ensure reliable assessment of clinical data. Data definitions are continually evaluated and inter-rater reliability audits are regularly performed. ACS NSQIP has placed a very high value on accuracy of data collection while maintaining a sample size large enough for statistical modeling and keeping within regulations for patient confidentiality. The methodology of our program has been highly successful with increasing numbers of participants every year, and measureable improvements in surgical outcomes over time based on the O/E ratios for mortality and various post surgical complications. Due to the much smaller number of variables needed for participation in this measure than in the full program, we expect that hospitals that are not ACS NSQIP participants will also be able to achieve highly reliable results.</p> <p>4e.2 Costs to implement the measure (<i>costs of data collection, fees associated with proprietary measures</i>):</p>	<p>4e</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>

<p>Using a conservative estimate based on more than 10 years of NSQIP experience, approximately .125 to .333 of a FTE will be needed to collect the data for the measure. In practice it is expected that 0.125 FTE will be more common. There are no fees associated with this measure. Hospitals do not have to be ACS NSQIP hospitals in order to participate in the proposed measure.</p> <p>4e.3 Evidence for costs: Costs are based upon an estimate from ACS NSQIP data collection, in which one FTE can collect 1600 cases per year, but is required to collect a large number of variables, as well as 30-day follow up which can consume many hours. In contrast, this measure does not require many variables, and sample size is such that reliable results can be achieved after collection of 200-500 cases.</p> <p>4e.4 Business case documentation: Business case has not been developed for this measure; however, literature results show that the costs for each postsurgical complication can reach up to \$57,000, and that hospitals do appear to improve over time using information such as is provided by this measure (Hall et al, 2009).</p>	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Feasibility</i>?	4
Steering Committee: Overall, to what extent was the criterion, <i>Feasibility</i>, met? Rationale:	4 C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
RECOMMENDATION	
(for NQF staff use) Check if measure is untested and only eligible for time-limited endorsement.	Time-limited <input type="checkbox"/>
Steering Committee: Do you recommend for endorsement? Comments:	Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
CONTACT INFORMATION	
Co.1 Measure Steward (Intellectual Property Owner) Co.1 Organization American College of Surgeons 633 N. Saint Clair St. Chicago Illinois 60611 Co.2 Point of Contact Karen Richards, Director, Division of Research and Optimal Patient Care krichards@facs.org 312-202-5282	
Measure Developer If different from Measure Steward Co.3 Organization American College of Surgeons 633 N. Saint Clair St. Chicago Illinois 60611 Co.4 Point of Contact Karen Richards, Director, Division of Research and Optimal Patient Care krichards@facs.org 312-202-5282	
Co.5 Submitter If different from Measure Steward POC Karen Richards, Director, Division of Research and Optimal Patient Care krichards@facs.org 312-202-5282- American College of Surgeons	
Co.6 Additional organizations that sponsored/participated in measure development	
ADDITIONAL INFORMATION	
Workgroup/Expert Panel involved in measure development Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development. American College of Surgeons, Area of Continuous Quality Improvement	

<p>Clifford Ko Karen Richards Bruce Hall Mark Cohen Mehul Raval Mira Shiloach Angela Ingraham Stanley Frencher</p> <p>Describe the group's role in measure development This group used ACS NSQIP data to develop the statistical risk-adjusted model on which this measure is based. The workgroup also reviewed and summarized the literature that supports the importance of using this measure to as a tool to improve surgical quality.</p>
<p>Ad.2 If adapted, provide name of original measure: Ad.3-5 If adapted, provide original specifications URL or attachment</p>
<p>Measure Developer/Steward Updates and Ongoing Maintenance Ad.6 Year the measure was first released: Ad.7 Month and Year of most recent revision: Ad.8 What is your frequency for review/update of this measure? Ad.9 When is the next scheduled review/update for this measure?</p>
<p>Ad.10 Copyright statement/disclaimers:</p>
<p>Ad.11 -13 Additional Information web page URL or attachment: Attachment Updated Conditions Addendum-633888796005379379.doc</p>
<p>Date of Submission (MM/DD/YY): 04/08/2010</p>

2009 CPT Codes	
CPT Code	CPT Description
0078T	ENDOVASCULAR REPAIR USING PROSTHESIS OF ABDOMINAL AORTIC ANEURYSM, PSEUDOANEURYSM OR DISSECTION, ABDOMINAL AORTA INVOLVING VISCE
0079T	PLACEMENT OF VISCERAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM INVOLVING VISCERAL VESSELS, EACH
0080T	ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM, PSEUDOANEURYSM OR DISSECTION, ABDOMINAL AORTA INVOLVING VISCERAL VESSELS (SUPE
0081T	PLACEMENT OF VISCERAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF ABDOMINAL AORTIC ANEURYSM INVOLVING VISCERAL VESSELS, EACH
0092T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHY
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY I
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERV
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPR
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR (LIST SEPARATELY IN
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMB
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)
0195T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREPARE INTE
0196T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING INSTRUMENTATION, IMAGING (WHEN PERFORMED), AND DISCECTOMY TO PREPARE INTE
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES, COMPLICATED
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN, UP TO 10% OF BODY SURFACE
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN, EACH ADDITIONAL 10% OF THE BODY SURFACE, OR PART THEREOF (LIST SEPARATELY
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION, EXTERNAL GENITALIA AND PERINE
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION, ABDOMINAL WALL, WITH OR WITHO
11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION, EXTERNAL GENITALIA, PERINEUM
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CHRONIC OR RECURRENT MESH INFECTION OR NECROTIZING
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM, UNUSUAL OR COMPLICATED, ANY AREA
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, FIRST 25 SQ CM OR LESS
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS, ADDITIONAL 1 SQ CM TO 75 SQ CM (LIST SEPARATELY IN ADDITION TO CODE FOR
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DI

15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DI
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK, 20 SQ CM OR LESS
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK, EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPAR
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS, 20 SQ CM OR LESS
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS, EACH ADDITIONAL 20 SQ CM, OR PART
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HAN
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS, 20 SQ CM OR LESS
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS, EACH ADDITIONAL 20 SQ CM,
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER, TRUNK
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER, SCALP, ARMS, OR LEGS
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS O
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER, EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET), AT TRUNK
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET), AT SCALP, ARMS, OR LEGS
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET), AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS, OR FEET
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET), AT EYELIDS, NOSE, EARS, OR LIPS
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PARAMEDIAN FOREHEAD FLAP)
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP, HEAD AND NECK (EG, TEMPORALIS, MASSETER MUSCLE, STERNOCLEIDOMASTOID, LEVATOR SCAP
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP, TRUNK
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP, UPPER EXTREMITY
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP, LOWER EXTREMITY
15740	FLAP, ISLAND PEDICLE
15750	FLAP, NEUROVASCULAR PEDICLE
15756	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS
15760	GRAFT, COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA
15770	GRAFT, DERMA-FAT-FASCIA
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN, INFRAUMBILICAL PANNICULECTOMY
15840	GRAFT FOR FACIAL NERVE PARALYSIS, FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)
15841	GRAFT FOR FACIAL NERVE PARALYSIS, FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)
15842	GRAFT FOR FACIAL NERVE PARALYSIS, FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE
15845	GRAFT FOR FACIAL NERVE PARALYSIS, REGIONAL MUSCLE TRANSFER
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOS
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY, WITH PRIMARY SUTURE
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY, WITH FLAP CLOSURE
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE,
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE, WITH OSTECTOMY
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE,
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE, WITH OSTECTOMY
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE,
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE, WITH OSTECTOMY

15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE,
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE, WITH OSTECTOMY (ISCHIECTOMY)
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE,
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE, WITH OSTECTOMY
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE,
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE, WITH OSTECTOMY
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE,
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE, WITH OSTECTOMY
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE,
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE, WITH OSTECTOMY
15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESIO
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN, SINGLE LESION
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKER, OPEN, EACH ADDITIONAL LESION SEPARATELY I
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION, WITHOUT MEDIASTINAL LYMPHADENECTOMY
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC RECONSTRUCTION, WITH MEDIASTINAL LYMPHADENECTOMY
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMEN
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMEN
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL
19300	MASTECTOMY FOR GYNECOMASTIA
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY),
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY), WITH AXILLARY LYMPHADENECTOMY
19303	MASTECTOMY, SIMPLE, COMPLETE
19304	MASTECTOMY, SUBCUTANEOUS
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN TYPE OPERATION)
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS
19316	MASTOPEXY
19318	REDUCTION MAMMAPLASTY
19324	MAMMAPLASTY, AUGMENTATION, WITHOUT PROSTHETIC IMPLANT
19325	MAMMAPLASTY, AUGMENTATION, WITH PROSTHETIC IMPLANT
19328	REMOVAL OF INTACT MAMMARY IMPLANT
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION
19350	NIPPLE/AREOLA RECONSTRUCTION
19355	CORRECTION OF INVERTED NIPPLES
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLANT
19364	BREAST RECONSTRUCTION WITH FREE FLAP

19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), DOUBLE PEDICLE, INCLUDING CLOSURE OF DONOR SITE
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST
19380	REVISION OF RECONSTRUCTED BREAST
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT
19499	UNLISTED PROCEDURE, BREAST
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS), SUPERFICIAL
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS), DEEP OR COMPLICATED
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE), NECK
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE), CHEST
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE), ABDOMEN/FLANK/BACK
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE), EXTREMITY
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSIS
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSIS
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT), COMPLETE AMPUTATION
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT), COMPLETE AMPUTATION
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS), COMPLETE AMPUTATION
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDON), COMPLETE AMPUT
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION), COMPLETE AMPUTATION
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT), COMPLETE AMPUTATION
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT), COMPLETE AMPUTATION
20838	REPLANTATION, FOOT, COMPLETE AMPUTATION
20900	BONE GRAFT, ANY DONOR AREA, MINOR OR SMALL (EG, DOWEL OR BUTTON)
20902	BONE GRAFT, ANY DONOR AREA, MAJOR OR LARGE
20910	CARTILAGE GRAFT, COSTOCHONDRAL
20920	FASCIA LATA GRAFT, BY STRIPPER
20922	FASCIA LATA GRAFT, BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)
20930	ALLOGRAFT FOR SPINE SURGERY ONLY, MORSELIZED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20931	ALLOGRAFT FOR SPINE SURGERY ONLY, STRUCTURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT), LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAIN
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT), MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST S
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT), STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN O
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS, FIBULA
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS, ILIAC CREST
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS, OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT

21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), MANDIBLE
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FACIAL BONE(S)
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE,
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE, RADICAL RESECTION
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG, LOCALLY AGGRESSIVE
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA, REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA, REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCALLY AGGRESSIVE OR
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL
21120	GENIOPLASTY, AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)
21121	GENIOPLASTY, SLIDING OSTEOTOMY, SINGLE PIECE
21122	GENIOPLASTY, SLIDING OSTEOTOMIES, 2 OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)
21123	GENIOPLASTY, SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE, PROSTHETIC MATERIAL
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE, WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)
21137	REDUCTION FOREHEAD, CONTOURING ONLY
21138	REDUCTION FOREHEAD, CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRAFT)
21139	REDUCTION FOREHEAD, CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL
21141	RECONSTRUCTION MIDFACE, LEFORT I, SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRA
21142	RECONSTRUCTION MIDFACE, LEFORT I, 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT
21143	RECONSTRUCTION MIDFACE, LEFORT I, 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT
21145	RECONSTRUCTION MIDFACE, LEFORT I, SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUT
21146	RECONSTRUCTION MIDFACE, LEFORT I, 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA
21147	RECONSTRUCTION MIDFACE, LEFORT I, 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING
21150	RECONSTRUCTION MIDFACE, LEFORT II, ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)
21151	RECONSTRUCTION MIDFACE, LEFORT II, ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS), WITHOUT LEFO
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS), WITH LEFORT
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (IN
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING BONE GRAFTS (IN

21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS (INCLUDES OBTA
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PLAGIOCEPHALY, TRIGO
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS, WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFTS)
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL EXCISION OF BENIGN TUMOR
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY, WITHOUT BONE GRAFT
21194	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY, WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)
21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT, WITHOUT INTERNAL RIGID FIXATION
21196	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT, WITH INTERNAL RIGID FIXATION
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL,
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL, WITH GENIOGLOSSUS ADVANCEMENT
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)
21208	OSTEOPLASTY, FACIAL BONES, AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)
21209	OSTEOPLASTY, FACIAL BONES, REDUCTION
21215	GRAFT, BONE, MANDIBLE (INCLUDES OBTAINING GRAFT)
21230	GRAFT, RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)
21235	GRAFT, EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT, PARTIAL
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT, COMPLETE
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR HEMIFACIAL MICROSON
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER), PARTIAL
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER), COMPLETE
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (EG, MICRO-OPHTHALM
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS, EXTRACRANIAL APPROACH
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS, COMBINED INTRA- AND EXTRACRANIAL APPROACH
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS, WITH FOREHEAD ADVANCEMENT
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS, EXTRACRANIAL APPROACH
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS, COMBINED INTRA- AND EXTRACRANIAL APPROACH
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)
21282	LATERAL CANTHOPEXY
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY), EXTRAORAL APPROACH

21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY), INTRAORAL APPROACH
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE
21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL OR MULTIPLE APPRO
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH WIRING AND/OR LOCAL FIXATION
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), REQUIRING MULTIPLE OPEN APPROACHES
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD
21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATI
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA, INCLUDING ZYGOMATI
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE, TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)
21386	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE, PERIORBITAL APPROACH
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE, COMBINED APPROACH
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE, PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT
21395	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE, PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT, WITHOUT IMPLANT
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT, WITH IMPLANT
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT, WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)
21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE),
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), COMPLICATED (COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA), M
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE), WITH WIRING AND/OR INTERNAL FIXATION
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE), COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA), M
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE), COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL FIXATION TECHNIQUES
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE), COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL FIXATION, WITH
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE, WITHOUT INTERDENTAL FIXATION
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE, WITH INTERDENTAL FIXATION
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE
21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION, INTERDENTAL FIXAT
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION
21495	OPEN TREATMENT OF HYOID FRACTURE
21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX,
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX, WITH PARTIAL RIB OSTECTOMY
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX, SUBCUTANEOUS
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX, DEEP, SUBFASCIAL, INTRAMUSCULAR
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX
21600	EXCISION OF RIB, PARTIAL
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)

21615	EXCISION FIRST AND/OR CERVICAL RIB,
21616	EXCISION FIRST AND/OR CERVICAL RIB, WITH SYMPATHECTOMY
21620	OSTECTOMY OF STERNUM, PARTIAL
21627	STERNAL DEBRIDEMENT
21630	RADICAL RESECTION OF STERNUM,
21632	RADICAL RESECTION OF STERNUM, WITH MEDIASTINAL LYMPHADENECTOMY
21685	HYOID MYOTOMY AND SUSPENSION
21700	DIVISION OF SCALENUS ANTICUS, WITHOUT RESECTION OF CERVICAL RIB
21705	DIVISION OF SCALENUS ANTICUS, WITH RESECTION OF CERVICAL RIB
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION, WITHOUT CAST APPLICATION
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION, WITH CAST APPLICATION
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM, OPEN
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM, MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT THORACOSCOPY
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM, MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY
21750	CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH
21810	TREATMENT OF RIB FRACTURE REQUIRING EXTERNAL FIXATION (FLAIL CHEST)
21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION
21899	UNLISTED PROCEDURE, NECK OR THORAX
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE, CERVICAL, THORACIC, OR CERVICOTHORACIC
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE, LUMBAR, SACRAL, OR LUMBOSACRAL
22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTE
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTE
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTE
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTE
22110	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VER
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VER
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VER
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VER
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTR
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTR
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTR
22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT, CERVICAL
22212	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT, THORACIC
22214	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT, LUMBAR
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARAT

