



# Phoenix Health Plan

*Serving AHCCCS members for over 25 years*

## Prior Authorization Guidelines

It is with great pride that we serve our counties:  
Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pima, Pinal and Yavapai

These guidelines are also available at  
[www.phoenixhealthplan.com](http://www.phoenixhealthplan.com)

For authorization, use Fax: 602-674-6678

To check the status of a prior authorization request, use website: [www.phoenixhealthplan.com](http://www.phoenixhealthplan.com)

For information or for urgent requests, use Phone: 602-824-3760 or 800-747-7997

All by-report code regardless of place of service (POS) and any services provided by a non-contracted provider or facility require a prior authorization (PA)

## INPATIENT SERVICES REQUIRING PRIOR AUTHORIZATION

1. All hospital admissions, inpatient hospice admissions, skilled nursing facility admissions and rehab admissions
2. Transplants
3. All observations services (**except** for OB)

## ADDITIONAL SERVICES REQUIRING PRIOR AUTHORIZATION (regardless of place of service)

1. Dialysis - initial start only
2. Durable Medical Equipment (DME) – any code over \$500 in AHCCCS allowed charges, by report codes, and any identified service requiring medical review (requests should be submitted to our DME vendor)
3. Nutritional Feedings - **Except for B4100 for children under 4 months old**
4. Transportation - Ambulance non emergent inter-facility transports
5. Orthotics and Prosthetics - over \$500 in AHCCCS allowed charges, by report codes and any identified services requiring medical review.
6. Sleep Studies
7. Chiropractic Service – members under the age of 21 are covered for codes 98940-98943 when medically necessary and require prior authorization. Chiropractic Services are not covered for members 21 years of age and older.
8. Home Health (requests should be submitted to our Home Health vendor)
9. Physical/Occupational/Speech therapy
  - All follow-up visits
  - Evaluation visits for ST and to all non-contracted PT/OT/ST providers

Prior Authorization is not required for evaluation visits to contracted PT/OT providers. A list of contracted PT/OT/ST providers is found in the PT Ancillary Directory linked here.

Please note that occupational and speech therapy is covered only for PHP members under 21 years of age.
10. Radiology Services
  - a. CT scans, MRAs, MRIs, and PET scans in all counties
  - b. For Maricopa County **only**:
    - Radiologic outpatient services performed in a hospital
11. Sterilization – must be submitted with a Federal Consent form

## PHARMACY SERVICES REQUIRING PRIOR AUTHORIZATION

1. Non-formulary drugs

## OUTPATIENT PROCEDURES REQUIRING PRIOR AUTHORIZATION

1. Outpatient Services
  - a. All elective surgeries, procedures or non-emergent observation services performed in an outpatient hospital setting (POS 22) \_\_\_\_\_
  - b. Surgeries performed at an ambulatory surgical center (POS 24), **EXCEPT those listed on a new Attachment III, which require NO authorization.**
2. Pregnancy Termination - request must include the required *AHCCCS Certificate of Necessity for Pregnancy Termination*.  
Procedure codes: 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857
3. Pain Management Epidural Injections
4. Infusion Services

Please verify eligibility and benefits prior to rendering any services.  
All authorizations are contingent on the member's eligibility at the time the service is rendered.

## SERVICES PERFORMED IN AN OFFICE SETTING REQUIRING PRIOR AUTHORIZATION

1. J Codes/In Office injections, infusions and inhalations (see Attachment II)
2. Requires prior-authorization: Procedures over \$500 in AHCCCS-allowed charges **EXCEPT** those listed in **the new Attachment III**. Also, all codes listed in **Attachment I** require prior-authorization, regardless of cost.
3. Total OB care must be submitted with a completed American College of Obstetricians and Gynecologist (ACOG) obstetrical risk assessment form. Total OB authorizations will include two (2) medically necessary routine ultrasounds (2D) per total OB package.
4. Consultations and/or follow up office visits for Specialists listed below;

### Office Services Requiring Prior Authorization, by Specialty

Specialty	PA Required for Consults	PA Required for Follow Up Visits
Allergy	Yes - all ages	Yes - all ages
Cardiology	Yes - ages 0-21	Yes - ages 0-21
Dermatology	Yes - all ages	Yes - all ages
Developmental Pediatrics	Yes - ages 0-21	Yes - ages 0-21
Endocrinology	No	Yes - ages 0-21
General Surgery	No	Yes - ages 0-21
Genetics	Yes - all ages	Yes - all ages
Gastrointestinal (GI)	No	Yes - ages 0-21
Hematology/Oncology	No	Yes - ages 0-21
Neurology/Neurosurgery	No	Yes - ages 0-21
Ophthalmology	No	Yes - ages 0-21
Orthopedics	No	Yes - ages 0-21
ENT (Otolaryngology)	No	Yes - ages 0-21
Oral Surgery	Yes - all ages	Yes - all ages
Pain Management	No	Yes - all ages
Plastic Surgery	Yes - all ages	Yes - all ages
Podiatry	Yes - all ages	Yes - all ages
Pulmonology	No	Yes - ages 0-21
Rheumatology	No	Yes - ages 0-21
Surgical Consult for Gastric Bypass	Yes - all ages	Yes - all ages
Urology	No	Yes - ages 0-21

**Please verify eligibility and benefits prior to rendering any services.**

All authorizations are contingent on the member's eligibility at the time the service is rendered.

## Attachment I: Additional codes requiring PA when performed in office setting:

Service Type	Codes
<i>Allergy Testing and Immunotherapy</i>	95004, 95010, 95012, 95015, 95024, 95027, 95028, 95044, 95052, 95056, 95060, 95060, 95065, 95070, 95071, 95075, 95115, 95117, 95120, 95125, 95130, 95132, 95133, 95134, 95144, 95145, 95146, 95147, 95148, 95149, 95165, 95170, 95180, 95199
<i>Cardiology</i>	93016, 93017, 93018, 93024
<i>Dermatology</i>	11772, 11200, 11201, 11400-11444, 11719-11721, 11900, 11901, 17315, 17250, 17340
<i>Gastrointestinal</i>	91110 – covered for Medicare primary members only – requires PA
<i>Orthopedics</i>	20974, 20975, 20979
<i>Pain Management</i>	Codes listed in Attachment II
<i>Podiatry</i>	Services rendered for diabetics (250.XX) and/or peripheral vascular disease (443.XX) and/or immunocompromised (279.XX) do not require PA. All other procedures rendered in relation to podiatry services require PA- 11719, 11720, 11721, G0127
<i>Rheumatology</i>	Infusions/ J codes as listed on Attachment II
<i>Urology</i>	54161, 54235, 54250, 55200, 55250 (54450 except when performed by an Urologist)
<i>Miscellaneous</i>	<p><i>Insertion of implantable contraceptives or hormone-related agents:</i> 11975, 11977, 11980, 11981, 11983.</p> <p><i>3D rendering/interpretation of imaging:</i> 76376, 76377,</p> <p><i>Various psychiatric or therapy services:</i> 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90845, 90846, 90847, 90849, 90853, 90857, 90865, 90870, 90875, 90876, 90882, 90885, 90887, 90889.</p> <p><i>CNS Testing/Assessment:</i> 96101, 96102, 96103, 96105, 96111, 96116, 96118, 96119, 96120.</p> <p><i>Dialysis procedure code:</i> 90999 – initial start only</p> <p><i>HCPCS:</i> A6531, A6532, A6550, A8000, A8001, A8002, A8003, A8004, L0112, L0130, L0150, L0160, L0172, L0174, L0180, L0200, L3100</p>