22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT, CERVICAL
22222	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT, THORACIC
22224	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT, LUMBAR
22226	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST S
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (INCLUDING OS ODONTOIDEUM), ANTERIOR APPROACH, INC
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (INCLUDING OS ODONTOIDEUM), ANTERIOR APPROACH, INC
22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DI
22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DI
22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DI
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRA OR DI
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION),
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION),
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION),
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION OF ODONTOID PROCESS
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), CE
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), TH
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), LU
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), EA
22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)
22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)
22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL, CERVICAL BELOW C2 SEGMENT
22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL, THORACIC (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE)
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL, LUMBAR (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE)
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION
22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMP
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMP
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, 7 TO 12 VERTEBRAL SEGMENTS
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, 13 OR MORE VERTEBRAL SEGMENTS
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, 2 TO 3 VERTEBRAL SEGMENTS
22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, 4 TO 7 VERTEBRAL SEGMENTS

22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, 8 OR MORE VERTEBRAL SEGMENTS
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS), SIN
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS), 3 O
22830	EXPLORATION OF SPINAL FUSION
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRAN
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES), 3 TO 6 VERTEBRAL
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES), 7 TO 12 VERTEBRA
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES), 13 OR MORE VERTE
22845	ANTERIOR INSTRUMENTATION, 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22846	ANTERIOR INSTRUMENTATION, 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22847	ANTERIOR INSTRUMENTATION, 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN AD
22849	REINSERTION OF SPINAL FIXATION DEVICE
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S), THREADED BONE DOWEL(S), METHYLMETHACRYLATE) TO VER
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION
22855	REMOVAL OF ANTERIOR INSTRUMENTATION
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHY
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPR
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, CERVICAL
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, LUMBAR
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, CERVICAL
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, LUMBAR
22899	UNLISTED PROCEDURE, SPINE
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)
23030	INCISION AND DRAINAGE, SHOULDER AREA, DEEP ABSCESS OR HEMATOMA
23031	INCISION AND DRAINAGE, SHOULDER AREA, INFECTED BURSA
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
23076	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA, DEEP, SUBFASCIAL, OR INTRAMUSCULAR
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE
23105	ARTHROTOMY, GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY
23106	ARTHROTOMY, STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY

23120	CLAVICULECTOMY, PARTIAL
23125	CLAVICULECTOMY, TOTAL
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA,
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA, WITH ALLOGRAFT
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS,
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS, WITH ALLOGRAFT
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), CLAVICLE
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), SCAPULA
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), PROXIMAL HUMERUS
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)
23195	RESECTION, HUMERAL HEAD
23200	RADICAL RESECTION FOR TUMOR, CLAVICLE
23210	RADICAL RESECTION FOR TUMOR, SCAPULA
23220	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS,
23221	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
23222	RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS, WITH PROSTHETIC REPLACEMENT
23332	REMOVAL OF FOREIGN BODY, SHOULDER, COMPLICATED (EG, TOTAL SHOULDER)
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM, SINGLE
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM, MULTIPLE
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)
23405	TENOTOMY, SHOULDER AREA, SINGLE TENDON
23406	TENOTOMY, SHOULDER AREA, MULTIPLE TENDONS THROUGH SAME INCISION
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN, ACUTE
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN, CHRONIC
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)
23430	TENODESIS OF LONG TENDON OF BICEPS
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS
23450	CAPSULORRHAPHY, ANTERIOR, PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION
23455	CAPSULORRHAPHY, ANTERIOR, WITH LABRAL REPAIR (EG, BANKART PROCEDURE)
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE, WITH BONE BLOCK
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE, WITH CORACOID PROCESS TRANSFER
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY
23470	ARTHROPLASTY, GLENOHUMERAL JOINT, HEMIARTHROPLASTY
23472	ARTHROPLASTY, GLENOHUMERAL JOINT, TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION,
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION, WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/O
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, CLAVICLE
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, PROXIMAL HUMERUS
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC,
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC, WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC,

23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC, WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, INCLUDES
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
23800	ARTHRODESIS, GLENOHUMERAL JOINT,
23802	ARTHRODESIS, GLENOHUMERAL JOINT, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)
23920	DISARTICULATION OF SHOULDER,
23921	DISARTICULATION OF SHOULDER, SECONDARY CLOSURE OR SCAR REVISION
23929	UNLISTED PROCEDURE, SHOULDER
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, DEEP (SUBFASCIAL OR INTRAMUSCULAR)
24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA
24102	ARTHROTOMY, ELBOW, WITH SYNOVECTOMY
24105	EXCISION, OLECRANON BURSA
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS,
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS, WITH ALLOGRAFT
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS,
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS, WITH AUTOGRAFT (INCLUDES OBTA
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS, WITH ALLOGRAFT
24130	EXCISION, RADIAL HEAD
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), HUMERUS
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), RADIAL HEAD OR NECK
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS,
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK,
24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA, DEEP (SUBFASCIAL OR INTRAMUSCULAR)
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)

24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT),
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT), WITH EXTENSOR ADVANCEMENT
24332	TENOLYSIS, TRICEPS
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)
24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER_S ELBOW), DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER_S ELBOW), DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN
24360	ARTHROPLASTY, ELBOW, WITH MEMBRANE (EG, FASCIAL)
24361	ARTHROPLASTY, ELBOW, WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT
24362	ARTHROPLASTY, ELBOW, WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION
24363	ARTHROPLASTY, ELBOW, WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)
24365	ARTHROPLASTY, RADIAL HEAD,
24366	ARTHROPLASTY, RADIAL HEAD, WITH IMPLANT
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS, WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS, WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL SHAFT
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, WITHOUT INTERCOND
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, WITH INTERCONDYLA
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXI
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR PROXI
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED,
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED, WITH RADIAL
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]), INCLUDES INTERNAL FIXATION, WHEN PERFORM

24800	ARTHRODESIS, ELBOW JOINT, LOCAL
24802	ARTHRODESIS, ELBOW JOINT, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)
24900	AMPUTATION, ARM THROUGH HUMERUS, WITH PRIMARY CLOSURE
24920	AMPUTATION, ARM THROUGH HUMERUS, OPEN, CIRCULAR (GUILLotine)
24925	AMPUTATION, ARM THROUGH HUMERUS, SECONDARY CLOSURE OR SCAR REVISION
24930	AMPUTATION, ARM THROUGH HUMERUS, RE-AMPUTATION
24931	AMPUTATION, ARM THROUGH HUMERUS, WITH IMPLANT
24935	STUMP ELONGATION, UPPER EXTREMITY
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT, WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR N
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERV
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT, WITHOUT DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NER
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, DEEP (SUBFASCIAL OR INTRAMUSCULAR)
25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)
25101	ARTHROTOMY, WRIST JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
25105	ARTHROTOMY, WRIST JOINT, WITH SYNOVECTOMY
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR), PRIMARY
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR), RECURRENT
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHE
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHE
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT,
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT, WITH RESECTION OF DISTAL ULNA
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS),
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS), W
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS), W
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES,
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES, WITH ALLOGRAFT
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), ULNA
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIUS
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA

25210	CARPECTOMY, ONE BONE
25215	CARPECTOMY, ALL BONES OF PROXIMAL ROW
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST, PRIMARY, SINGLE, EACH TENDON OR MUSCLE
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST, SECONDARY, SINGLE, EACH TENDON OR MUSCLE
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST, SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MU
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST, PRIMARY, SINGLE, EACH TENDON OR MUSCLE
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST, SECONDARY, SINGLE, EACH TENDON OR MUSCLE
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST, SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXTENSOR CARPI ULNARI
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25300	TENODESIS AT WRIST, FLEXORS OF FINGERS
25301	TENODESIS AT WRIST, EXTENSORS OF FINGERS
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE, WITH TENDON GRAFT(S) (INCLUDES OBTAINING G
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST,
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST, WITH TENDON(S) TRANSFER
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOM
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG,
25350	OSTEOTOMY, RADIUS, DISTAL THIRD
25355	OSTEOTOMY, RADIUS, MIDDLE OR PROXIMAL THIRD
25360	OSTEOTOMY, ULNA
25365	OSTEOTOMY, RADIUS AND ULNA
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE), RADIUS OR ULNA
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE), RADIUS AND ULNA
25390	OSTEOPLASTY, RADIUS OR ULNA, SHORTENING
25391	OSTEOPLASTY, RADIUS OR ULNA, LENGTHENING WITH AUTOGRAFT
25392	OSTEOPLASTY, RADIUS AND ULNA, SHORTENING (EXCLUDING 64876)
25393	OSTEOPLASTY, RADIUS AND ULNA, LENGTHENING WITH AUTOGRAFT
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA, WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA, WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25425	REPAIR OF DEFECT WITH AUTOGRAFT, RADIUS OR ULNA
25426	REPAIR OF DEFECT WITH AUTOGRAFT, RADIUS AND ULNA
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION), EAC

25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSA
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT, DISTAL RADIUS
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT, DISTAL ULNA
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT, SCAPHOID CARPAL (NAVICULAR)
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT, LUNATE
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT, TRAPEZIUM
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT, DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT
25450	EPIPHYSEAL ARREST BY EPIPHYSEAL DESIS OR STAPLING, DISTAL RADIUS OR ULNA
25455	EPIPHYSEAL ARREST BY EPIPHYSEAL DESIS OR STAPLING, DISTAL RADIUS AND ULNA
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, RADIUS
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, ULNA
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, RADIUS AND ULNA
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND CLOSED TREATMENT OF DISTAL RADIOULNAR J
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND OPEN TREATMENT OF DISTAL RADIOULNAR JOI
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED, OF RADIUS OR ULNA
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED, OF RADIUS AND ULNA
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION OF 2 FRAGMENTS
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID [NAVICULAR]), EACH BONE
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION
25695	OPEN TREATMENT OF LUNATE DISLOCATION
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA,
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA, OPEN, CIRCULAR (GUILLotine)
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA, SECONDARY CLOSURE OR SCAR REVISION
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA, RE-AMPUTATION
25915	KRUKENBERG PROCEDURE
25920	DISARTICULATION THROUGH WRIST,
25922	DISARTICULATION THROUGH WRIST, SECONDARY CLOSURE OR SCAR REVISION
25924	DISARTICULATION THROUGH WRIST, RE-AMPUTATION
25927	TRANSMETACARPAL AMPUTATION,
25929	TRANSMETACARPAL AMPUTATION, SECONDARY CLOSURE OR SCAR REVISION
25931	TRANSMETACARPAL AMPUTATION, RE-AMPUTATION
25999	UNLISTED PROCEDURE, FOREARM OR WRIST
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER
26121	FASCIOTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)

26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTH
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTH
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER, WITH AUTOGRAFT (INCLUDES OB
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), METACARPAL
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), PROXIMAL OR MIDDLE PHALANX OF FINGER
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), DISTAL PHALANX OF FINGER
26250	RADICAL RESECTION, METACARPAL (EG, TUMOR),
26255	RADICAL RESECTION, METACARPAL (EG, TUMOR), WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR),
26261	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR), WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN_S LAND), PRIMARY OR SECONDARY WITHO
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN_S LAND), SECONDARY WITH FREE GRAFT
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN_S LAND), PRIMARY, WITHOUT FREE GRAFT, E
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN_S LAND), SECONDARY, WITHOUT FREE GRAFT,
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN_S LAND), SECONDARY, WITH FREE GRAFT (IN
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON, PRIMARY, EACH TENDON
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON, SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON, SECONDARY WITHOUT FREE GRAFT, EACH TENDON
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER (INCLUDES OBTAINING GRAFT), EACH ROD
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY), USING LOCAL TISSUE(S), INCLUDING LATERAL BAND(S)
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY), WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY, WITHOUT GRAFT (EG, MALLET FINGER)
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON
26440	TENOLYSIS, FLEXOR TENDON, PALM OR FINGER, EACH TENDON

26442	TENOLYSIS, FLEXOR TENDON, PALM AND FINGER, EACH TENDON
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON
26471	TENODESIS, OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT
26474	TENODESIS, OF DISTAL JOINT, EACH JOINT
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND, WITHOUT FREE GRAFT, EACH TENDON
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND, WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EAC
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR, WITHOUT FREE TENDON GRAFT, EACH TENDON
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR, WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26490	OPPONENSPLASTY, SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON
26492	OPPONENSPLASTY, TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26494	OPPONENSPLASTY, HYPOTHENAR MUSCLE TRANSFER
26496	OPPONENSPLASTY, OTHER METHODS
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION, RING AND SMALL FINGER
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION, ALL FOUR FINGERS
26499	CORRECTION CLAW FINGER, OTHER METHODS
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON, WITH LOCAL TISSUES (SEPARATE PROCEDURE)
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON, WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)
26510	CROSS INTRINSIC TRANSFER, EACH TENDON
26520	CAPSULECTOMY OR CAPSULOTOMY, METACARPOPHALANGEAL JOINT, EACH JOINT
26525	CAPSULECTOMY OR CAPSULOTOMY, INTERPHALANGEAL JOINT, EACH JOINT
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT, EACH JOINT
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT, WITH PROSTHETIC IMPLANT, EACH JOINT
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT, EACH JOINT
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT, WITH PROSTHETIC IMPLANT, EACH JOINT
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE, WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT
26546	REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT
26550	POLLICIZATION OF A DIGIT
26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS, GREAT TOE WRAP-AROUND WITH BONE GRAFT
26553	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS, OTHER THAN GREAT TOE, SINGLE
26554	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS, OTHER THAN GREAT TOE, DOUBLE
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS
26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE, WITH SKIN FLAPS
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE, WITH SKIN FLAPS AND GRAFTS
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE, COMPLEX (EG, INVOLVING BONE, NAILS)
26565	OSTEOTOMY, METACARPAL, EACH

26567	OSTEOTOMY, PHALANX OF FINGER, EACH
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX
26580	REPAIR CLEFT HAND
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE
26590	REPAIR MACRODACTYLIA, EACH DIGIT
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH JOINT
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, COMPLEX, MULTIPLE, OR DELAYED REDUCTION
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, SINGLE
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES, WITH LOCAL ADVANCEMENT
26989	UNLISTED PROCEDURE, HANDS OR FINGERS
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA, DEEP ABSCESS OR HEMATOMA
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA, INFECTED BURSA
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN
27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR T
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR NERVES
27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUSCLES (IE, GLUTEUS
27047	EXCISION, TUMOR, PELVIS AND HIP AREA, SUBCUTANEOUS TISSUE
27048	EXCISION, TUMOR, PELVIS AND HIP AREA, DEEP, SUBFASCIAL, INTRAMUSCULAR
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNANT NEOPLASM)
27054	ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS, ILIOPSOAS, AND/OR T

27060	EXCISION, ISCHIAL BURSA
27062	EXCISION, TROCHANTERIC BURSA OR CALCIFICATION
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, DEEP, WITH OR WITHOUT AUTOGRAFT
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WITH AUTOGRAFT REQUIRING SEPARATE INCISION
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS), SUPERFICIAL (EG, WING OF ILIUM, SYMPHYSIS P
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS), DEEP (SUBFASCIAL OR INTRAMUSCULAR)
27075	RADICAL RESECTION OF TUMOR OR INFECTION, WING OF ILIUM, ONE PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS
27076	RADICAL RESECTION OF TUMOR OR INFECTION, ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABULUM
27077	RADICAL RESECTION OF TUMOR OR INFECTION, INNOMINATE BONE, TOTAL
27078	RADICAL RESECTION OF TUMOR OR INFECTION, ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR
27079	RADICAL RESECTION OF TUMOR OR INFECTION, ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR, WITH SKIN FLAPS
27080	COCCYGECTOMY, PRIMARY
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP, SUBCUTANEOUS TISSUE
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP, DEEP (SUBFASCIAL OR INTRAMUSCULAR)
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL
27098	TRANSFER, ADDUCTOR TO ISCHIUM
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)
27110	TRANSFER ILIOPSOAS, TO GREATER TROCHANTER OF FEMUR
27111	TRANSFER ILIOPSOAS, TO FEMORAL NECK
27120	ACETABULOPLASTY, (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)
27122	ACETABULOPLASTY, RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLO
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27134	REVISION OF TOTAL HIP ARTHROPLASTY, BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27137	REVISION OF TOTAL HIP ARTHROPLASTY, ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27138	REVISION OF TOTAL HIP ARTHROPLASTY, FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE,
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE, WITH OPEN REDUCTION OF HIP
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE, WITH FEMORAL OSTEOTOMY
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE, WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP
27158	OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST
27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS, BY SINGLE OR MULTIPLE PINNING, IN SITU
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS, SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS, OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS, OSTEOTOMY AND INTERNAL FIXATION
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK AND PROXIMAL FEMUR
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL, FOR PELVIC BONE FRACTURE PATTERNS
27217	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS THAT DISRUPT THE PELVIC RING, UNILATERA

27218	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS THAT DISRUPT THE PELVIC RING, UNILATE
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING TRANSVERSELY ACROSS
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE AND BOTH COLUMN FRA
27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK
27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT
27244	TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE, WITH PLATE/SCREW TYPE IMPLANT, WITH OR WI
27245	TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE, WITH INTRAMEDULLARY IMPLANT, WITH OR WITH
27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION
27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERN
27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT OF FEMORAL HEAD
27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT OF FEMORAL HEAD
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)
27284	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT),
27286	ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT), WITH SUBTROCHANTERIC OSTEOTOMY
27290	INTERPELVIA ABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)
27295	DISARTICULATION OF HIP
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING, MULTIPLE TENDONS
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)
27327	EXCISION, TUMOR, THIGH OR KNEE AREA, SUBCUTANEOUS
27328	EXCISION, TUMOR, THIGH OR KNEE AREA, DEEP, SUBFASCIAL, OR INTRAMUSCULAR
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA
27331	ARTHROTOMY, KNEE, INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE, MEDIAL OR LATERAL
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE, MEDIAL AND LATERAL
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE, ANTERIOR OR POSTERIOR
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE, ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA
27340	EXCISION, PREPATELLAR BURSA
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE
27350	PATELLECTOMY OR HEMIPATELLECTOMY
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR,
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR, WITH ALLOGRAFT
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR, WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR PRIMARY PROCED

27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBULA (EG, OSTEOMYELITIS O
27365	RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA
27380	SUTURE OF INFRAPATELLAR TENDON, PRIMARY
27381	SUTURE OF INFRAPATELLAR TENDON, SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE, PRIMARY
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE, SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP, SINGLE TENDON
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP, MULTIPLE TENDONS, ONE LEG
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP, MULTIPLE TENDONS, BILATERAL
27393	LENGTHENING OF HAMSTRING TENDON, SINGLE TENDON
27394	LENGTHENING OF HAMSTRING TENDON, MULTIPLE TENDONS, ONE LEG
27395	LENGTHENING OF HAMSTRING TENDON, MULTIPLE TENDONS, BILATERAL
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR), SINGLE TENDON
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENSOR TO FLEXOR), MULTIPLE TENDONS
27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER_S TYPE PROCEDURE)
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE, COLLATERAL
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE, CRUCIATE
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE, COLLATERAL AND CRUCIATE LIGAMENTS
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S))
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)
27420	RECONSTRUCTION OF DISLOCATING PATELLA, (EG, HAUSER TYPE PROCEDURE)
27422	RECONSTRUCTION OF DISLOCATING PATELLA, WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE T
27424	RECONSTRUCTION OF DISLOCATING PATELLA, WITH PATELLECTOMY
27425	LATERAL RETINACULAR RELEASE, OPEN
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE, EXTRA-ARTICULAR
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE, INTRA-ARTICULAR (OPEN)
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE, INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE
27437	ARTHROPLASTY, PATELLA, WITHOUT PROSTHESIS
27438	ARTHROPLASTY, PATELLA, WITH PROSTHESIS
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU,
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU, WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE,
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE, WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU, MEDIAL OR LATERAL COMPARTMENT
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU, MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROP
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITHOUT FIXATION
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR, WITH FIXATION
27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS [BOWLEG] OR GENU VALGUS [K

27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS [BOWLEG] OR GENU VALGUS [K
27465	OSTEOPLASTY, FEMUR, SHORTENING (EXCLUDING 64876)
27466	OSTEOPLASTY, FEMUR, LENGTHENING
27468	OSTEOPLASTY, FEMUR, COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK, WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK, WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAF
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS), DISTAL FEMUR
27477	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS), TIBIA AND FIBULA, PROXIMAL
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS), COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU VARUS OR VALGUS)
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT, ONE COMPONENT
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT, FEMORAL AND ENTIRE TIBIAL COMPONENT
27488	REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING, OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR),
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR), WITH DEBRIDEMENT OF NONVIABLE MUS
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS,
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR W
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WI
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, INCLUDES INTERNAL FIXATION, W
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, INCLUDES INTERNAL FIXATION, WHEN
27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU), UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU), BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27556	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, WITHOUT PRIMARY LIGAMENTOUS REPAIR OR AUGMENTATI
27557	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, WITH PRIMARY LIGAMENTOUS REPAIR
27558	OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, WITH PRIMARY LIGAMENTOUS REPAIR, WITH AUGMENTATI
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY
27580	ARTHRODESIS, KNEE, ANY TECHNIQUE
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL,
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL, IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL, OPEN, CIRCULAR (GUILLotine)
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL, SECONDARY CLOSURE OR SCAR REVISION
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL, RE-AMPUTATION

27598	DISARTICULATION AT KNEE
27599	UNLISTED PROCEDURE, FEMUR OR KNEE
27600	DECOMPRESSION FASCIOTOMY, LEG, ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY
27601	DECOMPRESSION FASCIOTOMY, LEG, POSTERIOR COMPARTMENT(S) ONLY
27602	DECOMPRESSION FASCIOTOMY, LEG, ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)
27603	INCISION AND DRAINAGE, LEG OR ANKLE, DEEP ABSCESS OR HEMATOMA
27604	INCISION AND DRAINAGE, LEG OR ANKLE, INFECTED BURSA
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE), LOCAL ANESTHESIA
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE), GENERAL ANESTHESIA
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA
27618	EXCISION, TUMOR, LEG OR ANKLE AREA, SUBCUTANEOUS TISSUE
27619	EXCISION, TUMOR, LEG OR ANKLE AREA, DEEP (SUBFASCIAL OR INTRAMUSCULAR)
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE,
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE, INCLUDING TENOSYNOVECTOMY
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA,
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA, WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA, WITH ALLOGRAFT
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR EXOSTOSIS), TIBIA
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR EXOSTOSIS), FIBULA
27645	RADICAL RESECTION OF TUMOR, BONE, TIBIA
27646	RADICAL RESECTION OF TUMOR, BONE, FIBULA
27647	RADICAL RESECTION OF TUMOR, BONE, TALUS OR CALCANEUS
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON,
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON, WITH GRAFT (INCLUDES OBTAINING GRAFT)
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT
27656	REPAIR, FASCIAL DEFECT OF LEG
27658	REPAIR, FLEXOR TENDON, LEG, PRIMARY, WITHOUT GRAFT, EACH TENDON
27659	REPAIR, FLEXOR TENDON, LEG, SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON
27664	REPAIR, EXTENSOR TENDON, LEG, PRIMARY, WITHOUT GRAFT, EACH TENDON
27665	REPAIR, EXTENSOR TENDON, LEG, SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON
27675	REPAIR, DISLOCATING PERONEAL TENDONS, WITHOUT FIBULAR OSTEOTOMY
27676	REPAIR, DISLOCATING PERONEAL TENDONS, WITH FIBULAR OSTEOTOMY
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE, SINGLE, EACH TENDON
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE, MULTIPLE TENDONS (THROUGH SEPARATE INCISION(S))
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE, SINGLE TENDON (SEPARATE PROCEDURE)
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE, MULTIPLE TENDONS (THROUGH SAME INCISION), EACH
27687	GASTROCNEMIUS RECESSIO (EG, STRAYER PROCEDURE)
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING), EACH ADDITIONAL TENDON (LIST SEPARATELY IN ADDIT
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE, BOTH COLLATERAL LIGAMENTS
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)
27700	ARTHROPLASTY, ANKLE,
27702	ARTHROPLASTY, ANKLE, WITH IMPLANT (TOTAL ANKLE)
27703	ARTHROPLASTY, ANKLE, REVISION, TOTAL ANKLE
27705	OSTEOTOMY, TIBIA

27707	OSTEOTOMY, FIBULA
27709	OSTEOTOMY, TIBIA AND FIBULA
27712	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE PROCEDURE)
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING
27720	REPAIR OF NONUNION OR MALUNION, TIBIA, WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)
27722	REPAIR OF NONUNION OR MALUNION, TIBIA, WITH SLIDING GRAFT
27724	REPAIR OF NONUNION OR MALUNION, TIBIA, WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27725	REPAIR OF NONUNION OR MALUNION, TIBIA, BY SYNOSTOSIS, WITH FIBULA, ANY METHOD
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN, DISTAL TIBIA
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN, DISTAL FIBULA
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN, DISTAL TIBIA AND FIBULA
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA,
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA, AND DISTAL FEMUR
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE), WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SC
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS, WITH
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS, WITH
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTER
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTER
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTER
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, OR WITH EXCISION OF PROXI
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION, WITHOUT REPAIR OR INTERNAL FIXATION
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION, WITH REPAIR OR INTERNAL OR EXTERNAL FIXATIO
27880	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA,
27881	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA, WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST
27882	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA, OPEN, CIRCULAR (GUILLotine)
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA, SECONDARY CLOSURE OR SCAR REVISION
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA, RE-AMPUTATION
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RESECTION

27889	ANKLE DISARTICULATION
27892	DECOMPRESSION FASCIOTOMY, LEG, ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIALBLE MUSCLE AND/OR NERVE
27893	DECOMPRESSION FASCIOTOMY, LEG, POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIALBLE MUSCLE AND/OR NERVE
27894	DECOMPRESSION FASCIOTOMY, LEG, ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONVIALBLE MUSCLE AND/O
27899	UNLISTED PROCEDURE, LEG OR ANKLE
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT, SINGLE BURSAL SPACE
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT, MULTIPLE AREAS
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GR
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])
28800	AMPUTATION, FOOT, MIDTARSAL (EG, CHOPART TYPE PROCEDURE)
28805	AMPUTATION, FOOT, TRANSMETATARSAL
29806	ARTHROSCOPY, SHOULDER, SURGICAL, CAPSULORRHAPHY
29807	ARTHROSCOPY, SHOULDER, SURGICAL, REPAIR OF SLAP LESION
29819	ARTHROSCOPY, SHOULDER, SURGICAL, WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29820	ARTHROSCOPY, SHOULDER, SURGICAL, SYNOVECTOMY, PARTIAL
29821	ARTHROSCOPY, SHOULDER, SURGICAL, SYNOVECTOMY, COMPLETE
29822	ARTHROSCOPY, SHOULDER, SURGICAL, DEBRIDEMENT, LIMITED
29823	ARTHROSCOPY, SHOULDER, SURGICAL, DEBRIDEMENT, EXTENSIVE
29824	ARTHROSCOPY, SHOULDER, SURGICAL, DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)
29825	ARTHROSCOPY, SHOULDER, SURGICAL, WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION
29826	ARTHROSCOPY, SHOULDER, SURGICAL, DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL R
29827	ARTHROSCOPY, SHOULDER, SURGICAL, WITH ROTATOR CUFF REPAIR
29828	ARTHROSCOPY, SHOULDER, SURGICAL, BICEPS TENODESIS
29834	ARTHROSCOPY, ELBOW, SURGICAL, WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29835	ARTHROSCOPY, ELBOW, SURGICAL, SYNOVECTOMY, PARTIAL
29837	ARTHROSCOPY, ELBOW, SURGICAL, DEBRIDEMENT, LIMITED
29838	ARTHROSCOPY, ELBOW, SURGICAL, DEBRIDEMENT, EXTENSIVE
29844	ARTHROSCOPY, WRIST, SURGICAL, SYNOVECTOMY, PARTIAL
29846	ARTHROSCOPY, WRIST, SURGICAL, EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT
29847	ARTHROSCOPY, WRIST, SURGICAL, INTERNAL FIXATION FOR FRACTURE OR INSTABILITY
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATI
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT MANIPULATI
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU), UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
29861	ARTHROSCOPY, HIP, SURGICAL, WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29862	ARTHROSCOPY, HIP, SURGICAL, WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPLASTY, AND/OR RESEC
29866	ARTHROSCOPY, KNEE, SURGICAL, OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])
29867	ARTHROSCOPY, KNEE, SURGICAL, OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)
29868	ARTHROSCOPY, KNEE, SURGICAL, MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL
29871	ARTHROSCOPY, KNEE, SURGICAL, FOR INFECTION, LAVAGE AND DRAINAGE
29873	ARTHROSCOPY, KNEE, SURGICAL, WITH LATERAL RELEASE
29874	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FR

29875	ARTHROSCOPY, KNEE, SURGICAL, SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
29876	ARTHROSCOPY, KNEE, SURGICAL, SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)
29877	ARTHROSCOPY, KNEE, SURGICAL, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)
29879	ARTHROSCOPY, KNEE, SURGICAL, ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTUR
29880	ARTHROSCOPY, KNEE, SURGICAL, WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)
29881	ARTHROSCOPY, KNEE, SURGICAL, WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING)
29882	ARTHROSCOPY, KNEE, SURGICAL, WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
29883	ARTHROSCOPY, KNEE, SURGICAL, WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
29884	ARTHROSCOPY, KNEE, SURGICAL, WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)
29885	ARTHROSCOPY, KNEE, SURGICAL, DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLU
29886	ARTHROSCOPY, KNEE, SURGICAL, DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION
29887	ARTHROSCOPY, KNEE, SURGICAL, DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING DRILLING OF THE DEFECT
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFOND FRACTURE, WITH O
29893	ENDOSCOPIC PLANTAR FASCIOTOMY
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL, WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL, SYNOVECTOMY, PARTIAL
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL, DEBRIDEMENT, LIMITED
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL, DEBRIDEMENT, EXTENSIVE
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL, WITH ANKLE ARTHRODESIS
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL, WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL, WITH SYNOVECTOMY
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL, WITH DEBRIDEMENT
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL, WITH SUBTALAR ARTHRODESIS
29999	UNLISTED PROCEDURE, ARTHROSCOPY
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE), WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE), DIAGNOSTIC
31360	LARYNGECTOMY, TOTAL, WITHOUT RADICAL NECK DISSECTION
31365	LARYNGECTOMY, TOTAL, WITH RADICAL NECK DISSECTION
31367	LARYNGECTOMY, SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION
31368	LARYNGECTOMY, SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY), HORIZONTAL
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY), LATEROVERTICAL
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY), ANTEROVERTICAL
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY), ANTERO-LATERO-VERTICAL
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION, WITHOUT RECONSTRUCTION
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION, WITH RECONSTRUCTION
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH
31420	EPIGLOTTIDECTOMY
31580	LARYNGOPLASTY, FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL
31587	LARYNGOPLASTY, CRICOID SPLIT
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL
31599	UNLISTED PROCEDURE, LARYNX
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SI