## ATTACHMENT II: J and Q Codes REQUIRING PA when performed in the office;

\* denotes 2008 Code

Code	Description
J0256	INJECTION,ALPHA 1 - PROTEINASE INHIBITOR -
J0585	BOTULINUM TOXIN
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)--Aransep
J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)
J0894	INJECTION, DECITABINE, 1 MG
J1460 - J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR
<b>J1561*</b>	<b>INJECTION, IMMUNE GLOBULIN, IV, NON-LYPPHILIZED 500 MG (Gamunex)</b>
J1562	INJECTION, IMMUNE GLOBULIN SUBQ 100 MG (Vivaglobin)
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOB
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NOT OTHERWISE SPECIFIED, 500MG
<b>J1568*</b>	<b>INJECTION, IMMUNE GLOBULIN, IV, NON-LYPHOLIZED 500MG (Octagam)</b>
<b>J1569*</b>	<b>INJECTION, IMMUNE GLOBULIN, IV, NON-LYPHOLIZED 500MG (Gammagard)</b>
<b>J1572*</b>	<b>INJECTION, IMMUNE GLOBULIN, IV, NON-LYPHOLIZED 500MG (Flebogamma)</b>
J1740	INJECTION IBANDRONATE SODIUM 1 MG (Boniva)
J1745	INJECTION INFLIXIMAB, 10 MG
J1825 - J1830	INJECTION, INTERFERON BETA-1A, 33 MCG
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION)
J2357	INJECTION OMALIZUMAB 5MG
J2469	INJECTION PALONOSETRON HCL 25 MCG
J2505	INJECTION, PEGFILGRASTIM, 6MG (Neulasta)
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS
<b>J3488*</b>	<b>INJECTION, ZOLEDRONIC ACID 1MG (Reclast)</b>
J3490	UNCLASSIFIED DRUGS
J3590	UNCLASSIFIED BIOLOGICS
J7187	INJ VONWILLBRND FCT CMLX HUMN IU
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBIN
J7194	FACTOR IX, COMPLEX, PER I.U.
J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.
J7197	ANTITHROMBIN III (HUMAN), PER I.U.
J7198	ANTI-INHIBITOR, PER I.U.9
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
<b>J7322*</b>	<b>HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE</b>
<b>J7323*</b>	<b>HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE</b>
<b>J7324*</b>	<b>HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE</b>
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
J8597	ANTIMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE

## NEW Attachment III

**Listed codes do not require PA when performed in an Ambulatory Surgery Center or Office setting**

**Revised 5-1-2011** New Attachment III ASC and office PA exclusion listng

Procedure Code	Description
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE
10060	I&D OF ABSCESS ; SIMPLE OR SINGLE
10061	I&D OF ABSCESS ; COMPLICATED OR MULTIPLE
10081	I&D OF PILONIDAL CYST; COMPLICATED
10120	INCISION&REMOVAL FB SUBCUT TISSUES; SIMPLE
10121	INCISION&REMOVAL FB SUBCUT TISSUES; COMP
10140	I&D OF HEMATOMA SEROMA OR FLUID COLLECTION
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST
10180	I&D COMPLEX POSTOPERATIVE WOUND INFECTION
11011	DEBRID ASSOC W/OPEN FX&/DISLOC;SKIN SUBQ&MUSC
11012	DEBRID ASSOC W/OPEN FX&/DISLOC;SKIN SUBQ MUSC&BN
11100	BX SKIN SUBQ TISS&/MUCOUS MEMB (SEP PRO); 1 LES
11101	BX SKIN SUBQ TISS&/MUCOUS MEMB (SEP PRO); EA ADD
11310	SHAV 1 LES FACE EARS EYELD NOSE LPS; 0.5 CM/LESS
11406	EXC BEN LES MARG NO TAG TRNK ARM/LEG;OVR 4.0 CM
11462	EXC SKN&SUBQ HIDRADENITIS ING;SMPL/INTERMED REPR
11602	EXC MAL LES MARG TRNK ARMS/LEGS; DIAM 1.1-2.0 CM
11603	EXC MAL LES MARG TRNK ARMS/LEGS; DIAM 2.1-3.0 CM
11606	EXC MAL LES MARG TRNK ARMS/LEGS; DIAM OVR 4.0 CM
11621	EXC MAL LES MARG SCLP NCK HND FT GNT; 0.6-1.0 CM
11622	EXC MAL LES MARG SCLP NCK HND FT GNT; 1.1-2.0 CM
11623	EXC MAL LES MARG SCLP NCK HND FT GNT; 2.1-3.0 CM
11626	EXC MAL LES MARG SCLP NCK HND FT GNT; OVR 4.0 CM
11641	EXC MAL LES MARG FCE ERS EYELD NSE LP;0.6-1.0 CM
11642	EXC MAL LES MARG FCE ERS EYELD NSE LP;1.1-2.0 CM
11643	EXC MAL LES MARG FCE ERS EYELD NSE LP;2.1-3.0 CM
11730	AVUL NAIL PLATE PARTIAL/COMPLETE SIMPLE; SINGLE
11750	EXC NAIL&NAIL MATRIX PART/CMPL PERM REMOVAL;
11760	REPAIR OF NAIL BED
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED
11981	INSERTION NON-BIODEGRADABLE DRUG DELIV IMPLANT
11983	REMOVAL W/REINS NON-BIODEGRADABLE RX DELIV IMPL
12001	SIMPL REPR SCLP AX GENIT TRNK&/EXTREM; < 2.5 CM
12002	SIMPL REPR SCLP AX GENIT TRNK&/EXTREM;2.6-7.5 CM
12011	SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB; < 2.5 CM
12013	SIMPL REPR FACE ERS NOSE&/MUCOUS MEMB;2.6-5.0 CM
12031	LAYER CLOS WND SCLP AX TRNK&/EXTREM; < 2.5 CM
12032	LAYER CLOS WND SCLP AX TRNK&/EXTREM; 2.6-7.5 CM
12036	LAYER CLOS WND SCLP AX TRNK&/EXTREM;20.1-30. CM
12041	LAYER CLOS WND NCK HNDS FT&/GENIT; < 2.5 CM
12042	LAYER CLOS WND NCK HNDS FT&/GENIT; 2.6-7.5 CM
12051	LAYER CLOS WND FACE EARS NOSE&/LIPS; < 2.5 CM
12052	LAYER CLOS WND FACE EARS NOSE&/LIPS; 2.6-5.0 CM
13101	REPAIR COMPLEX TRUNK; 2.6 TO 7.5 CM
13121	REPAIR COMPLEX SCALP ARMS &/ LEGS; 2.6 TO 7.5 CM
13122	REPR CMLX SCLP ARMS &OR LEGS; EA ADD 5 CM/LESS
13131	REPR CMLX FOREHEAD CHIN AX GENIT&/FT;1.1-2.5 CM