31614	TRACHEOSTOMA REVISION, COMPLEX, WITH FLAP ROTATION
31750	TRACHEOPLASTY, CERVICAL
31755	TRACHEOPLASTY, TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE
31760	TRACHEOPLASTY, INTRATHORACIC
31766	CARINAL RECONSTRUCTION
31770	BRONCHOPLASTY, GRAFT REPAIR
31775	BRONCHOPLASTY, EXCISION STENOSIS AND ANASTOMOSIS
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS, CERVICAL
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS, CERVICOTHORACIC
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA, CERVICAL
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA, THORACIC
31800	SUTURE OF TRACHEAL WOUND OR INJURY, CERVICAL
31805	SUTURE OF TRACHEAL WOUND OR INJURY, INTRATHORACIC
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA, WITHOUT PLASTIC REPAIR
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA, WITH PLASTIC REPAIR
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI
32035	THORACOSTOMY, WITH RIB RESECTION FOR EMPYEMA
32036	THORACOSTOMY, WITH OPEN FLAP DRAINAGE FOR EMPYEMA
32095	THORACOTOMY, LIMITED, FOR BIOPSY OF LUNG OR PLEURA
32100	THORACOTOMY, MAJOR, WITH EXPLORATION AND BIOPSY
32110	THORACOTOMY, MAJOR, WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR
32120	THORACOTOMY, MAJOR, FOR POSTOPERATIVE COMPLICATIONS
32124	THORACOTOMY, MAJOR, WITH OPEN INTRAPLEURAL PNEUMONOLYSIS
32140	THORACOTOMY, MAJOR, WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDURE
32141	THORACOTOMY, MAJOR, WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE
32150	THORACOTOMY, MAJOR, WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT
32151	THORACOTOMY, MAJOR, WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY
32160	THORACOTOMY, MAJOR, WITH CARDIAC MASSAGE
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST
32201	PNEUMONOSTOMY, WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX
32220	DECORTICATION, PULMONARY (SEPARATE PROCEDURE), TOTAL
32225	DECORTICATION, PULMONARY (SEPARATE PROCEDURE), PARTIAL
32310	PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)
32320	DECORTICATION AND PARIETAL PLEURECTOMY
32402	BIOPSY, PLEURA, OPEN
32440	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY,
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY, WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOMOSIS (SLEEVE PNEU
32445	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY, EXTRAPLEURAL
32480	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, SINGLE LOBE (LOBECTOMY)
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, TWO LOBES (BILOBECTOMY)
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, SINGLE SEGMENT (SEGMENTECTOMY)
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED BY BRONCHO BRONC
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION OF LUNG (COMPLETION
32491	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BULLOUS) FOR LUNG V
32500	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY, WEDGE RESECTION, SINGLE OR MULTIPLE

32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTECTOMY (LIST SEPARATE)
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECTION, RIB(S) RESECTION(S), NEUROVASCULAR DISSECTION
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECTION, RIB(S) RESECTION(S), NEUROVASCULAR DISSECTION
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)
32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)
32650	THORACOSCOPY, SURGICAL, WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)
32651	THORACOSCOPY, SURGICAL, WITH PARTIAL PULMONARY DECORTICATION
32652	THORACOSCOPY, SURGICAL, WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS
32653	THORACOSCOPY, SURGICAL, WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT
32654	THORACOSCOPY, SURGICAL, WITH CONTROL OF TRAUMATIC HEMORRHAGE
32655	THORACOSCOPY, SURGICAL, WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE
32656	THORACOSCOPY, SURGICAL, WITH PARIETAL PLEURECTOMY
32657	THORACOSCOPY, SURGICAL, WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE
32658	THORACOSCOPY, SURGICAL, WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC
32659	THORACOSCOPY, SURGICAL, WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE
32660	THORACOSCOPY, SURGICAL, WITH TOTAL PERICARDIOTOMY
32661	THORACOSCOPY, SURGICAL, WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS
32662	THORACOSCOPY, SURGICAL, WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS
32663	THORACOSCOPY, SURGICAL, WITH LOBECTOMY, TOTAL OR SEGMENTAL
32664	THORACOSCOPY, SURGICAL, WITH THORACIC SYMPATHECTOMY
32665	THORACOSCOPY, SURGICAL, WITH ESOPHAGOMYOTOMY (HELLER TYPE)
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA
32820	MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES),
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES), WITH CLOSURE OF BRONCHOPLEURAL FISTULA
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES
32997	TOTAL LUNG LAVAGE (UNILATERAL)
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE
33030	PERICARDIOTOMY, SUBTOTAL OR COMPLETE, WITHOUT CARDIOPULMONARY BYPASS
33031	PERICARDIOTOMY, SUBTOTAL OR COMPLETE, WITH CARDIOPULMONARY BYPASS
33050	EXCISION OF PERICARDIAL CYST OR TUMOR
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS
33130	RESECTION OF EXTERNAL CARDIAC TUMOR
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY, (SEPARATE PROCEDURE)
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY, PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE(S) (LIST SEPARATE)
33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, ATRIOVENTRICULAR NODE RE-ENTR)
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, ATRIOVENTRICULAR NODE RE-ENTR)
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS

33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (EG, MODIFIE
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE
33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS
33265	ENDOSCOPY, SURGICAL, OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE), WITHOUT CARDI
33266	ENDOSCOPY, SURGICAL, OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMON
33300	REPAIR OF CARDIAC WOUND, WITHOUT BYPASS
33305	REPAIR OF CARDIAC WOUND, WITH CARDIOPULMONARY BYPASS
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRICULAR THROMBUS), WITHOUT BYPASS
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRICULAR THROMBUS), WITH CARDIOPULMONARY BYPASS
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS, WITHOUT SHUNT OR CARDIOPULMONARY BYPASS
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS, WITH SHUNT BYPASS
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS, WITH CARDIOPULMONARY BYPASS
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS, WITHOUT SHUNT, OR CARDIOPULMONARY BYPASS
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS, WITH SHUNT BYPASS
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS, WITH CARDIOPULMONARY BYPASS
33400	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS
33401	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH INFLOW OCCLUSION
33403	VALVULOPLASTY, AORTIC VALVE, USING TRANSVENTRICULAR DILATION, WITH CARDIOPULMONARY BYPASS
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS, WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS, WITH ALLOGRAFT VALVE (FREEHAND)
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS, WITH STENTLESS TISSUE VALVE
33411	REPLACEMENT, AORTIC VALVE, WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP
33412	REPLACEMENT, AORTIC VALVE, WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)
33413	REPLACEMENT, AORTIC VALVE, BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH ALLOGRAFT REPLACEMENT OF PULMONARY VALVE (ROSS PR
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS
33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPHY)
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS
33422	VALVOTOMY, MITRAL VALVE, OPEN HEART, WITH CARDIOPULMONARY BYPASS
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS,
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS, WITH PROSTHETIC RING
33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS, RADICAL RECONSTRUCTION, WITH OR WITHOUT RING
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS
33460	VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS
33463	VALVULOPLASTY, TRICUSPID VALVE, WITHOUT RING INSERTION
33464	VALVULOPLASTY, TRICUSPID VALVE, WITH RING INSERTION
33465	REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY
33472	VALVOTOMY, PULMONARY VALVE, OPEN HEART, WITH INFLOW OCCLUSION
33474	VALVOTOMY, PULMONARY VALVE, OPEN HEART, WITH CARDIOPULMONARY BYPASS
33475	REPLACEMENT, PULMONARY VALVE

33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)
33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA, WITH CARDIOPULMONARY BYPASS
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA, WITHOUT CARDIOPULMONARY BYPASS
33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN, BY LIGATION
33503	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN, BY GRAFT, WITHOUT CARDIOPULMONARY BYPASS
33504	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN, BY GRAFT, WITH CARDIOPULMONARY BYPASS
33505	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN, WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PR
33506	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN, BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION
33510	CORONARY ARTERY BYPASS, VEIN ONLY, SINGLE CORONARY VENOUS GRAFT
33511	CORONARY ARTERY BYPASS, VEIN ONLY, TWO CORONARY VENOUS GRAFTS
33512	CORONARY ARTERY BYPASS, VEIN ONLY, THREE CORONARY VENOUS GRAFTS
33513	CORONARY ARTERY BYPASS, VEIN ONLY, FOUR CORONARY VENOUS GRAFTS
33514	CORONARY ARTERY BYPASS, VEIN ONLY, FIVE CORONARY VENOUS GRAFTS
33516	CORONARY ARTERY BYPASS, VEIN ONLY, SIX OR MORE CORONARY VENOUS GRAFTS
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S), SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S), TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S), THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FO
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S), FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S), FIVE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S), SIX OR MORE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO C
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S), SINGLE ARTERIAL GRAFT
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S), TWO CORONARY ARTERIAL GRAFTS
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S), THREE CORONARY ARTERIAL GRAFTS
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S), FOUR OR MORE CORONARY ARTERIAL GRAFTS
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERFORMED (EG, VENTRICULAR REMODELING, SVR, SAVER, D
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY PERFORMED IN CONJUN
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONSTRUCTION OR REPLACEMENT OF
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OBSTRUCTION) BY SURGICAL ENLARGEMENT OF VENTRICULAR SEP
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR,

33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR, WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRACT OBST
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF ATRIAL SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR VENA
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA (HYPOPLASTIC LEFT HEART SYNDROME) (EG, NOR
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE
33660	REPAIR OF INCOMPLETE OR PARTIAL ATRIOVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL SEPTAL DEFECT), WITH OR WITHOUT ATRIOVENTRICULAR VA
33665	REPAIR OF INTERMEDIATE OR TRANSITIONAL ATRIOVENTRICULAR CANAL, WITH OR WITHOUT ATRIOVENTRICULAR VALVE REPAIR
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS,
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS, WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS, WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET
33681	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH,
33684	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH, WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTI
33688	CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH, WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSE
33690	BANDING OF PULMONARY ARTERY
33692	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA,
33694	COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA, WITH TRANSANNULAR PATCH
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRICLE TO PULMONARY A
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS,
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS, WITH REPAIR OF VENTRICULAR SEPTAL DEFECT
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)
33726	REPAIR OF PULMONARY VENOUS STENOSIS
33730	COMPLETE REPAIR OF ANOMALOUS PULMONARY VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)
33732	REPAIR OF COR TRIATIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY, CLOSED HEART (BLALOCK-HANLON TYPE OPERATION)
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY, OPEN HEART WITH CARDIOPULMONARY BYPASS
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY, OPEN HEART, WITH INFLOW OCCLUSION
33750	SHUNT, SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)
33755	SHUNT, ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)
33762	SHUNT, DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)
33764	SHUNT, CENTRAL, WITH PROSTHETIC GRAFT
33766	SHUNT, SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSICAL GLENN PROCEDURE)
33767	SHUNT, SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS, WITHOUT SURGICAL ENLARGE
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS, WITH SURGICAL ENLARGEMEN
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS

33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS
33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS
33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARDIOPULMONARY BYPASS
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE),
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE), WITH REMOVAL OF PULMONA
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE), WITH CLOSURE OF VENTRIC
33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE), WITH REPAIR OF SUBPULMO
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING),
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING), WITH REANASTOMOSIS
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITHOUT CARDIOPULMONARY BYPASS
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT, WITH CARDIOPULMONARY BYPASS
33820	REPAIR OF PATENT DUCTUS ARTERIOSUS, BY LIGATION
33822	REPAIR OF PATENT DUCTUS ARTERIOSUS, BY DIVISION, YOUNGER THAN 18 YEARS
33824	REPAIR OF PATENT DUCTUS ARTERIOSUS, BY DIVISION, 18 YEARS AND OLDER
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS, WITH DIRECT ANASTOMOSIS
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS, WITH GRAFT
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS, REPAIR USING EITHER LEFT SUBCLAVIAN ARTER
33852	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL, WITHOUT CARDIOPULMONARY BYPASS
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL, WITH CARDIOPULMONARY BYPASS
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPENSION,
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPENSION, WITH AORTIC ROOT REPLACEMENT USING COMPOSI
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATO
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATO
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, D
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, D
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA

33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA,
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION WITH ENDOVASCULAR RE
33910	PULMONARY ARTERY EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS
33915	PULMONARY ARTERY EMBOLECTOMY, WITHOUT CARDIOPULMONARY BYPASS
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGHT OR LEFT VENTRIC
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART PROCEDURE (LIST
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION, WITHOUT CARDIOPULMONARY BYPASS
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION, WITH CARDIOPULMONARY BYPASS
33999	UNLISTED PROCEDURE, CARDIAC SURGERY
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCISION
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY ARM INCISION
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, RADIAL OR ULNAR ARTERY, BY ARM INCISION
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMINAL INCISION
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER, POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION
34401	THROMBECTOMY, DIRECT OR WITH CATHETER, VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION
34421	THROMBECTOMY, DIRECT OR WITH CATHETER, VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION
34451	THROMBECTOMY, DIRECT OR WITH CATHETER, VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION
34471	THROMBECTOMY, DIRECT OR WITH CATHETER, SUBCLAVIAN VEIN, BY NECK INCISION
34490	THROMBECTOMY, DIRECT OR WITH CATHETER, AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION
34501	VALVULOPLASTY, FEMORAL VEIN
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS
34800	ENDOASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, USING AORTO-AORTIC TUBE PROSTHESIS
34802	ENDOASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, USING MODULAR BIFURCATED PROSTHESIS (ONE DOCKING LIMB
34803	ENDOASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, USING MODULAR BIFURCATED PROSTHESIS (TWO DOCKING LIMB
34804	ENDOASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, USING UNIBODY BIFURCATED PROSTHESIS
34805	ENDOASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, USING AORTO-UNIILIAC OR AORTO-UNIFEMORAL PROSTHESIS
34808	ENDOASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR (LIST SEPARATELY IN ADDITION TO CODE FO
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCLUSION DURING ENDOVASCULAR THERAPY, BY ABDOMINAL
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, F

34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, F
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL ENDOV
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL ENDOV
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL ENDOV
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF AORTIC OR ILIAC ENDOVASCULAR PROSTHESIS, BY ABDOMINAL OR RET
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF AORTIC OR ILIAC ENDOVASCULAR PROSTHESIS BY ARM INCISION, UNILATERAL
34900	ENDOVASCULAR GRAFT PLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALFORMATION, TRAUMA)
35001	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35002	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35005	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35011	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35013	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35021	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35022	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35045	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35081	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35082	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35091	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35092	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35102	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35103	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35111	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35112	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35121	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35122	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR

35131	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35132	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35141	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35142	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35151	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35152	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT PATCH GRAFT, FOR
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA, HEAD AND NECK
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA, THORAX AND ABDOMEN
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA, EXTREMITIES
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA, HEAD AND NECK
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA, THORAX AND ABDOMEN
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA, EXTREMITIES
35201	REPAIR BLOOD VESSEL, DIRECT, NECK
35206	REPAIR BLOOD VESSEL, DIRECT, UPPER EXTREMITY
35207	REPAIR BLOOD VESSEL, DIRECT, HAND, FINGER
35211	REPAIR BLOOD VESSEL, DIRECT, INTRATHORACIC, WITH BYPASS
35216	REPAIR BLOOD VESSEL, DIRECT, INTRATHORACIC, WITHOUT BYPASS
35221	REPAIR BLOOD VESSEL, DIRECT, INTRA-ABDOMINAL
35226	REPAIR BLOOD VESSEL, DIRECT, LOWER EXTREMITY
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT, NECK
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT, UPPER EXTREMITY
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT, INTRATHORACIC, WITH BYPASS
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT, INTRATHORACIC, WITHOUT BYPASS
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT, INTRA-ABDOMINAL
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT, LOWER EXTREMITY
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, NECK
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, UPPER EXTREMITY
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, INTRATHORACIC, WITH BYPASS
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, INTRATHORACIC, WITHOUT BYPASS
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, INTRA-ABDOMINAL
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN, LOWER EXTREMITY
35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, SUPERFICIAL FEMORAL ARTERY
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, POPLITEAL ARTERY
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, TIBIOPERONEAL TRUNK ARTERY
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY (LIST SEPARATELY IN ADDITI
35311	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION
35321	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, AXILLARY-BRACHIAL
35331	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, ABDOMINAL AORTA
35341	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, MESENTERIC, CELIAC, OR RENAL
35351	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, ILIAC
35355	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, ILIOFEMORAL
35361	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, COMBINED AORTOILIAC