**Revised 5-1-2011** New Attachment III ASC and office PA exclusion list

Procedure Code	Description
13132	REPE CMPLX FOREHEAD CHIN AX GENIT&/FT;2.6-7.5 CM
13133	REPR CMPLX FOREGEAD CHIN GENIT&/FT; EA ADD 5 CM
13160	SEC CLOS SURGICAL WOUND/DEHIS EXTENSIVE/COMP
14000	ADJACENT TISS TRANS TRUNK; DEFECT 10 SQ CM/LESS
14001	ADJACENT TISS TRANS TRUNK; DEFEC 10.1-30.0 SQ CM
14020	ADJ TISS TRANS SCALP ARMS&/LEGS; 10 SQ CM/LESS
14040	ADJ TISS TRANS FOREHEAD NCK AX&/FT;10 SQ CM/LESS
14041	ADJ TISS TRANS FOREHEAD NCK AX&/FT;10.1-30.0 CM
14060	ADJ TISS TRANS EYELDS NOSE&/LIPS; 10 SQ CM/LESS
14061	ADJ TISS TRANS EYELDS NOSE&/LIPS;10.1-30.0 SQ CM
15002	WND PREP, CH/INF, TRK/ARM/LG
15003	WND PREP, CH/INF ADDL 100 CM
15004	WND PREP CH/INF, F/N/HF/G
15005	WND PREP, F/N/HF/G, ADDL CM
15100	SPLIT GFT TRUNK; 1ST 100 SQ CM/LESS/1% CHILD
15200	FULL THICKNESS GRAFT FREE TRUNK; 20 SQ CM/LESS
15240	FTG FOREHEAD CHIN NCK AX HAND&/FT; 20 SQ CM/LESS
15241	FTG FOREHEAD CHIN NCK AX HAND&/FT;EA ADD 20 SQCM
15430	APPLY ACELLULAR XENOGRAFT
15431	APPLY ACELLULAR XGRAFT ADD
15732	MUSCLE MYOCUT/FASCIOCUT FLAP; HEAD&NECK
15760	GRAFT; COMPOS INCLUDING PRIMARY CLOS DONOR AREA
15770	GRAFT; DERMA-FAT-FASCIA
17000	DESTRUC BEN/PREMLIG LES OTH THAN SKN TAG; 1 LES
17003	DESTRUC BEN/PREMLIG LES OTH THN SKN TAG;2-14 EA
17110	DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14
19020	MASTOTOMY W/EXPLORATION OR DRAINAGE ABSCESS DEEP
19100	BX BREAST; PERQ NDLE CORE W/O IMAG GUID-SEP PROC
19101	BIOPSY OF BREAST; OPEN INCISIONAL
19102	BX BREAST; PERCUT NEEDLE CORE USING IMAGING GUID
19103	BX BREAST; PERC-VACUUM/ROTATING DEV W/IMAG GUID
19110	NIPPLE EXPL W/VO EXC SOLITARY/PAPIL LACT DUCT
19120	EXC BREAST CYST TUMR/LES OPEN MALE/FEMALE 1/>
19290	PREOPERATIVE PLACEMENT NEEDLE LOC WIRE BREAST
19291	PREOP PLACMT NDLE LOC WIRE BREAST; ES ADD LESION
19295	IMAG GUID PLCMT METAL CLIP PERQ DURING BREAST BX
19304	MAST, SUBQ
19316	MASTOPEXY
19357	BREAST RECON IMMED/DELAY W/EXPANDR W/SUBSQT EXPA
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST
19371	PERIPROSTHETIC CAPSULECTOMY BREAST
19380	REVISION OF RECONSTRUCTED BREAST
20103	EXPLORATION PENETRATING WOUND-SEP PROC; EXTREM
20200	BIOPSY MUSCLE; SUPERFICIAL
20205	BIOPSY MUSCLE; DEEP
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE
20220	BIOPSY BONE TROCAR OR NEEDLE; SUPERFICIAL
20225	BIOPSY BONE TROCAR OR NEEDLE; DEEP
20240	BIOPSY BONE EXCISIONAL; SUPERFICIAL
20245	BIOPSY BONE EXCISIONAL; DEEP
20520	REMOVAL FB MUSCLE/TENDON SHEATH; SIMPLE
20525	REMOVAL FB MUSCLE/TENDON SHEATH; DEEP/COMP
20526	INJECTION THERAPEUTIC CARPAL TUNNEL
20550	INJECTION; TENDON SHEATH LIGAMENT

Procedure Code	Description
20551	INJECTION; TENDON ORIGIN/INSERTION
20694	REMOVAL UNDER ANES-EXTERNAL FIXATION SYSTEM
20900	BONE GRAFT ANY DONOR AREA; MINOR OR SMALL
20902	BONE GRAFT ANY DONOR AREA; MAJOR OR LARGE
20924	TENDON GRAFT FROM A DISTANCE
21030	EXCISION BEN TUMR/CYST MAX/ZYGOMA ENUCLEAT&CURET
21046	EXC BEN TUMR/CYST MANDIBLE; RQR INTRA-ORL OSTEOT
21048	EXC BEN TUMR/CYST MAXILLA; RQR INTRA-ORL OSTEOT
21235	GRAFT; EAR CARTILAGE AUTOGENOUS TO NOSE OR EAR
21330	OPEN TX NASL FX; COMPLICATED W/INT&EXT SKEL FIX
21356	OPEN TREATMENT DEPRESSED ZYGOMATIC ARCH FRACTURE
21501	I&D DEEP ABSC/HEMATOMA SOFT TISSUES NECK/THORAX;
22520	PERQ VERTPLSTY 1 VERT BODY UNI/BIL INJ; THORACIC
23076	EXC SOFT TISSUE TUMR SHLDR AREA; DP SUBFASCL/IM
23130	ACROMPLST/ACROMNECT PART W/WO LIGAMENT RELEASE
23410	REP RUPTURED MUSCULOTENDINOUS CUFF OPEN; ACUTE
23412	REP RUPTURED MUSCULOTENDINOUS CUFF OPEN; CHRONIC
23415	CORACOACROMIAL LIGAMENT RELEASE W/WO ACROMPLSTY
23430	TENODESIS OF LONG TENDON OF BICEPS
23440	RESECTION OR TRANSPLANTATION LONG TENDON BICEPS
23462	CPSLORR ANT ANY TYPE; W/CORACOID PROCESS TRNSF
23466	CPSLORR GLENOHUM JNT ANY TYPE MX DIR INSTABILITY
23500	CLOSED TX CLAVICULAR FX; W/O MANIPULATION
23515	OPEN TX CLAVICULAR FX W/WO INTERNAL/EXTERNAL FIX
23550	OPEN TX AC DISLOCATION ACUTE/CHRONIC;
23552	OPEN TX AC DISLOC ACUT/CHRON; W/FASCIAL GRAFT
23700	MANIP UNDER ANES-SHLDR JNT W/APPLIC FIX APPARAT
24075	EXC TUMR SOFT TISSUE UPPER ARM/ELB AREA; SUBCUT
24076	EXC TUMR SOFT TISSUE UPPER ARM/ELB AREA; DEEP
24101	ARTHROT ELBOW; W/JNT EXPL W/WO BX W/WO REMV FB
24105	EXCISION OLECRANON BURSA
24110	EXCISION/CURETTAGE BONE CYST/BEN TUMOR HUMERUS;
24116	EXC/CURET BONE CYST/BEN TUMR HUM; WITH ALLOGFT
24300	MANIPULATION ELBOW UNDER ANESTHESIA
24343	REPAIR LAT COLLAT LIGAMENT ELB W/LOCAL TISSUE
24359	REPAIR ELBOW DEB/ATTCH OPEN
24498	PROPHYLACTIC TX W/WO MMC HUM SHAFT
24530	CLOSED TX SPRCOND/TRNSCOND HUM FX; W/O MANIP
24535	CLOSED TX SPR/TRNSCOND HUM FX; W/MANIP W/WO TRAC
24538	PERQ FIX SPRCOND/TRNSCOND HUM FX W/WO EXTENSION
24575	OPEN TX HUMERAL EPICOND FX MED/LAT W/WO FIXATION
24579	OPN TX HUM CONDYLAR FX MED/LAT W/WO INTRL/EXT FIX
24640	CLO TX RADIAL HEAD SUBLUXATION CHILD W/MANIP
24665	OPEN TX RADIAL HEAD/NCK FX W/WO INTRL FIX/EXC
24685	OPEN TX ULNAR FX PROX END W/WO INTRL/EXT FIX
25000	INCISION EXTENSOR TENDON SHEATH WRIST
25111	EXCISION OF GANGLION WRIST ; PRIMARY
25112	EXCISION OF GANGLION WRIST ; RECURRENT
25115	RADL EXC BURSA WRIST TENDON SHEATHS; FLEXORS
25295	TENOLYSIS FLX/EXT TEND FORARM &OR WRST 1 EA TEND
25310	TEND TPLNT/TRNSF FLEX/EXT FOREARM&WRIST 1; EA
25430	INSERTION VASCULAR PEDICLE IN CARPAL BONE
25440	REP NONUNION SCAPHOID CARPAL BN W/WO STYLOIDECT
25447	ARTHPLSTY INTERPOSITION INTERCARPAL/CMC JOINTS