35363	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, COMBINED AORTOILIOFEMORAL
35371	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, COMMON FEMORAL
35372	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED, DEEP (PROFUNDA) FEMORAL
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE F
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITI
35501	BYPASS GRAFT, WITH VEIN, COMMON CAROTID-IPSILATERAL INTERNAL CAROTID
35506	BYPASS GRAFT, WITH VEIN, CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID
35508	BYPASS GRAFT, WITH VEIN, CAROTID-VERTEBRAL
35509	BYPASS GRAFT, WITH VEIN, CAROTID-CONTRALATERAL CAROTID
35510	BYPASS GRAFT, WITH VEIN, CAROTID-BRACHIAL
35511	BYPASS GRAFT, WITH VEIN, SUBCLAVIAN-SUBCLAVIAN
35512	BYPASS GRAFT, WITH VEIN, SUBCLAVIAN-BRACHIAL
35515	BYPASS GRAFT, WITH VEIN, SUBCLAVIAN-VERTEBRAL
35516	BYPASS GRAFT, WITH VEIN, SUBCLAVIAN-AXILLARY
35518	BYPASS GRAFT, WITH VEIN, AXILLARY-AXILLARY
35521	BYPASS GRAFT, WITH VEIN, AXILLARY-FEMORAL
35522	BYPASS GRAFT, WITH VEIN, AXILLARY-BRACHIAL
35523	BYPASS GRAFT, WITH VEIN, BRACHIAL-ULNAR OR -RADIAL
35525	BYPASS GRAFT, WITH VEIN, BRACHIAL-BRACHIAL
35526	BYPASS GRAFT, WITH VEIN, AORTOSUBCLAVIAN OR CAROTID
35531	BYPASS GRAFT, WITH VEIN, AORTOCELIAC OR AORTOMESENTERIC
35533	BYPASS GRAFT, WITH VEIN, AXILLARY-FEMORAL-FEMORAL
35535	BYPASS GRAFT, WITH VEIN, HEPATORENAL
35536	BYPASS GRAFT, WITH VEIN, SPLENORENAL
35537	BYPASS GRAFT, WITH VEIN, AORTOILIAC
35538	BYPASS GRAFT, WITH VEIN, AORTOBI-ILIAC
35539	BYPASS GRAFT, WITH VEIN, AORTOFEMORAL
35540	BYPASS GRAFT, WITH VEIN, AORTOBIFEMORAL
35548	BYPASS GRAFT, WITH VEIN, AORTOILIOFEMORAL, UNILATERAL
35549	BYPASS GRAFT, WITH VEIN, AORTOILIOFEMORAL, BILATERAL
35551	BYPASS GRAFT, WITH VEIN, AORTOFEMORAL-POPLITEAL
35556	BYPASS GRAFT, WITH VEIN, FEMORAL-POPLITEAL
35558	BYPASS GRAFT, WITH VEIN, FEMORAL-FEMORAL
35560	BYPASS GRAFT, WITH VEIN, AORTORENAL
35563	BYPASS GRAFT, WITH VEIN, ILIOILIAC
35565	BYPASS GRAFT, WITH VEIN, ILIOFEMORAL
35566	BYPASS GRAFT, WITH VEIN, FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS
35570	BYPASS GRAFT, WITH VEIN, TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUNK-TIBIAL
35571	BYPASS GRAFT, WITH VEIN, POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL VESSELS
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA CAVAL, CORONARY, PERIPHERA
35583	IN-SITU VEIN BYPASS, FEMORAL-POPLITEAL
35585	IN-SITU VEIN BYPASS, FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY
35587	IN-SITU VEIN BYPASS, POPLITEAL-TIBIAL, PERONEAL
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PR
35601	BYPASS GRAFT, WITH OTHER THAN VEIN, COMMON CAROTID-IPSILATERAL INTERNAL CAROTID
35606	BYPASS GRAFT, WITH OTHER THAN VEIN, CAROTID-SUBCLAVIAN
35612	BYPASS GRAFT, WITH OTHER THAN VEIN, SUBCLAVIAN-SUBCLAVIAN

35616	BYPASS GRAFT, WITH OTHER THAN VEIN, SUBCLAVIAN-AXILLARY
35621	BYPASS GRAFT, WITH OTHER THAN VEIN, AXILLARY-FEMORAL
35623	BYPASS GRAFT, WITH OTHER THAN VEIN, AXILLARY-POPLITEAL OR -TIBIAL
35626	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOSUBCLAVIAN OR CAROTID
35631	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOCELIAC, AORTOMESENTERIC, AORTORENAL
35632	BYPASS GRAFT, WITH OTHER THAN VEIN, ILIO-CELIAC
35633	BYPASS GRAFT, WITH OTHER THAN VEIN, ILIO-MESENTERIC
35634	BYPASS GRAFT, WITH OTHER THAN VEIN, ILIORENAL
35636	BYPASS GRAFT, WITH OTHER THAN VEIN, SPLENORENAL (SPLENIC TO RENAL ARTERIAL ANASTOMOSIS)
35637	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOILIAC
35638	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOBI-ILIAC
35642	BYPASS GRAFT, WITH OTHER THAN VEIN, CAROTID-VERTEBRAL
35645	BYPASS GRAFT, WITH OTHER THAN VEIN, SUBCLAVIAN-VERTEBRAL
35646	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOBIFEMORAL
35647	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOFEMORAL
35650	BYPASS GRAFT, WITH OTHER THAN VEIN, AXILLARY-AXILLARY
35651	BYPASS GRAFT, WITH OTHER THAN VEIN, AORTOFEMORAL-POPLITEAL
35654	BYPASS GRAFT, WITH OTHER THAN VEIN, AXILLARY-FEMORAL-FEMORAL
35656	BYPASS GRAFT, WITH OTHER THAN VEIN, FEMORAL-POPLITEAL
35661	BYPASS GRAFT, WITH OTHER THAN VEIN, FEMORAL-FEMORAL
35663	BYPASS GRAFT, WITH OTHER THAN VEIN, ILIOILIAC
35665	BYPASS GRAFT, WITH OTHER THAN VEIN, ILIOFEMORAL
35666	BYPASS GRAFT, WITH OTHER THAN VEIN, FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY
35671	BYPASS GRAFT, WITH OTHER THAN VEIN, POPLITEAL-TIBIAL OR -PERONEAL ARTERY
35681	BYPASS GRAFT, COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
35682	BYPASS GRAFT, AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PR
35683	BYPASS GRAFT, AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO OR MORE LOCATIONS (LIST SEPARATELY IN ADDITION TO CO
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT (LIST SEPARATELY IN ADDITION TO CODE FO
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS) (LIST SEPARATELY IN ADDITION T
35691	TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO CAROTID ARTERY
35693	TRANSPOSITION AND/OR REIMPLANTATION, VERTEBRAL TO SUBCLAVIAN ARTERY
35694	TRANSPOSITION AND/OR REIMPLANTATION, SUBCLAVIAN TO CAROTID ARTERY
35695	TRANSPOSITION AND/OR REIMPLANTATION, CAROTID TO SUBCLAVIAN ARTERY
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PR
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY, OR OTHER DISTAL VESSEL
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, CAROTID ARTERY
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, FEMORAL ARTERY
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, POPLITEAL ARTERY
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY, OTHER VESSELS
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION, NECK
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION, CHEST
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION, ABDOMEN
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION, EXTREMITY
35870	REPAIR OF GRAFT-ENTERIC FISTULA
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTULA),

35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTULA), WITH REVISION OF ARTERIAL OR VENOUS GRAFT
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN, WITH VEIN PATCH ANGIOPLASTY
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN, WITH SEGMENTAL VEIN INTERPOSITION
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN, WITH NONAUTOGENOUS PATCH GRAFT (EG, DACRON, EPT
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN, WITH AUTOGENOUS VEIN PATCH GRAFT
35901	EXCISION OF INFECTED GRAFT, NECK
35903	EXCISION OF INFECTED GRAFT, EXTREMITY
35905	EXCISION OF INFECTED GRAFT, THORAX
35907	EXCISION OF INFECTED GRAFT, ABDOMEN
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADI
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADI
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASE
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASE
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS (STEAL SYNDROME)
37140	VENOUS ANASTOMOSIS, OPEN, PORTOCAVAL
37145	VENOUS ANASTOMOSIS, OPEN, RENOPORTAL
37160	VENOUS ANASTOMOSIS, OPEN, CAVAL-MESENTERIC
37180	VENOUS ANASTOMOSIS, OPEN, SPLENORENAL, PROXIMAL
37181	VENOUS ANASTOMOSIS, OPEN, SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)
37565	LIGATION, INTERNAL JUGULAR VEIN
37600	LIGATION, EXTERNAL CAROTID ARTERY
37605	LIGATION, INTERNAL OR COMMON CAROTID ARTERY
37606	LIGATION, INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE), NECK
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE), CHEST
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE), ABDOMEN
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE), EXTREMITY
37650	LIGATION OF FEMORAL VEIN
37660	LIGATION OF COMMON ILIAC VEIN
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT, OPEN
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, 10-20 STAB INCISIONS
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY, MORE THAN 20 INCISIONS
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT
37790	PENILE VENOUS OCCLUSIVE PROCEDURE
37799	UNLISTED PROCEDURE, VASCULAR SURGERY
38100	SPLENECTOMY, TOTAL (SEPARATE PROCEDURE)

38101	SPLENECTOMY, PARTIAL (SEPARATE PROCEDURE)
38102	SPLENECTOMY, TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PRO
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS, EXTENSIVE
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT, CERVICAL APPROACH
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT, THORACIC APPROACH
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT, ABDOMINAL APPROACH
38542	DISSECTION, DEEP JUGULAR NODE(S)
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITH DEEP NEUROVASCULAR DISSECTION
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE), PELVIC AND PARA-AORTIC
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE), RETROPERITONEAL (AORTIC AND/OR SPLENIC)
38570	LAPAROSCOPY, SURGICAL, WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE
38571	LAPAROSCOPY, SURGICAL, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY
38572	LAPAROSCOPY, SURGICAL, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTI
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM
38700	SUPRAHYOID LYMPHADENECTOMY
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)
38740	AXILLARY LYMPHADENECTOMY, SUPERFICIAL
38745	AXILLARY LYMPHADENECTOMY, COMPLETE
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-AORTIC AND VENA CAV
38760	INGUINOFEEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE PROCEDURE)
38765	INGUINOFEEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, A
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE PROCEDURE)
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY, CERVICAL APPROACH
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY, TRANSTHORACIC APPROACH, INCLUDING EITHER TRANSTHO
39200	EXCISION OF MEDIASTINAL CYST
39220	EXCISION OF MEDIASTINAL TUMOR
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY
39499	UNLISTED PROCEDURE, MEDIASTINUM
39501	REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDOPLASTY, VAGOTOMY, AND/OR PYLOROPLASTY, EXCEPT NEONATA
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VENTRAL HERNIA
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL), TRANSTHORACIC
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL), COMBINED, THORACOABDOMINAL

39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL), COMBINED, THORACOABDOMINAL, WITH DILATION OF STRICTURE (WITH OR WITHOUT GASTRO
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC, ACUTE
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC, CHRONIC
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC
39560	RESECTION, DIAPHRAGM, WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)
39561	RESECTION, DIAPHRAGM, WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL MUSCLE FLAP)
39599	UNLISTED PROCEDURE, DIAPHRAGM
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT
40510	EXCISION OF LIP, TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE
40520	EXCISION OF LIP, V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE
40525	EXCISION OF LIP, FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)
40527	EXCISION OF LIP, FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION
40650	REPAIR LIP, FULL THICKNESS, VERMILION ONLY
40652	REPAIR LIP, FULL THICKNESS, UP TO HALF VERTICAL HEIGHT
40654	REPAIR LIP, FULL THICKNESS, OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY, PRIMARY, PARTIAL OR COMPLETE, UNILATERAL
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY, PRIMARY BILATERAL, ONE STAGE PROCEDURE
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY, PRIMARY BILATERAL, ONE OF TWO STAGES
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY, SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY, WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND INSERTI
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH, SIMPLE
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH, COMPLICATED
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH, SIMPLE
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH, COMPLICATED
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH, WITHOUT REPAIR
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH, WITH SIMPLE REPAIR
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH, WITH COMPLEX REPAIR
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH, COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH, 2.5 CM OR LESS
40840	VESTIBULOPLASTY, ANTERIOR
40842	VESTIBULOPLASTY, POSTERIOR, UNILATERAL
40843	VESTIBULOPLASTY, POSTERIOR, BILATERAL
40844	VESTIBULOPLASTY, ENTIRE ARCH
40845	VESTIBULOPLASTY, COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)
40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH, LINGUAL
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH, SUBLINGUAL, SUPERFICIAL
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH, SUBLINGUAL, DEEP, SUPRAMYLOHYOID
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH, SUBMENTAL SPACE
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH, SUBMANDIBULAR SPACE
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH, MASTICATOR SPACE
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH, SUBMENTAL
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH, SUBMANDIBULAR
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH, MASTICATOR SPACE

41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE, ANTERIOR TWO-THIRDS
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE, POSTERIOR ONE-THIRD
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE, WITH LOCAL TONGUE FLAP
41116	EXCISION, LESION OF FLOOR OF MOUTH
41120	GLOSSECTOMY, LESS THAN ONE-HALF TONGUE
41130	GLOSSECTOMY, HEMIGLOSSECTOMY
41135	GLOSSECTOMY, PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION
41140	GLOSSECTOMY, COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION
41145	GLOSSECTOMY, COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION
41150	GLOSSECTOMY, COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK DISSECTION
41153	GLOSSECTOMY, COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION
41155	GLOSSECTOMY, COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECTION (COMMANDO TYPE)
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)
41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES, BONE
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES, WITHOUT REPAIR
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES, WITH SIMPLE REPAIR
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES, WITH COMPLEX REPAIR
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES
42104	EXCISION, LESION OF PALATE, UVULA, WITHOUT CLOSURE
42106	EXCISION, LESION OF PALATE, UVULA, WITH SIMPLE PRIMARY CLOSURE
42107	EXCISION, LESION OF PALATE, UVULA, WITH LOCAL FLAP CLOSURE
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION
42140	UVULECTOMY, EXCISION OF UVULA
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE, SOFT TISSUE ONLY
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE, WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)
42215	PALATOPLASTY FOR CLEFT PALATE, MAJOR REVISION
42220	PALATOPLASTY FOR CLEFT PALATE, SECONDARY LENGTHENING PROCEDURE
42225	PALATOPLASTY FOR CLEFT PALATE, ATTACHMENT PHARYNGEAL FLAP
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP
42260	REPAIR OF NASOLABIAL FISTULA
42299	UNLISTED PROCEDURE, PALATE, UVULA
42300	DRAINAGE OF ABSCESS, PAROTID, SIMPLE
42305	DRAINAGE OF ABSCESS, PAROTID, COMPLICATED
42320	DRAINAGE OF ABSCESS, SUBMAXILLARY, EXTERNAL
42330	SIALOLITHOTOMY, SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL

42335	SIALOLITHOTOMY, SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL
42340	SIALOLITHOTOMY, PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND, LATERAL LOBE, WITHOUT NERVE DISSECTION
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND, LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND, TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND, TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND, TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND
42450	EXCISION OF SUBLINGUAL GLAND
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY, PRIMARY OR SIMPLE
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY, SECONDARY OR COMPLICATED
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE),
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE), WITH EXCISION OF ONE SUBMANDIBULAR GLAND
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE), WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE), WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON_S) DUCTS
42550	INJECTION PROCEDURE FOR SIALOGRAPHY
42665	LIGATION SALIVARY DUCT, INTRAORAL
42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS
42700	INCISION AND DRAINAGE ABSCESS, PERITONSILLAR
42720	INCISION AND DRAINAGE ABSCESS, RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH
42725	INCISION AND DRAINAGE ABSCESS, RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX
42821	TONSILLECTOMY AND ADENOIDECTOMY, AGE 12 OR OVER
42826	TONSILLECTOMY, PRIMARY OR SECONDARY, AGE 12 OR OVER
42831	ADENOIDECTOMY, PRIMARY, AGE 12 OR OVER
42836	ADENOIDECTOMY, SECONDARY, AGE 12 OR OVER
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE, WITHOUT CLOSURE
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE, CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCAL)
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE, CLOSURE WITH OTHER FLAP
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)
42890	LIMITED PHARYNGECTOMY
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL WALLS
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP
42900	SUTURE PHARYNX FOR WOUND OR INJURY
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)
42953	PHARYNGOESOPHAGEAL REPAIR
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY), SIMPLE
42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY), COMPLICATED, REQUIRING HOSPITALIZATION
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY), WITH SECONDARY SURGICAL INTERVENTION
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY), WITH SECONDARY SURGICAL INTERVENTION
42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS

43020	ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY
43030	CRICOPHARYNGEAL MYOTOMY
43045	ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY
43100	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR, CERVICAL APPROACH
43101	EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR, THORACIC OR ABDOMINAL APPROACH
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY, WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY, WITH OR WITHOUT
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY, WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION, INCLUDING IN
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY, WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY, WITH OR WITHOUT P
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY, WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION, INCLUDING INTES
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING THE GRAFT AND INTEST
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT PROXIMAL GASTRECTOMY
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT PROXIMAL GASTRECTOMY
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH THORACIC ESOPHAGOGAS
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH ESOPHAGOGASTROSTOMY, W
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH COLON INTERPOSITION OR
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERVICAL ESOPHAGOSTOMY
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY, CERVICAL APPROACH
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY, THORACIC APPROACH
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS
43300	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH, WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH, WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA
43310	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH, WITHOUT REPAIR OF TRACHEOESOPHAGEAL FISTULA
43312	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH, WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH, WITHOUT REPAIR OF CONGENITAL TRACHEO
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH, WITH REPAIR OF CONGENITAL TRACHEOESO
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY, TRANSABDOMINAL OR TRANSTHORACIC APPROACH
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)
43325	ESOPHAGOGASTRIC FUNDOPLASTY, WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)
43326	ESOPHAGOGASTRIC FUNDOPLASTY, WITH GASTROPLASTY (EG, COLLIS)
43330	ESOPHAGOMYOTOMY (HELLER TYPE), ABDOMINAL APPROACH
43331	ESOPHAGOMYOTOMY (HELLER TYPE), THORACIC APPROACH
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY), ABDOMINAL APPROACH
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY), THORACIC APPROACH
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL, ABDOMINAL APPROACH
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL, THORACIC APPROACH
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL, CERVICAL APPROACH

43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR PREVIOUS ESOPHA
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR PREVIOUS ESOPHA
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY, CERVICAL APPROACH
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY, TRANSTHORACIC OR TRANSABDOMINAL APPROACH
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA, CERVICAL APPROACH
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA, TRANSTHORACIC OR TRANSABDOMINAL APPROACH
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS
43500	GASTROTOMY, WITH EXPLORATION OR FOREIGN BODY REMOVAL
43501	GASTROTOMY, WITH SUTURE REPAIR OF BLEEDING ULCER
43502	GASTROTOMY, WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, MALLORY-WEISS)
43510	GASTROTOMY, WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL TUBE (EG, CELESTIN OR MOUSSEAU-BARBIN)
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)
43605	BIOPSY OF STOMACH, BY LAPAROTOMY
43610	EXCISION, LOCAL, ULCER OR BENIGN TUMOR OF STOMACH
43611	EXCISION, LOCAL, MALIGNANT TUMOR OF STOMACH
43620	GASTRECTOMY, TOTAL, WITH ESOPHAGOENTEROSTOMY
43621	GASTRECTOMY, TOTAL, WITH ROUX-EN-Y RECONSTRUCTION
43622	GASTRECTOMY, TOTAL, WITH FORMATION OF INTESTINAL POUCH, ANY TYPE
43631	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTRODUODENOSTOMY
43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY
43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION
43634	GASTRECTOMY, PARTIAL, DISTAL, WITH FORMATION OF INTESTINAL POUCH
43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE[S] FOR PRIMARY PROCEDURE)
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY, TRUNCAL OR SELECTIVE
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY, Parietal Cell (Highly Selective)
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR L
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION
43651	LAPAROSCOPY, SURGICAL, TRANSECTION OF VAGUS NERVES, TRUNCAL
43652	LAPAROSCOPY, SURGICAL, TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND AND S
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE, REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COM
43800	PYLOROPLASTY
43810	GASTRODUODENOSTOMY
43820	GASTROJEJUNOSTOMY, WITHOUT VAGOTOMY
43825	GASTROJEJUNOSTOMY, WITH VAGOTOMY, ANY TYPE
43832	GASTROSTOMY, OPEN, WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)

43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY, VERTICAL-BANDED GASTROPLASTY
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY, OTHER THAN VERTICAL-BANDED GASTROPLASTY
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100 CM COMM
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY, WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROST
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY, WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEPARATE
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION, WITHOUT VAGOTOMY
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION, WITH VAGOTOMY
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE
43870	CLOSURE OF GASTROSTOMY, SURGICAL
43880	CLOSURE OF GASTROCOLIC FISTULA
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN, REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN, REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN, REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY
43999	UNLISTED PROCEDURE, STOMACH
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL
44020	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL
44021	ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM, FOR DECOMPRESSION (EG, BAKER TUBE)
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZATION, SINGLE
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULIZATION, MULTIP
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE, EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PR
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE, WITH ENTEROSTOMY
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTEST
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTEST
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF INTEST
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTEROSTOMY (SEPARATE PROCEDURE)
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIM
44140	COLECTOMY, PARTIAL, WITH ANASTOMOSIS
44141	COLECTOMY, PARTIAL, WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY
44143	COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)
44144	COLECTOMY, PARTIAL, WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA

44145	COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)
44146	COLECTOMY, PARTIAL, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY
44147	COLECTOMY, PARTIAL, ABDOMINAL AND TRANSANAL APPROACH
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH CONTINENT ILEOSTOMY
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH CONTINENT ILEOSTOMY
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL MUCOSECTOMY, WHEN
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), INCLUDES LOOP IL
44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)
44187	LAPAROSCOPY, SURGICAL, ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY
44202	LAPAROSCOPY, SURGICAL, ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS
44203	LAPAROSCOPY, SURGICAL, EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR
44204	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS
44205	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY
44206	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)
44207	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)
44208	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY
44210	LAPAROSCOPY, SURGICAL, COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY
44211	LAPAROSCOPY, SURGICAL, COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S
44212	LAPAROSCOPY, SURGICAL, COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARAT
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)
44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE
44312	REVISION OF ILEOSTOMY, SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
44314	REVISION OF ILEOSTOMY, COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY,
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY, WITH MULTIPLE BIOPSIES (EG, FOR CONGENITAL MEGACOLON) (SEPARATE PROCEDURE)
44340	REVISION OF COLOSTOMY, SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
44345	REVISION OF COLOSTOMY, COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)
44346	REVISION OF COLOSTOMY, WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE, SINGLE PERFORATION
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE, MULTIPLE PERFORATIONS
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORA
44605	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR MULTIPLE PERFORA
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT DILATION, FOR INTESTINAL OBSTRUCTION

44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE,
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCED
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA
44660	CLOSURE OF ENTEROVESICAL FISTULA, WITHOUT INTESTINAL OR BLADDER RESECTION
44661	CLOSURE OF ENTEROVESICAL FISTULA, WITH INTESTINE AND/OR BLADDER RESECTION
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)
44700	EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE (EG, BLADDER OR OMENTUM)
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
44799	UNLISTED PROCEDURE, INTESTINE
44800	EXCISION OF MECKEL_ S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)
44899	UNLISTED PROCEDURE, MECKEL_ S DIVERTICULUM AND THE MESENTERY
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS, OPEN
44950	APPENDECTOMY,
44955	APPENDECTOMY, WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE) (LIST SEPARATELY IN A
44960	APPENDECTOMY, FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS
45108	ANORECTAL MYOMECTOMY
45110	PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY
45111	PROCTECTOMY, PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS)
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), WITH OR WITHOUT LOOP
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS, ABDOMINAL AND TRANSSACRAL APPROACH
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS, TRANSSACRAL APPROACH ONLY (KRASKE TYPE)
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF COLONIC RESERVOIR (E
45120	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROACH, WITH PULL-THROUGH PROCEDURE AND ANASTOMOSIS (
45121	PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROACH, WITH SUBTOTAL OR TOTAL COLECTOMY, WITH MULTIP
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WITHOUT COLOSTOMY), WITH REMOVAL OF BLADDER AND URETERA
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS, PERINEAL APPROACH
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS, ABDOMINAL AND PERINEAL APPROACH
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY
45150	DIVISION OF STRICTURE OF RECTUM
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCYGEAL APPROACH
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESICCATION, ELECTROSURGERY, LASER ABLATION, LASER RESECTION, CRYOSURGERY) TRANSANAL APP

45395	LAPAROSCOPY, SURGICAL, PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY
45397	LAPAROSCOPY, SURGICAL, PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION
45400	LAPAROSCOPY, SURGICAL, PROCTOPEXY (FOR PROLAPSE)
45402	LAPAROSCOPY, SURGICAL, PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM
45505	PROCTOPLASTY, FOR PROLAPSE OF MUCOUS MEMBRANE
45540	PROCTOPEXY (EG, FOR PROLAPSE), ABDOMINAL APPROACH
45541	PROCTOPEXY (EG, FOR PROLAPSE), PERINEAL APPROACH
45550	PROCTOPEXY (EG, FOR PROLAPSE), WITH SIGMOID RESECTION, ABDOMINAL APPROACH
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY,
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY, WITH COLOSTOMY
45800	CLOSURE OF RECTOVESICAL FISTULA,
45805	CLOSURE OF RECTOVESICAL FISTULA, WITH COLOSTOMY
45820	CLOSURE OF RECTOURETHRAL FISTULA,
45825	CLOSURE OF RECTOURETHRAL FISTULA, WITH COLOSTOMY
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
45999	UNLISTED PROCEDURE, RECTUM
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT PLAC
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE, ADULT
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE, INFANT
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEMENT, TRANSPERINEAL APPROACH
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEMENT, COMBINED TRANSPERINEAL AND TRANSABDOMINAL A
46715	REPAIR OF LOW IMPERFORATE ANUS, WITH ANOPERINEAL FISTULA (CUT-BACK PROCEDURE)
46716	REPAIR OF LOW IMPERFORATE ANUS, WITH TRANSPOSITION OF ANOPERINEAL OR ANOVESTIBULAR FISTULA
46730	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA, PERINEAL OR SACROPERINEAL APPROACH
46735	REPAIR OF HIGH IMPERFORATE ANUS WITHOUT FISTULA, COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACHES
46740	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA, PERINEAL OR SACROPERINEAL APPROACH
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA, COMBINED TRANSABDOMINAL AND SACROPERINEAL APPROACHES
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPROACH,
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPROACH, WITH VAGINAL
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE, ADULT
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE, CHILD
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT, MUSCLE TRANSPLANT
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT, LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT, IMPLANTATION ARTIFICIAL SPHINCTER
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE), INITIAL
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE), SUBSEQUENT
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING

46999	UNLISTED PROCEDURE, ANUS
47010	HEPATOTOMY, FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC OR ECHINOCOCCAL) CYST(S) OR ABSCESS(ES)
47120	HEPATECTOMY, RESECTION OF LIVER, PARTIAL LOBECTOMY
47122	HEPATECTOMY, RESECTION OF LIVER, TRISEGMENTECTOMY
47125	HEPATECTOMY, RESECTION OF LIVER, TOTAL LEFT LOBECTOMY
47130	HEPATECTOMY, RESECTION OF LIVER, TOTAL RIGHT LOBECTOMY
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER
47350	MANAGEMENT OF LIVER HEMORRHAGE, SIMPLE SUTURE OF LIVER WOUND OR INJURY
47360	MANAGEMENT OF LIVER HEMORRHAGE, COMPLEX SUTURE OF LIVER WOUND OR INJURY, WITH OR WITHOUT HEPATIC ARTERY LIGATION
47361	MANAGEMENT OF LIVER HEMORRHAGE, EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE, WITH OR WITHOUT
47362	MANAGEMENT OF LIVER HEMORRHAGE, RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S), RADIOFREQUENCY
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S), CRYOSURGICAL
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S), RADIOFREQUENCY
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S), CRYOSURGICAL
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY
47399	UNLISTED PROCEDURE, LIVER
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYSTOTOMY, WITHOUT TR
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYSTOTOMY, WITH TRANS
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL EXTRACTION OF CALCULUS (SEPARATE PROCEDURE)
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
47560	LAPAROSCOPY, SURGICAL, WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY
47561	LAPAROSCOPY, SURGICAL, WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY
47562	LAPAROSCOPY, SURGICAL, CHOLECYSTECTOMY
47563	LAPAROSCOPY, SURGICAL, CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY
47564	LAPAROSCOPY, SURGICAL, CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT
47570	LAPAROSCOPY, SURGICAL, CHOLECYSTOENTEROSTOMY
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT
47600	CHOLECYSTECTOMY,
47605	CHOLECYSTECTOMY, WITH CHOLANGIOGRAPHY
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT,
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT, WITH CHOLEDOCHOENTEROSTOMY
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT, WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT CHOLANGI
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BURHENNE TECHNIQUE)
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOUT CHOLANGIOGRAPHY
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT, EXTRAHEPATIC
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT, INTRAHEPATIC
47715	EXCISION OF CHOLEDOCHAL CYST
47720	CHOLECYSTOENTEROSTOMY, DIRECT
47721	CHOLECYSTOENTEROSTOMY, WITH GASTROENTEROSTOMY
47740	CHOLECYSTOENTEROSTOMY, ROUX-EN-Y

47741	CHOLECYSTOENTEROSTOMY, ROUX-EN-Y WITH GASTROENTEROSTOMY
47760	ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT
47765	ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS
47802	U-TUBE HEPATICOENTEROSTOMY
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)
47999	UNLISTED PROCEDURE, BILIARY TRACT
48000	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS,
48020	REMOVAL OF PANCREATIC CALCULUS
48100	BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, WEDGE BIOPSY)
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY, WITHOUT PANCREATICOJEJUNOSTOMY
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY, WITH PANCREATICOJEJUNOSTOMY
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)
48148	EXCISION OF AMPULLA OF VATER
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHI)
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHI)
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, W)
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, W)
48155	PANCREATECTOMY, TOTAL
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLET CELLS
48500	MARSUPIALIZATION OF PANCREATIC CYST
48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS, OPEN
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS, PERCUTANEOUS
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT, DIRECT
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT, ROUX-EN-Y
48545	PANCREATORRHAPHY FOR INJURY
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)
48999	UNLISTED PROCEDURE, PANCREAS
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)
49002	REOPENING OF RECENT LAPAROTOMY
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, OPEN
49021	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, PERCUTANEOUS
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS, OPEN
49060	DRAINAGE OF RETROPERITONEAL ABSCESS, OPEN
49061	DRAINAGE OF RETROPERITONEAL ABSCESS, PERCUTANEOUS
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC), INITIAL
49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE (DIAGNOSTIC OR THERAPEUTIC), SUBSEQUENT
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITON

49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITON
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITON
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR
49220	STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSIES OF BOTH LIVER LOBES, POSSIBLY
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)
49255	OMENTECTOMY, EPIPOLECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)
49321	LAPAROSCOPY, SURGICAL, WITH BIOPSY (SINGLE OR MULTIPLE)
49322	LAPAROSCOPY, SURGICAL, WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST) (SINGLE OR MULTIPLE)
49323	LAPAROSCOPY, SURGICAL, WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY
49324	LAPAROSCOPY, SURGICAL, WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT
49325	LAPAROSCOPY, SURGICAL, WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL OF INTRALUMINAL OBST
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY
49425	INSERTION OF PERITONEAL-VENOUS SHUNT
49426	REVISION OF PERITONEAL-VENOUS SHUNT
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER, REDUCIBLE
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER, INCARCERATED OR STRANGULATED
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE, REDUCIBLE
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE, INCARCERATED OR STRANGULATED
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE
49540	REPAIR LUMBAR HERNIA
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, INCARCERATED OR STRANGULATED
49555	REPAIR RECURRENT FEMORAL HERNIA, REDUCIBLE
49557	REPAIR RECURRENT FEMORAL HERNIA, INCARCERATED OR STRANGULATED
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA, REDUCIBLE
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA, INCARCERATED OR STRANGULATED
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA, REDUCIBLE
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA, INCARCERATED OR STRANGULATED
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NEC
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT), REDUCIBLE (SEPARATE PROCEDURE)
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT), INCARCERATED OR STRANGULATED
49580	REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS, REDUCIBLE
49582	REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS, INCARCERATED OR STRANGULATED
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER, REDUCIBLE
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER, INCARCERATED OR STRANGULATED
49590	REPAIR SPIGELIAN HERNIA
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE
49605	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS, WITH OR WITHOUT PROSTHESIS
49606	REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS, WITH REMOVAL OF PROSTHESIS, FINAL REDUCTION AND CLOSURE, IN OPERATING ROOM
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION), FIRST STAGE
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION), SECOND STAGE
49650	LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA
49651	LAPAROSCOPY, SURGICAL, REPAIR RECURRENT INGUINAL HERNIA