Procedure Code	Description
25515	OPEN TX RADIAL SHAFT FRACTURE W/WO INTRL/EXT FIX
25565	CLOS TX RADIAL&ULNAR SHAFT FX; W/MANIPULATION
25600	CLOS TX DIST RADIAL FX W/WO FX STYLOID; WO MANIP
25605	CLOS TX DIST RADIAL FX W/WO FX STYLOID; W/MANIP
25606	TREAT FX DISTAL RADIAL
25607	TREAT FX RAD EXTRA-ARTICUL
25608	TREAT FX RAD INTRA-ARTICUL
25628	OPEN TX CARPAL SCAPHOID FX W/WO INTRL/EXT FIX
25645	OPEN TREATMENT CARPAL BONE FRACTURE EACH BONE
25800	ARTHRODESIS WRIST; COMPLETE WITHOUT BONE GRAFT
25825	ARTHRODESIS WRIST; WITH AUTOGRAFT
26055	TENDON SHEATH INCISION
26075	ARTHROT W/EXPL DRAIN/REMOVL LOOSE/FB; MCP JNT EA
26080	ARTHROT W/EXPL DRAIN/REMOVAL LOOSE/FB; IP JNT EA
26115	EXC TUMR/VASC MALFORM SFT TISSUE HND/FNGR; SUBQ
26116	EXC TUMR/VASC MALFORM SOFT TISSUE HND/FNGR; DEEP
26123	FASCECT PART PALMAR W/REL 1 DIGT W/WO Z-PLASTY;
26145	SYNOVECT SHEATH RADL FLEX TENDON PALM&/FINGR EA
26230	PARTIAL EXCISION BONE ; METACARPAL
26356	REP/ADV FLX TEND ZONE 2 DIGTL; W/O FREE GFT EA
26358	REP/ADV FLX TEND ZONE 2 DIGTL; SEC W/FREE GFT EA
26370	REPR PROFUNDUS TENDON; PRIMARY EA TENDON
26390	EXC FLX TEND W/IMPL ROD DELAY TEND GFT HND/FNGR
26410	REPR EXT TEND HND PRIM/SEC; W/O FREE GFT EA TEND
26418	REP EXT TEND FNGR PRIM/SEC; W/O FREE GFT EA TEND
26426	REP EXT TEND CNTRL SLIP SEC;LOC TISS LAT BAND EA
26433	REPR EXT TENDON DIST INSERTION PRIM/SEC; W/O GFT
26440	TENOLYSIS FLEXOR TENDON; PALM/FINGER EACH TENDON
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER; EA TENDON
26480	TRNSF/TPLNT TEND CMC/DORSUM HAND; WO GFT EA TEND
26516	CAPSLDSIS MCP JOINT; SINGLE DIGIT
26540	REPAIR COLLAT LIGAMENT MCP/IP JOINT
26541	RECON COLLAT LIG MCP JNT 1; W/TENDON/FASCL GFT
26548	REPAIR&RECONSTRUCT FINGER VOLAR PLATE IP JOINT
26555	TRANSFER FNGR ANOTH POSITION W/O MICVASC ANASTOM
26567	OSTEOTOMY; PHALANX OF FINGER EACH
26600	CLOS TX MC FX SINGLE; W/O MANIPULATION EA BN
26605	CLOS TX MC FRACTURE SINGLE; W/MANIPULATION EA BN
26607	CLOS TX MC FX W/MANIPULATION W/EXT FIX EA BN
26608	PERCUT SKELETAL FIX METACARPAL FRACTURE EA BONE
26615	OPEN TX MC FX SINGLE W/WO INTRL/EXT FIX EA BN
26676	PERQ SKEL FIX CMC DISLOC NOT THUMB W/MANIP EA JT
26685	OPEN TX CMC DISLOC NOT THUMB; W/WO FIX EA JNT
26686	OPEN TX CMC DISLOC NOT THUMB;CMLPX MX/DELAY RDUC
26715	OPEN TX MCP DISLOC SINGLE W/WO INTRL/EXT FIX
26725	CLOS TX PHALANG FX PROX/MID; W/MANIP W/WO TRAC
26727	PERQ FIX PHALANG SHAFT FX PROX/MID W/MANIP EA
26735	OPN TX PHALANG FX PROX/MID W/WO INTRL/EXT FIX EA
26746	OPEN TX ARTICULR FX INVLV MCP/IP JNT W/WO FIX EA
26765	OPEN TX DIST PHALANGEAL FX W/WO INTRL/EXT FIX EA
26910	AMP MC W/FNGR/THUMB 1 W/WO INTEROSSEOUS TRANSFER
26951	AMP FNGR/THUMB ANY JNT INCL NEURECT; W/DIR CLOS
26952	AMP FNGR/THUMB ANY JNT W/NEURECT; W/LOC ADV FLAP
26990	I&D PELVIS/HIP JOINT AREA; DEEP ABSCESS/HEMATOMA