49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED), RED
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED), INC
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED), REDUCIBLE
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED), INCARCERATED OR STRANGULATED
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED), REDUCIBLE
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED), INCARCERATED OR STRANGULAT
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)
49905	OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS, OPEN
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS, PERCUTANEOUS
50045	NEPHROTOMY, WITH EXPLORATION
50060	NEPHROLITHOTOMY, REMOVAL OF CALCULUS
50065	NEPHROLITHOTOMY, SECONDARY SURGICAL OPERATION FOR CALCULUS
50070	NEPHROLITHOTOMY, COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY
50075	NEPHROLITHOTOMY, REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYELOLITHOTOMY)
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)
50120	PYELOTOMY, WITH EXPLORATION
50125	PYELOTOMY, WITH DRAINAGE, PYELOSTOMY
50130	PYELOTOMY, WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYELOLITHOTOMY)
50135	PYELOTOMY, COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)
50205	RENAL BIOPSY, BY SURGICAL EXPOSURE OF KIDNEY
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION,
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION, COMPLICATED BECAUSE OF PREVIOUS SURGERY
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION, RADICAL, WITH REGIONAL LYMPHADENECTOMY A
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF, THROUGH SAME INCISION
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF, THROUGH SEPARATE INCISION
50240	NEPHRECTOMY, PARTIAL
50250	ABLATION, OPEN, 1 OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORMED
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY
50290	EXCISION OF PERINEPHRIC CYST
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING URETERAL STENT)
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY, PYELOSTOMY OR URETEROSTOMY
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHROPEXY, N
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHROPEXY, N
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY
50520	CLOSURE OF NEPHROGASTRIC OR PYELOGASTRIC FISTULA

50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR, ABDOMINAL APPROACH
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR, THORACIC APPROACH
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL (ONE OPER
50541	LAPAROSCOPY, SURGICAL, ABLATION OF RENAL CYSTS
50542	LAPAROSCOPY, SURGICAL, ABLATION OF RENAL MASS LESION(S)
50543	LAPAROSCOPY, SURGICAL, PARTIAL NEPHRECTOMY
50544	LAPAROSCOPY, SURGICAL, PYELOPLASTY
50545	LAPAROSCOPY, SURGICAL, RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA_S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONA
50546	LAPAROSCOPY, SURGICAL, NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY
50548	LAPAROSCOPY, SURGICAL, NEPHRECTOMY WITH TOTAL URETERECTOMY
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL
50610	URETEROLITHOTOMY, UPPER ONE-THIRD OF URETER
50620	URETEROLITHOTOMY, MIDDLE ONE-THIRD OF URETER
50630	URETEROLITHOTOMY, LOWER ONE-THIRD OF URETER
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY),
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY), WITH REPAIR OF FASCIAL DEFECT AND HERNIA
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX
50760	URETEROURETEROSTOMY
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER
50780	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF SINGLE URETER TO BLADDER
50782	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF DUPLICATED URETER TO BLADDER
50783	URETERONEOCYSTOSTOMY, WITH EXTENSIVE URETERAL TAILORING
50785	URETERONEOCYSTOSTOMY, WITH VESICO-PSOAS HITCH OR BLADDER FLAP
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY, INCLUDING INTESTINE
50815	URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER OPERATION)
50825	CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE (KOCK POUCH OR CAMEY ENTE
50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY WITH URETEROURETEROSTOM
50840	REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTESTINE ANASTOMOSIS
50845	CUTANEOUS APPENDICO-VESICOSTOMY
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)
50920	CLOSURE OF URETEROCUTANEOUS FISTULA
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)
50940	DELIGATION OF URETER
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY
50947	LAPAROSCOPY, SURGICAL, URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT
50948	LAPAROSCOPY, SURGICAL, URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT

50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER
51020	CYSTOTOMY OR CYSTOSTOMY, WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL
51030	CYSTOTOMY OR CYSTOSTOMY, WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION
51060	TRANSVESICAL URETEROLITHOTOMY
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCULUS
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR
51520	CYSTOTOMY, FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)
51525	CYSTOTOMY, FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)
51530	CYSTOTOMY, FOR EXCISION OF BLADDER TUMOR
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE
51550	CYSTECTOMY, PARTIAL, SIMPLE
51555	CYSTECTOMY, PARTIAL, COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)
51570	CYSTECTOMY, COMPLETE, (SEPARATE PROCEDURE)
51575	CYSTECTOMY, COMPLETE, WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS,
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS, WITH BILATERAL PELVIC LYMPHADENECTOMY, INC
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING INTESTINE ANASTOMOSIS,
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING INTESTINE ANASTOMOSIS, WITH BILATERAL PELVIC LYMPH
51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE TO CONSTRU
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URETERAL TRANSPLANTATI
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL NECK (ANTERIOR Y-PLASTY, VESICAL FUNDUS RESECTION
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY
51840	ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH), SIMPLE
51841	ANTERIOR VESICourethropeXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH), COMPLICATED (EG, SECONDARY REPAIR)
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYRA)
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE, SIMPLE
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE, COMPLICATED
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH
51920	CLOSURE OF VESICOUTERINE FISTULA,
51925	CLOSURE OF VESICOUTERINE FISTULA, WITH HYSTERECTOMY
51940	CLOSURE, EXSTROPHY OF BLADDER
51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS
51980	CUTANEOUS VESICOSTOMY
51990	LAPAROSCOPY, SURGICAL, URETHRAL SUSPENSION FOR STRESS INCONTINENCE
51992	LAPAROSCOPY, SURGICAL, SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF, SMALL BLADDER TUMOR(S) (0.5 UP

52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF, MEDIUM BLADDER TUMOR(S) (2.0 T
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF, LARGE BLADDER TUMOR(S)
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION), WITH REMOVAL OF URETERAL CALCULUS
52341	CYSTOURETHROSCOPY, WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INCISION)
52342	CYSTOURETHROSCOPY, WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INCISION
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INCI
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAU
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY, WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND I
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL OBSTRUCTIVE HY
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS
52450	TRANSURETHRAL INCISION OF PROSTATE
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY
52630	TRANSURETHRAL RESECTION, RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLE
52640	TRANSURETHRAL RESECTION, OF POSTOPERATIVE BLADDER NECK CONTRACTURE
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, U
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY,
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE), PENDULOUS URETHRA
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE), PERINEAL URETHRA, EXTERNAL
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION, UNCOMPLICATED (SEPARATE PROCEDURE)
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION, COMPLICATED
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY, FEMALE
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY, MALE
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE), FEMALE
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE), MALE
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER S GLAND)
53260	EXCISION OR FULGURATION, URETHRAL POLYP(S), DISTAL URETHRA
53265	EXCISION OR FULGURATION, URETHRAL CARUNCLE
53400	URETHROPLASTY, FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)
53405	URETHROPLASTY, SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION
53410	URETHROPLASTY, 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA
53420	URETHROPLASTY, 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA, FIRST STAGE
53425	URETHROPLASTY, 2-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA, SECOND STAGE
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA

53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEADBETTER PROCEDURE)
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP, RESERVOIR, AND CUFF
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF AT THE SAME OPERATIVE
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF THROUGH AN INFECTED FI
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG, POSTSURGICAL OBSTRUCTION, SCARRING)
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, PENILE
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, PERINEAL
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, PROSTATOMEMBRANOUS
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE, BY RADIOFREQUENCY THERMOTHERAPY
53899	UNLISTED PROCEDURE, URINARY SYSTEM
54015	INCISION AND DRAINAGE OF PENIS, DEEP
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE, CHEMICAL
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE),
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE), WITH GRAFT TO 5 CM IN LENGTH
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE), WITH GRAFT GREATER THAN 5 CM IN LENGTH
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)
54120	AMPUTATION OF PENIS, PARTIAL
54125	AMPUTATION OF PENIS, COMPLETE
54130	AMPUTATION OF PENIS, RADICAL, WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY
54135	AMPUTATION OF PENIS, RADICAL, IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBT
54163	REPAIR INCOMPLETE CIRCUMCISION
54164	FRENULOTOMY OF PENIS
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE, WITH SURGICAL EXPOSURE OF PLAQUE
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PR
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION), LESS THAN 3 CM
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION), GREATER THAN 3 CM
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER TH
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION), WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION), WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-

54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION), WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILI
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION), WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN GRAFT T
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA), BY CLOSURE, INCISION, OR EXCISION, SIMPLE
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA), REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLAST
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA), REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELE
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER,
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER, WITH INCONTINENCE
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER, WITH EXSTROPHY OF BLADDER
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAPISM
54440	PLASTIC OPERATION OF PENIS FOR INJURY
54522	ORCHIECTOMY, PARTIAL
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)
54670	SUTURE OR REPAIR OF TESTICULAR INJURY
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)
54690	LAPAROSCOPY, SURGICAL, ORCHIECTOMY
54692	LAPAROSCOPY, SURGICAL, ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY, UNILATERAL
54861	EPIDIDYMECTOMY, BILATERAL
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS, UNILATERAL
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS, BILATERAL
55040	EXCISION OF HYDROCELE, UNILATERAL
55041	EXCISION OF HYDROCELE, BILATERAL
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)
55100	DRAINAGE OF SCROTAL WALL ABSCESS
55110	SCROTAL EXPLORATION
55120	REMOVAL OF FOREIGN BODY IN SCROTUM
55150	RESECTION OF SCROTUM
55175	SCROTOPLASTY, SIMPLE
55180	SCROTOPLASTY, COMPLICATED
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)

55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, (SEPARATE PROCEDURE)
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, ABDOMINAL APPROACH
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE, WITH HERNIA REPAIR
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE
55600	VESICULOTOMY,
55605	VESICULOTOMY, COMPLICATED
55650	VESICULECTOMY, ANY APPROACH
55680	EXCISION OF MULLERIAN DUCT CYST
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH, SIMPLE
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH, COMPLICATED
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/O
55810	PROSTATECTOMY, PERINEAL RADICAL,
55812	PROSTATECTOMY, PERINEAL RADICAL, WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)
55815	PROSTATECTOMY, PERINEAL RADICAL, WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODE
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTE
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTE
55840	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING,
55842	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING, WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)
55845	PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING, WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIA
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE, WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENE
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE, WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXT
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEMENT)
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM
55970	INTERSEX SURGERY, MALE TO FEMALE
55980	INTERSEX SURGERY, FEMALE TO MALE
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST
56620	VULVECTOMY SIMPLE, PARTIAL
56625	VULVECTOMY SIMPLE, COMPLETE
56630	VULVECTOMY, RADICAL, PARTIAL,
56631	VULVECTOMY, RADICAL, PARTIAL, WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56632	VULVECTOMY, RADICAL, PARTIAL, WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56633	VULVECTOMY, RADICAL, COMPLETE,
56634	VULVECTOMY, RADICAL, COMPLETE, WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56637	VULVECTOMY, RADICAL, COMPLETE, WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY
56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST
56800	PLASTIC REPAIR OF INTROITUS
56805	CLITOROPLASTY FOR INTERSEX STATE
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)
57000	COLPOTOMY, WITH EXPLORATION

57010	COLPOTOMY, WITH DRAINAGE OF PELVIC ABSCESS
57065	DESTRUCTION OF VAGINAL LESION(S), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL,
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL, WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL, WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY) WITH BILATERAL TOTAL PELV
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL,
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL, WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL, WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY) WITH BILATERAL TOTAL PEL
57120	COLPOCLEISIS (LE FORT TYPE)
57130	EXCISION OF VAGINAL SEPTUM
57135	EXCISION OF VAGINAL CYST OR TUMOR
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)
57230	PLASTIC REPAIR OF URETHROCELE
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY,
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, WITH ENTEROCELE REPAIR
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE (ANTERIOR, POSTERIOR COMPARTMENT), VAGINAL AP
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)
57280	COLPOPEXY, ABDOMINAL APPROACH
57282	COLPOPEXY, VAGINAL, EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)
57283	COLPOPEXY, VAGINAL, INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), OPEN ABDOMINAL APPROACH
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), VAGINAL APPROACH
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY
57291	CONSTRUCTION OF ARTIFICIAL VAGINA, WITHOUT GRAFT
57292	CONSTRUCTION OF ARTIFICIAL VAGINA, WITH GRAFT
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, OPEN ABDOMINAL APPROACH
57300	CLOSURE OF RECTOVAGINAL FISTULA, VAGINAL OR TRANSANAL APPROACH
57305	CLOSURE OF RECTOVAGINAL FISTULA, ABDOMINAL APPROACH
57307	CLOSURE OF RECTOVAGINAL FISTULA, ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY
57308	CLOSURE OF RECTOVAGINAL FISTULA, TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECONSTRUCTION, WITH OR WITHOUT LEVATOR PLICATION
57310	CLOSURE OF URETHROVAGINAL FISTULA,
57311	CLOSURE OF URETHROVAGINAL FISTULA, WITH BULBOCAVERNOSUS TRANSPLANT
57320	CLOSURE OF VESICOVAGINAL FISTULA, VAGINAL APPROACH
57330	CLOSURE OF VESICOVAGINAL FISTULA, TRANSVESICAL AND VAGINAL APPROACH
57335	VAGINOPLASTY FOR INTERSEX STATE
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR, LOOP ELECTROD
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)

57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING BIOPSY, WITH OR WITHOUT R
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH,
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH, WITH PELVIC FLOOR REPAIR
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH,
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH, WITH ANTERIOR AND/OR POSTERIOR REPAIR
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH, WITH REPAIR OF ENTEROCELE
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR REMOVAL
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREAT
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S),
58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S), WITH
58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVA
58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT RE
58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH O
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY, WITH OR WITHOUT REMOVAL OF TU
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS,
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)
58263	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE
58267	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE) WITH
58270	VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REPAIR OF ENTEROCELE
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY,
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY, WITH REPAIR OF ENTEROCELE
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G,
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH COLPO-URETHROCYSOTPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE)
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REPAIR OF ENTEROCELE
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE LIGAMENTS, (SEPARA
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE LIGAMENTS, WITH PR
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS,
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G,
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLIN
58550	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS,
58552	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G,
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS,
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G,
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)
58750	TUBOTUBAL ANASTOMOSIS
58752	TUBOUTERINE IMPLANTATION
58760	FIMBRIOPLASTY
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), VAGINAL APPROACH
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), ABDOMINAL APPROACH
58820	DRAINAGE OF OVARIAN ABSCESS, VAGINAL APPROACH, OPEN
58822	DRAINAGE OF OVARIAN ABSCESS, ABDOMINAL APPROACH
58825	TRANSPOSITION, OVARY(S)
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL,
58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL, FOR OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY, WITH PARA-AORTIC A
58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY,
58951	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY, WIT
58952	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY, WIT
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING,
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING, WITH PELVIC
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEA
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEA
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL, OR PRIMARY PERITONEAL MALIGNANCY (SECOND LOOK), WITH OR WITHOUT OMENTECT