Procedure Code	Description
27250	CLOS TX HIP DISLOC TRAUMATIC; WITHOUT ANESTHESIA
27324	BIOPSY SOFT TISSUE OF THIGH OR KNEE AREA; DEEP
27327	EXCISION TUMOR THIGH OR KNEE AREA; SUBCUTANEOUS
27328	EXCISION TUMOR THIGH/KNEE AREA; DEEP SUBFASCL/IM
27331	ARTHROTOMY KNEE; JOINT EXPL BX/REMV LOOSE/FB
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE KNEE
27360	PARTIAL EXCISION BONE FEM PROXIMAL TIBIA &OR FIB
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY
27405	REPR PRIM TORN LIGAMENT &OR CAPSULE KNEE; COLLAT
27418	ANTERIOR TIBIAL TUBERCLEPLASTY
27422	RECON DISLOC PATELLA; EXT REALIGN&/MUSC ADV/REL
27425	LATERAL RETINACULAR RELEASE OPEN
27427	LIGAMENOUS RECONSTRUCTION KNEE; EXTRA-ARTICULAR
27562	CLOS TX PATELLAR DISLOC; REQUIRING ANESTHESIA
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA
27606	TENOT PERCUT ACHILLES TENDON SEP PROC; GEN ANES
27618	EXCISION TUMOR LEG/ANK AREA; SUBCUTANEOUS TISSUE
27619	EXCISION TUMOR LEG OR ANKLE AREA; DEEP
27635	EXCISION/CURET BONE CYST/BEN TUMOR TIBIA/FIBULA;
27641	PARTIAL EXCISION BONE ; FIBULA
27650	REPAIR PRIM OPEN/PERCUT RUP ACHILLES TENDON;
27652	REPR PRIM OPEN/PERCUT RUP ACHILLES TENDON; W/GFT
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT
27658	REPR FLEX TENDON LEG; PRIM W/O GRAFT EA TENDON
27675	REPAIR DISLOC PERONEAL TEND; WITHOUT FIBR OSTEO
27680	TENOLYSIS FLX/EXT TEND LEG &OR ANK; 1 EA TEND
27685	LEN/SHRT TENDON LEG/ANK; SINGLE TENDON SEP PROC
27687	GASTROCNEMIUS RECESSION
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON ; DEEP
27695	REPAIR PRIMARY DISRUPTED LIGAMENT ANK; COLLAT
27698	REPAIR SEC DISRUPTED LIGAMENT ANKLE COLLATERAL
27756	PERCUT SKELETAL FIXATION TIBIAL SHAFT FRACTURE
27766	OPEN TX MED MALLEOLUS FX W/WO INTRL/EXT FIX
27784	OPEN TX PROX FIB/SHAFT FX W/WO INTRL/EXT FIX
27786	CLOS TX DIST FIB FRACTURE; WITHOUT MANIPULATION
27792	OPEN TX DIST FIB FRACTURE W/WO INTRL/EXT FIX
27824	CLOS TX FX WT BEARING ARTIC DIST TIB; W/O MANIP
27827	OPEN TX FX WT BEARING DIST TIB W/FIX; TIBIA ONLY
27829	OPEN TX DIST TIBIOFIBULAR JNT DISRUPT W/WO FIX
27842	CLOS TX ANK DISLOC; RQR ANES-W/WO PERQ SKEL FIX
27870	ARTHRODESIS, ANKLE, OPEN
28035	RELEASE TARSAL TUNNEL
28043	EXCISION TUMOR FOOT; SUBCUTANEOUS TISSUE
28045	EXCISION TUMOR FOOT; DEEP SUBFASCL INTRAMUSCULAR
28080	EXCISION INTERDIGITAL NEUROMA SINGLE EACH
28086	SYNOVECTOMY TENDON SHEATH FOOT; FLEXOR
28100	EXCISION/CURET BONE CYST/BEN TUMOR TALUS/CALCAN;
28108	EXCISION/CURET BONE CYST/BEN TUMOR PHALANG FOOT
28113	OSTECTOMY COMPLETE EXCISION; 1/5 METATARSAL HEAD
28119	OSTEC CALCAN; SPUR W/WO PLANTAR FASCL RELEASE
28120	PARTIAL EXCISION BONE ; TALUS OR CALCANEUS
28122	PART EXCISION BN; TARSAL/MT BN NO TALUS/CALCAN
28124	PARTIAL EXCISION BONE ; PHALANX OF TOE
28193	REMOVAL OF FOREIGN BODY FOOT; COMPLICATED

Procedure Code	Description
28415	OPEN TX CALCAN FRACTURE W/WO INTRL/EXTERNAL FIX;
28470	CLOS TX MT FRACTURE; WITHOUT MANIPULATION EA
28485	OPEN TX MT FRACTURE W/WO INTRL/EXTERNAL FIX EA
28490	CLOS TX FX GT TOE PHALNX/PHALANG; W/O MANIP
28515	CLOS TX FX PHALANX OTH THAN GREAT TOE; W/MANIP
28525	OPEN TX FX PHALNX NOT GT TOE W/WO INTRL/EXT FIX
28606	PERCUT SKEL FIX TARSOMT JNT DISLOC W/MANIP
28615	OPEN TX TARSOMT JOINT DISLOC W/WO INTRL/EXT FIX
28645	OPEN TX MTP JOINT DISLOC W/WO INTRL/EXTERNAL FIX
28725	ARTHRODESIS; SUBTALAR
28730	ARTHRODESIS MIDTARSAL/TARSOMT MULTIPLE/TRANSVERSE;
28750	ARTHRODESIS GREAT TOE; METATARSOPHALANGEAL JOINT
28755	ARTHRODESIS GREAT TOE; INTERPHALANGEAL JOINT
28825	AMPUTATION TOE; INTERPHALANGEAL JOINT
29425	APPLICATION SHORT LEG CAST; WALKING/AMB TYPE
29505	APPLICATION OF LONG LEG SPLINT
29515	APPLICATION OF SHORT LEG SPLINT
29580	STRAPPING; UNNA BOOT
29805	SCOPE SHOULDER DX W/WO SYNOVIAL BX SEP PROC
29806	ARTHROSCOPY SHOULDER SURGICAL; CAPSULORRHAPHY
29828	ARTHROSCOPY BICEPS TENODESIS
29834	SCOPE ELB SURGICAL; W/REMOVAL LOOSE BODY/FB
29835	ARTHROSCOPY ELBOW SURGICAL; SYNOVECTOMY PARTIAL
29837	ARTHROSCOPY ELBOW SURGICAL; DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURG; DEBRIDEMENT EXTENSIVE
29848	ENDO WRIST SURG W/RLSE TRNS CARPAL LIGAMENT
29850	ARTHROSCOPY AIDED TX FX KNEE; W/O INTRL/EXT FIX
29862	ARTHROSCOPY HIP SURG; DEBRID/SHAV ARTIC CART
29895	ARTHROSCOPY ANKLE SURGICAL; SYNOVECTOMY PARTIAL
29897	ARTHROSCOPY ANKLE SURGICAL; DEBRIDEMENT LIMITED
29898	ARTHROSCOPY ANK SURGICAL; DEBRIDEMENT EXTENSIVE
30100	BIOPSY INTRANASAL
30117	EXCISION/DESTRUC INTRANASAL LESION; INTRL APPRCH
30130	EXCISION TURBINATE PARTIAL/COMPLETE ANY METHOD
30310	REMOVAL FB INTRANASL; RQR GENERAL ANESTHESIA
30465	REPAIR OF NASAL VESTIBULAR STENOSIS
30801	CAUT&/ABLAT MUCOS TURBINS UNI/BIL SEP PROC; SUP
30802	CAUT&/ABLAT MUCOS TURB UNI/BIL SEP PROC;INTRMURL
30930	FRACTURE NASAL TURBINATE THERAPEUTIC
31030	SINUSOT MAX; RADL W/O REMOVL ANTROCHOANAL POLYPS
31231	NASAL ENDOSCOPY DX UNILATERAL/BILATERAL SEP PROC
31238	NASL/SINUS ENDO SURGICAL; W/CONTROL NASL HEMORR
31240	NASL/SINUS ENDO SURG; W/CONCHA BULLOSA RESECTION
31254	NASAL/SINUS ENDO SURGICAL; W/ETHMOECT PARTIAL
31256	NASAL/SINUS ENDOSCOPY SURGICAL W/MAX ANTROST;
31267	NASAL/SINUS ENDO W/MAXIL ANTROST; W/TISS REMV
31287	NASAL/SINUS ENDOSCOPY SURGICAL W/SPHENOIDOTOMY;
31515	LARYNGOSCPY DIRECT W/WO TRACHEOSCOPY; ASPIRATION
31525	LARYNGOSCPY DIRECT W/WO TRACHEOSCOPY; DX NO NB
31526	LARYNGOSCPY DIR W/WO TRCHEOSCPY; DX W/OPER MICRO
31535	LARYNGOSCOPY DIRECT OPERATIVE WITH BIOPSY;
31536	LARYNGOSCPY DIRECT OPERATIVE W/BX; W/OP MIC
31541	LARYNGOSCOPY DIR OP W/EXC TUMOR; W/OP MIC
31571	LARYNGOSCPY DIR W/INJ IN VOCAL CORD TX; W/OP MIC

Procedure Code	Description
31575	LARYNGOSCOPY FLEXIBLE FIBEROPTIC; DIAGNOSTIC
31622	BRONCHOSCOPY; DX W/WO CELL WASHING SEP PROC
31623	BRONCHOSCOPY; W/BRUSHING/PROTECTED BRUSHINGS
31624	BRONCHOSCOPY ; WITH BRONCHIAL ALVEOLAR LAVAGE
31625	BRONCHOSCOPY ; WITH BIOPSY
31628	BRONCHOSCOPY; W/TRANSBRONCH LUNG BX W/WO FLUORO
31632	Bronchoscopy, rigid or flexible, with or with
31641	BRNCHSCPY; W/DESTRUC TUMR/RELIEF STENOS NOT EXC
32400	BIOPSY PLEURA; PERCUTANEOUS NEEDLE
32405	BIOPSY LUNG OR MEDIASTINUM PERCUTANEOUS NEEDLE
32420	PNEUMOCENTESIS PUNCTURE OF LUNG FOR ASPIRATION
32421	THORACENTESIS FOR ASPIRATION
32422	THORACENTESIS W/TUBE INSERT
33010	PERICARDIOCENTESIS; INITIAL
35207	REPAIR BLOOD VESSEL DIRECT; HAND FINGER
35761	EXPLORATION W/WO LYSIS OF ARTERY; OTHER VESSELS
36555	Insertion of non-tunneled centrally inserted
36556	Insertion of non-tunneled centrally inserted
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER,WITHOUT
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER,WITHOUT
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE
36563	Insertion of tunneled centrally inserted cent
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE
36568	Insertion of peripherally inserted central ve
36569	Insertion of peripherally inserted central ve
36570	Insertion of peripherally inserted central ve
36571	Insertion of peripherally inserted central ve
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE,WITH SUBCUTANEOUS PORT OR PUMP
36578	Replacement, catheter only, of central venous
36580	Replacement, complete, of a non-tunneled cent
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACC
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACC
36584	Replacement, complete, of a peripherally inse
36585	Replacement, complete, of a peripherally inse
36589	Removal of tunneled central venous catheter,
36590	Removal of tunneled central venous access dev
36597	Repositioning of previously placed central ve
36598	INJ W/FLUOR, EVAL CV DEVICE
36819	AV ANASTOM OPEN; UPPER ARM BASILIC VEIN TRNSPSTN
36820	AV ANASTOM OPEN; FOREARM VEIN TRANSPOSITION
36821	ARTERIOVENOUS ANASTOM OPEN; DIRECT ANY SITE-SP
36830	CREAT AV FIST NOT DIR ANAST SEP PROC; NONAUTOGEN
37186	SEC ART M-THROMBECT ADD-ON
37250	INTRAVASC US DUR DX&TX INTRVN; INIT VES
37607	LIGATION/BANDING ANGIOACCESS AV FISTULA
37609	LIGATION OR BIOPSY TEMPORAL ARTERY
38220	BONE MARROW; ASPIRATION ONLY
38221	BONE MARROW; BIOPSY NEEDLE OR TROCAR
38500	BIOPSY OR EXCISION LYMPH NODE; OPEN SUPERFICIAL
38505	BIOPSY/EXCISION LYMPH NODE; NEEDLE SUPERFICIAL