59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY, TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMINAL OR VAGINAL APP
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY, TUBAL OR OVARIAN, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY, ABDOMINAL PREGNANCY
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY, INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSTERECTOMY
59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY, INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY, CERVICAL, WITH EVACUATION
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY, WITH SALPINGECTOMY AND/OR OOPHORECTOMY
59350	HYSTERORRHAPHY OF RUPTURED UTERUS
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL, WITH OR WITHOUT ISTHMOSECTOMY
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL, WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMOSECTOMY
60220	TOTAL THYROID LOBECTOMY, UNILATERAL, WITH OR WITHOUT ISTHMOSECTOMY
60225	TOTAL THYROID LOBECTOMY, UNILATERAL, WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMOSECTOMY
60240	THYROIDECTOMY, TOTAL OR COMPLETE
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY, WITH LIMITED NECK DISSECTION
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY, WITH RADICAL NECK DISSECTION
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A PORTION OF THYROID
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID, STERNAL SPLIT OR TRANSTHORACIC APPROACH
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID, CERVICAL APPROACH
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS,
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS, RECURRENT
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S),
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S), RE-EXPLORATION
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S), WITH MEDIASTINAL EXPLORATION, STERNAL SPLIT OR TRANSTHORACIC APPROACH
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
60520	THYMECTOMY, PARTIAL OR TOTAL, TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)
60521	THYMECTOMY, PARTIAL OR TOTAL, STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)
60522	THYMECTOMY, PARTIAL OR TOTAL, STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL (SE
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL (SE
60600	EXCISION OF CAROTID BODY TUMOR, WITHOUT EXCISION OF CAROTID ARTERY
60605	EXCISION OF CAROTID BODY TUMOR, WITH EXCISION OF CAROTID ARTERY
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABD
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM
60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY, SUPRATENTORIAL
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY, INFRATENTORIAL (POSTERIOR FOSSA)
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL, EXTRADURAL OR SUBDURAL
61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL, INTRACEREBRAL
61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL, EXTRADURAL OR SUBDURAL
61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL, INTRACEREBELLAR
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS, SUPRATENTORIAL

61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS, INFRATENTORIAL
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSION, WITHOUT EVACUA
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSION, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSION, WITHOUT EVACUA
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH), WITH BIOPSY
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH), WITH REMOVAL OF LESION
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH), WITH REMOVAL OF FOREIGN BODY
61340	SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYNDROME)
61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (E
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION
61458	CRANIECTOMY, SUBOCCIPITAL, FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES
61460	CRANIECTOMY, SUBOCCIPITAL, FOR SECTION OF ONE OR MORE CRANIAL NERVES
61470	CRANIECTOMY, SUBOCCIPITAL, FOR MEDULLARY TRACTOTOMY
61480	CRANIECTOMY, SUBOCCIPITAL, FOR MESENCEPHALIC TRACTOTOMY OR PEDUNCULOTOMY
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY
61500	CRANIECTOMY, WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL
61501	CRANIECTOMY, FOR OSTEOMYELITIS
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY, FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY, FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY, FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY, FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA, EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA, MENINGIOMA
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA, CEREBELLOPONTINE ANGLE TUMOR
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA, MIDLINE TUMOR AT BASE OF SKULL
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA, FOR EXCISION OF BRAIN ABSCESS
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA, FOR EXCISION OR FENESTRATION OF CYST
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR,
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR, COMBINED WITH MIDDLE/PO
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG-TERM SEIZURE MONITORING
61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY, FOR LONG-TERM SEIZURE MONITORING
61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR EXCISION OF EPILEPTOGENIC FOCUS WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR REMOVAL OF EPIDURAL OR SUBDURAL ELECTRODE ARRAY, WITHOUT EXCISION OF CEREBRAL TISSUE
61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, WITH ELECTROCORTICOGRAPHY DURING SURGERY (
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY
61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR LOBECTOMY, TEMPORAL LOBE, WITH ELECTROCORTICOGRAPHY DURING SURGERY
61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITH ELECTROCORTICOGRAPHY DUR

61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT ELECTROCORTICOGRAPHY
61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR TRANSECTION OF CORPUS CALLOSUM
61542	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR TOTAL HEMISPHERECTOMY
61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR PARTIAL OR SUBTOTAL (FUNCTIONAL) HEMISPHERECTOMY
61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR EXCISION OR COAGULATION OF CHOROID PLEXUS
61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR EXCISION OF CRANIOPHARYNGIOMA
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC
61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS, SINGLE CRANIAL SUTURE
61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS, MULTIPLE CRANIAL SUTURES
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS, FRONTAL OR PARIETAL BONE FLAP
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS, BIFRONTAL BONE FLAP
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL), NOT REQUIRING BONE GRAFTS
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL), RECONTOURING WITH MULTIPLE OSTEOTOMIE
61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITHOUT OPTIC NERVE DECOMPRESSION
61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA), WITH OPTIC NERVE DECOMPRESSION
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP, FOR MULTIPLE SUBPIAL TRANSECTIONS, WITH ELECTROCORTICOGRAPHY DURING SURGERY
61570	CRANIECTOMY OR CRANIOTOMY, WITH EXCISION OF FOREIGN BODY FROM BRAIN
61571	CRANIECTOMY OR CRANIOTOMY, WITH TREATMENT OF PENETRATING WOUND OF BRAIN
61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION,
61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION, REQUIRING SPL
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPENOIDECTOMY, WITHOUT
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION, ETHMOIDECTOMY, S
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OF FRONTAL
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA, INTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OR RESECTIO
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AN
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND ELEVATION OF FRONTAL AN
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNAL FIXATION, WITHOU
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE, INFRATEMPORAL AND MIDLINE SKULL BASE, NASOPH
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS, PETROUS APEX, TENTORIUM, CAVERNOUS SINU
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CAROTID ARTERY, CLIVUS, BASILAR ARTERY OR PETROUS
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOMPRESSION
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHECTOMY, DECOMPRESSI

61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIPITAL COND
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL SINUS AND/O
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA, EXTRADURAL
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA, INTRADURAL, INCLUDING DURA
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA, PARAPHARYNGEAL SPACE, PETROUS APEX, E
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA, PARAPHARYNGEAL SPACE, PETROUS APEX, I
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS OR MIDLINE SKULL
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS OR MIDLINE SKULL
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS, WITHOUT REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS, WITH REPAIR BY ANASTOMOSIS OR GRAFT (LIST SEPARATELY IN ADDITION TO
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL, WITHOUT REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL, WITH REPAIR BY ANASTOMOSIS OR GRAFT (LIST SEPARATELY IN ADDITION TO CO
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS SINUS
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN
61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKUL
61619	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKUL
61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION, SUPRATENTORIAL, SIMPLE
61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION, SUPRATENTORIAL, COMPLEX
61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION, INFRATENTORIAL, SIMPLE
61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION, INFRATENTORIAL, COMPLEX
61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION, DURAL, SIMPLE
61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION, DURAL, COMPLEX
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH, CAROTID CIRCULATION
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH, VERTEBROBASILAR CIRCULATION
61700	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH, CAROTID CIRCULATION
61702	SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH, VERTEBROBASILAR CIRCULATION
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTERY (SELVERSTONE-CR
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA, BY INTRACRANIAL AND CERVICAL OCCLUSION OF CAROTID ARTER
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA, BY INTRACRANIAL ELECTROTHROMBOSIS
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA, BY INTRA-ARTERIAL EMBOLIZATION, INJECTION PROCEDURE, OR
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES

61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL, CORTICAL
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR, CORTICAL
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR, SUBCORTICAL
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING, WITH CONNECTION T
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING, WITH CONNECTION T
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
62000	ELEVATION OF DEPRESSED SKULL FRACTURE, SIMPLE, EXTRADURAL
62005	ELEVATION OF DEPRESSED SKULL FRACTURE, COMPOUND OR COMMINUTED, EXTRADURAL
62010	ELEVATION OF DEPRESSED SKULL FRACTURE, WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF BRAIN
62100	CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS), NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS), WITH SIMPLE CRANIOPLASTY
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS), REQUIRING CRANIOTOMY AND RECONSTRUCTION WITH OR WITHOUT BONE GRAFT
62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY
62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE ROOTS FOR
63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCE
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION O
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE

63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE
63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS,
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS, WITH RECONSTRUCTION OF THE POSTER
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SING
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SING
63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SING
63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), THORACIC, SINGLE
63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), THORACIC, EACH A
63075	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY, CERVICAL, SINGLE INTERS
63076	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY, CERVICAL, EACH ADDITION
63077	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY, THORACIC, SINGLE INTERS
63078	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY, THORACIC, EACH ADDITION
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION OF SPINAL CORD A
63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION OF SPINAL CORD A
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOMPRESSION OF SPIN
63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DECOMPRESSION OF SPIN
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRES
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRES
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINA
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINA
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EXTRACAVITARY APPROACH WITH DECOMPRESSION OF SPINA
63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC, OR THORACOLUMBAR
63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX, TO SUBARACHNOID SPACE

63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX, TO PERITONEAL OR PLEURAL SPACE
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL, 1 OR 2 SEGMENTS
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL, MORE THAN 2 SEGMENTS
63185	LAMINECTOMY WITH RHIZOTOMY, 1 OR 2 SEGMENTS
63190	LAMINECTOMY WITH RHIZOTOMY, MORE THAN 2 SEGMENTS
63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE
63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF 1 SPINOTHALAMIC TRACT, 1 STAGE, CERVICAL
63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF 1 SPINOTHALAMIC TRACT, 1 STAGE, THORACIC
63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, CERVICAL
63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 1 STAGE, THORACIC
63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 2 STAGES WITHIN 14 DAYS, CERVICAL
63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, 2 STAGES WITHIN 14 DAYS, THORACIC
63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD, CERVICAL
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD, THORACIC
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD, THORACOLUMBAR
63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL, CERVICAL
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL, THORACIC
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL, LUMBAR
63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL, SACRAL
63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, CERVICAL
63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, THORACIC
63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, LUMBAR
63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL, SACRAL
63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, EXTRADURAL, CERVICAL
63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, EXTRADURAL, THORACIC
63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, EXTRADURAL, LUMBAR
63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, EXTRADURAL, SACRAL
63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, EXTRAMEDULLARY, CERVICAL
63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, EXTRAMEDULLARY, THORACIC
63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, EXTRAMEDULLARY, LUMBAR
63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, SACRAL
63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, INTRAMEDULLARY, CERVICAL
63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, INTRAMEDULLARY, THORACIC
63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR
63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM, COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY IN ADDITION TO C
63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, EXTRAD
63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, EXTRAD
63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, EXTRAD
63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, EXTRAD
63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, INTRAD
63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, INTRAD

63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, INTRAD
63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, INTRAD
63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE SEGMENT, EACH A
63700	REPAIR OF MENINGOCELE, LESS THAN 5 CM DIAMETER
63702	REPAIR OF MENINGOCELE, LARGER THAN 5 CM DIAMETER
63704	REPAIR OF MYELOMENINGOCELE, LESS THAN 5 CM DIAMETER
63706	REPAIR OF MYELOMENINGOCELE, LARGER THAN 5 CM DIAMETER
63707	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY
63709	REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY
63710	DURAL GRAFT, SPINAL
64702	NEUROPLASTY, DIGITAL, 1 OR BOTH, SAME DIGIT
64704	NEUROPLASTY, NERVE OF HAND OR FOOT
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OTHER THAN SPECIFIED
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, SCIATIC NERVE
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, BRACHIAL PLEXUS
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, LUMBAR PLEXUS
64722	DECOMPRESSION, UNSPECIFIED NERVE(S) (SPECIFY)
64726	DECOMPRESSION, PLANTAR DIGITAL NERVE
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY IN
64802	SYMPATHECTOMY, CERVICAL
64804	SYMPATHECTOMY, CERVICOTHORACIC
64809	SYMPATHECTOMY, THORACOLUMBAR
64818	SYMPATHECTOMY, LUMBAR
64821	SYMPATHECTOMY, RADIAL ARTERY
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT, 1 NERVE
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT, EACH ADDITIONAL DIGITAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64834	SUTURE OF ONE NERVE, HAND OR FOOT, COMMON SENSORY NERVE
64835	SUTURE OF ONE NERVE, MEDIAN MOTOR THENAR
64836	SUTURE OF ONE NERVE, ULNAR MOTOR
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64840	SUTURE OF POSTERIOR TIBIAL NERVE
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC, INCLUDING TRANSPOSITION
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC, WITHOUT TRANSPOSITION
64858	SUTURE OF SCIATIC NERVE
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64861	SUTURE OF, BRACHIAL PLEXUS
64862	SUTURE OF, LUMBAR PLEXUS
64864	SUTURE OF FACIAL NERVE, EXTRACRANIAL
64865	SUTURE OF FACIAL NERVE, INFRATEMPORAL, WITH OR WITHOUT GRAFTING
64866	ANASTOMOSIS, FACIAL-SPINAL ACCESSORY
64868	ANASTOMOSIS, FACIAL-HYPOGLOSSAL
64870	ANASTOMOSIS, FACIAL-PHRENIC
64872	SUTURE OF NERVE, REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORRHAPHY)
64874	SUTURE OF NERVE, REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTU
64876	SUTURE OF NERVE, REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)

64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK, UP TO 4 CM IN LENGTH
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK, MORE THAN 4 CM LENGTH
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT, UP TO 4 CM LENGTH
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT, MORE THAN 4 CM LENGTH
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG, UP TO 4 CM LENGTH
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG, MORE THAN 4 CM LENGTH
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT, UP TO 4 CM LENGTH
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT, MORE THAN 4 CM LENGTH
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG, UP TO 4 CM LENGTH
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG, MORE THAN 4 CM LENGTH
64901	NERVE GRAFT, EACH ADDITIONAL NERVE, SINGLE STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64902	NERVE GRAFT, EACH ADDITIONAL NERVE, MULTIPLE STRANDS (CABLE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64905	NERVE PEDICLE TRANSFER, FIRST STAGE
64907	NERVE PEDICLE TRANSFER, SECOND STAGE
69511	MASTOIDECTOMY, RADICAL
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY
69601	REVISION MASTOIDECTOMY, RESULTING IN COMPLETE MASTOIDECTOMY
69602	REVISION MASTOIDECTOMY, RESULTING IN MODIFIED RADICAL MASTOIDECTOMY
69603	REVISION MASTOIDECTOMY, RESULTING IN RADICAL MASTOIDECTOMY
69604	REVISION MASTOIDECTOMY, RESULTING IN TYMPANOPLASTY
69605	REVISION MASTOIDECTOMY, WITH APICECTOMY
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION, WITHOUT
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION, WITH OSS
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION, WITH OSS
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE RE
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE RE
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE RE
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR), WITH OSSICULAR CHAIN REC
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR), WITH INTACT OR RECONSTRU
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR), RADICAL OR COMPLETE, WIT
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR), RADICAL OR COMPLETE, WIT
69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE
69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION OF VESTIBULOACTIVE

Parsimonious Hierarchical Model for <u>Mortality or Serious Morbidity in Patients ≥ 65</u> Data from 1/1/2008 – 12/31/2008 (2008 Data File)					
Predictor Set	Risk Factor	Odds Ratio	Lower 95% Boundary	Upper 95% Boundary	Parameter Estimate
	Intercept				-1.0054
1	<u>Log Odds CPT Group</u> (continuous)	2.171	2.116	2.228	0.7754
2	<u>Preoperative Functional Status:</u> Partially Dependent vs. Independent	2.002	1.889	2.122	0.6944
	Totally Dependent vs. Independent	3.703	3.383	4.053	1.3090
3	<u>ASA Class:</u> 3-Severe Disturbance vs. 1/2-No/Mild Disturbance	1.604	1.518	1.696	0.4727
	4/5- Life Threatening/Moribund vs. 1/2-No/Mild Disturbance	3.137	2.930	3.359	1.1433
Observations = 83,832; Hospitals = 211; Patients with Mortality or Serious Morbidity event = 13,960, Rate = 16.7%, (logistic) c-statistic = 0.764, HL = 0.002.					