Procedure Code	Description
38510	BX/EXCISION LYMPH NODE; OPEN DEEP CERVICAL NODE
38525	BIOPSY/EXCISION LYMPH NODE; OPEN DEEP AX NODE
38700	SUPRAHYOID LYMPHADENECTOMY
38792	INJECTION PROC; IDENTIFICATION SENTINEL NODE
40490	BIOPSY OF LIP
40530	RESECTION LIP MORE THAN 1/4 W/O RECONSTRUCT
40650	REPAIR LIP FULL THICKNESS; VERMILION ONLY
40805	REMOVAL EMBEDDED FB VESTIBULE MOUTH; COMP
40812	EXC LES-MUCOS/SUBMUCOSA-MOUTH; W/SMPL REPR
40816	EXC LES-VESTIBULE-MOUTH; COMPLEX/EXC MUSCLE
40819	EXCISION OF FRENUM LABIAL OR BUCCAL
41010	INCISION OF LINGUAL FRENUM
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD
41112	EXCISION LESION TONGUE WITH CLOSURE; ANT 2/3
41113	EXCISION LESION TONGUE WITH CLOS; POSTERIOR 1/3
41115	EXCISION OF LINGUAL FRENUM
42408	EXCISION OF SUBLINGUAL SALIVARY CYST
42415	EXC PAROTID TUMOR; LAT LOBE W/DISSECTION NERVE
42505	PLSTC REPR SALIV DUCT SIALODOCHOPLASTY; SEC/COMP
42725	I&D ABSC; RETROPHARYNG/PARAPHARYNG EXT APPRCH
42806	BX; NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION
42962	CONTRL OROPHARYNG HEMORR; W/SECNDRY SURG INTERV
43200	ESOPHGSCPY RIGD/FLEX; DX W/VO CLCT BRSH/WSH-SP
43201	ESOPHGSCPY RIGD/FLXIBLE; DIR SUBMUCOS INJ SBSTNC
43202	ESOPHGSCPY RIGID/FLEXIBLE; W/BX SINGLE/MULTIPLE
43204	ESOPHAGOSCOPY RIGID/FLEX; W/INJ-SCLEROSIS VARICE
43205	ESOPHAGOSCOPY RIGID/FLEX; W/BAND LIG VARICES
43215	ESOPHGSCPY RIGID/FLEXIBLE; W/REMOVAL FB
43216	ESOPHAGOSCOPY RIGID/FLEX; REMV TUMOR/POLYP/LES
43217	ESOPHAGOSCOPY RIGID/FLEX; W/REMV LES-SNARE TECH
43219	ESOPHAGOSCOPY RIGID/FLEX; W/INSRT TUBE/STENT
43220	ESOPHAGOSCOPY RIGID/FLEXIBLE; W/BALLOON DILATION
43226	ESOPHAGOSCOPY RIGID/FLEX; W/INSRT GUIDE WIRE
43227	ESOPHAGOSCOPY RIGID/FLEXIBLE; W/CONTROL BLEEDING
43228	ESOPHAGOSCOPY RIGID/FLEX; W/ABLAT TUMOR
43231	ESOPHGSCPY RIGID/FLEXIBLE; W/ENDO US EXAMINATION
43232	ESOPHOSCOPY; W/TRANSENDU US GUID NEEDLE ASPIR/BX
43234	UPPER GI ENDO SMPL PRIM EXAMINATION-SEP PROC
43235	UGI ENDO; DX W/VO CLCT SPECMN-BRUSH/WASH-SP
43236	UP GI ENDO ESOPH STOMACH; W/DIR SUBMUCOS INJ ANY
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ES
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ES
43239	UGI ENDO; W/BX 1/MX
43240	UGI ENDO; W/TRANSMURAL DRAIN PSEUDOCYST
43241	UGI EG DUO JEJUN W/TRNSENDU INTRLUMNL CATH PLCMT
43242	UGI ENDO; W/US GUID FINE NEEDLE ASPIR/BX
43243	UGI ENDO; W/INJ SCLEROSIS-ESOPH/GASTRIC VARICES
43244	UGI ENDO; W/BAND LIG ESOPH &/OR GASTRIC VARICES
43245	UP GI ENDO; W/DILAT GASTR OUTLET OBST
43246	UGI ENDO; W/DIRECTED PLCMT PERQ GASTROSTOMY TUBE
43247	UGI ENDO; W/REMOVAL FB
43248	UGI ENDO; W/INSRT GUIDE WIRE-DILAT ESOPHAGUS
43249	UGI ENDO; W/BALLOON DILAT ESOPHAGUS
43250	UGI ENDO; W/REMV TUMOR/POLYP/LES-HOT BX FORCEPS

Procedure Code	Description
43251	UGI ENDO; W/REMV TUMOR/POLYP/OTHER LES-SNARE
43255	UGI ENDO; W/CONTRL BLEEDING ANY METHD
43256	UGI ENDO W/TRNSENDO STENT PLCMNT INC PREDILA
43257	UP GI ENDO;THRM ENRGY MUSC LW ESOPH
43258	UGI ENDO; W/ABLAT LES NOT AMENABLE TO CAUT/SNARE
43259	UGI ENDO; W/ENDO ULTRASOUND EXAM
43260	ERCP; DX W/VO CLCT SPECIMEN BRUSH/WASH SEP PROC
43261	ERCP; WITH BIOPSY SINGLE OR MULTIPLE
43264	ERCP; W/ENDO RETRO REMV CALCU BILI&/PANC DUCTS
43265	ERCP; W/ENDO RETRO DESTRUC LITH CALCU/CALCU METH
43268	ERCP; W/ENDO RETRO INSRT TUBE/STNT BILE/PANC DCT
43450	DILAT ESOPH UNGUID SOUND/BOUGIE SINGLE/MX PASSES
43760	CHANGE OF GASTROSTOMY TUBE
43870	CLOSURE OF GASTROSTOMY SURGICAL
44361	SM INTESTINAL ENDO NOT ILEUM; W/BX 1/MX
44388	COLONOSCOPY THRU STOMA; DIAGNOSTIC-SEP PROC
45300	PROCTSIGMODSCPY RIGD; DIAGNOSTIC-SEP PROC
45303	PROCTOSIGMOIDOSCOPY RIGID; WITH DILATION
45305	PROCTOSIGMOIDOSCOPY RIGID; W/BX SINGLE/MULTIPLE
45307	PROCTOSIGMOIDOSCOPY RIGID; W/REMOVAL FB
45308	PROCTOSIGMOIDOSCOPY RIGID; REMV LES-HOT FORCEPS
45309	PROCTOSIGMOIDOSCOPY RIGID; REMV LES-SNARE
45315	PROCTOSIGMOIDOS RIGID; W/REMV LES-FORCEPS/SNARE
45317	PROCTOSIGMOIDOSCOPY RIGID; W/CONTROL OF BLEEDING
45320	PROCTOSIGMOIDOSCOPY RIGID; W/ABLAT LES-NOT SNARE
45321	PROCTOSIGMOIDOSCOPY RIGID; W/DECOMPRS VOLVULUS
45327	PROCTSIGMOIDSCPY RIGID; W/TRANSENDO STENT PLCMT
45330	SIGMOIDSCPY FLXIBLE; DIAGNOSTIC-SEP PROC
45331	SIGMOIDOSCOPY FLEXIBLE; W/BX SINGLE OR MULTIPLE
45332	SIGMOIDOSCOPY FLEXIBLE; W/REMOVAL FOREIGN BODY
45333	SIGMOIDOSCOPY FLEX; W/REMV LES-FORCEPS/CAUT
45334	SIGMOIDOSCOPY FLEXIBLE; WITH CONTROL OF BLEEDING
45335	SIGMOIDSCPY FLXIBLE; W/DIR SUBMUCOS INJ SBSTNC
45337	SIGMOIDSCPY FLXIBLE; W/DECOMPRS VOLVULUS METH
45338	SIGMOIDOSCOPY FLEX; REMV LES-SNARE
45339	SIGMOIDOSCOPY FLEX; ABLAT TUMOR/LES-NOT AMENABLE
45340	SIGMOIDSCPY FLXIBLE; W/DILAT BALLN 1/MORE STRICT
45341	SIGMOIDOSCOPY FLEXIBLE; W/ENDO US EXAMINATION
45342	SIGMOIDSCPY FLEX; W/US GUID NEEDLE ASPIR/BX
45345	SIGMOIDOSCOPY FLEXIBLE; W/TRANSENDO STENT PLCMT
45355	COLONSCPY RIGD/FLXIBLE TRANSABD VIA COLOT 1/MX
45378	COLONOSCOPY FLEX-PROX SPLEN FLEX; DX-SEP PROC
45379	COLONOSCOPY FLEX-PROX SPLEN FLEX; W/REMV FB
45380	COLONSCPY FLXIBLE PROX SPLENIC FLXURE; W/BX 1/MX
45381	COLNSCPY FLX PROX SPLENIC FLXR; DIR SUBMUCOS INJ
45382	COLNSCPY FLEX PROX SPLENIC FLXURE; W/CNTRL BLEED
45383	COLONOSCOPY FLEX; W/ABLAT LES NOT AMENABLE-SNARE
45384	COLONOSCOPY FLEX; REMV TUMOR/LES HOT BX FORCEPS
45385	COLONOSCOPY FLEX; W/REMV TUMOR/LES BY SNARE
45386	COLNSCPY FLX PROX SPLENIC FLXUR; DILAT BALLN 1/>
45387	COLONOSCOPY FLEX-PROX SPLEN FLEX; W/STENT PLCMT
45391	COLONOSCOPY FLEX; W/ENDO US EXAM
45392	COLNSCPY FLX;INTRA/TRNSMURL FNA/BXS
45990	SURG DX EXAM, ANORECTAL

Procedure Code	Description
46020	PLACEMENT OF SETON
46040	I&D OF ISCHIORECTAL&PERIRECTAL ABSCESS-SEP PROC
46045	I&D INTRAMURAL/IM ABSCESS TRANSANAL UNDER ANES
46050	I&D PERIANAL ABSCESS SUPERFICIAL
46083	INCISION OF THROMBOSED HEMORRHOID EXTERNAL
46200	FISSURECTOMY WITH OR WITHOUT SPHINCTEROTOMY
46220	PAPILLECTOMY/EXCISION-SINGLE TAG ANUS-SEP PROC
46221	HEMORRHOIDECTOMY BY SIMPLE LIGATURE
46250	HEMORRHOIDECTOMY EXTERNAL COMPLETE
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL SIMPLE;
46257	HEMORRHOIDECT INTRL&EXTERNAL SIMPLE; W/FISSURECT
46260	HEMORRHOIDECTOMY INTERNAL&EXTERNAL COMPLEX/EXT;
46270	SURGICAL TREATMENT OF ANAL FISTULA; SUBCUTANEOUS
46275	SURGICAL TREATMENT OF ANAL FISTULA; SUBMUSCULAR
46280	SURG TX ANAL FIST; COMPLEX/MX W/WO PLCMT SETON
46505	CHEMODENERVATION ANAL MUSC
46910	DESTRUC LESION ANUS SIMPLE; ELECTRODESICCATION
46924	DESTRUCTION OF LESION ANUS EXTENSIVE
46947	HEMORRHOIDOPEXY BY STAPLING
47000	BIOPSY OF LIVER NEEDLE; PERCUTANEOUS
47001	BX LIVER NEEDLE; DONE @ TIME W/OTH MAJ PROC
49080	PERITONEOCENTESIS-ABD PARACENTESIS; INIT
49081	PERITONEOCENTESIS-ABD PARACENTESIS; SUBSQT
49320	LAP ABD PERIT&OMENTM DX W/WO COLLECT BRSH/WSH-SP
49321	LAPAROSCOPY SURGICAL; WITH BIOPSY
49322	LAPAROSCOPY SURGICAL; W/ASPIRATION CAVITY/CYST
49402	REMOVE FOREIGN BODY, ADBOMEN
49421	INSRT INTRAPER CANNULA/CATH DRAIN/DIALYSIS; PERM
49422	REMOVAL PERMANENT INTRAPER CANNULA/CATHETER
49426	REVISION OF PERITONEAL-VENOUS SHUNT
49500	REPR INIT ING HERNIA 6 MO-< 5 YR; REDUCIBLE
49520	REPAIR RECURRENT ING HERNIA ANY AGE; REDUCIBLE
49525	REPAIR INGUINAL HERNIA SLIDING ANY AGE
49550	REPAIR INITIAL FEMORAL HERNIA ANY AGE; REDUCIBLE
49560	REPAIR INITIAL INCI/VENTRAL HERNIA; REDUCIBLE
49565	REPAIR RECURRENT INCI/VENTRAL HERNIA; REDUCIBLE
49570	REPAIR EPIGASTRIC HERNIA ; REDUCIBLE-SEP PROC
49580	REPAIR UMB HERNIA UNDER AGE 5 YEARS; REDUCIBLE
49585	REPAIR UMB HERNIA AGE 5 YEARS/OVER; REDUCIBLE
49590	REPAIR SPIGELIAN HERNIA
49650	LAPAROSCOPY SURGICAL; REPAIR INITIAL ING HERNIA
49651	LAPAROSCPY SURGICAL; REPAIR RECURRENT ING HERNIA
50200	RENAL BIOPSY; PERCUTANEOUS BY TROCAR OR NEEDLE
50392	INTRO INTRACATH/CATH-RENAL PELVIS-DRAIN PERQ
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE
50590	LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE
51102	DRAIN BL W/CATH INSERTION
51700	BLADD IRRIGATION SIMPLE LAVAGE&/INSTILLATION
51725	SIMPLE CYSTOMETROGRAM
51741	COMPLEX UROFLOWMETRY
51784	EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH
51797	VOIDING PRESS STUDIES; INTRA-ABD VOIDING PRESS
51798	MEASUREMENT PVR URIN&/BLADD CAPACTY US NON-IMAG
52000	CYSTOURETHROSCOPY-SEP PROC

Procedure Code	Description
52005	CYSTOURETHROSCOPY W/URETERAL CATH EXCLUS-RAD
52007	CYSTOURETHROSCOPY EXCLUS-RAD SERV; W/BRUSH BX
52204	CYSTOURETHROSCOPY WITH BIOPSY
52224	CYSTURETHRSCPY W/FULG/TX MINOR LESION W/VO BX
52234	CYSTURETHRSCOPY W/FULG & RES; SM BLADDER TUMOR
52235	CYSTURETHRSCOPY W/FULG &/ RES; MED BLADDER TUMOR
52240	CYSTURETHRSCOPY W/FULG &/ RES; LG BLADDER TUMOR
52260	CYSTOURETHROSCOPY W/DILAT BLADDER; GEN ANES
52281	CYSTOURETHROSCOPY W/CALIBRAT &/OR DILAT URETHRAL
52282	CYSTOURETHROSCOPY W/INSERTION OF URETHRAL STENT
52285	CYSTOURETHROSCOPY TX FE URETHRAL SYNDROME
52310	CYSTOURETHROSCOPY W/REMV FB-SEP PROC; SIMPLE
52317	LITH: CRUSH CALCU-BLADDER; SMPL/SM < 2.5 CM
52318	LITH: CRUSH CALCU-BLADDER; COMP/LG >2.5 CM
52320	CYSTOURETHROSCOPY; W/REMOVAL URETERAL CALCULUS
52327	CYSTURETHRSCPY; W/SUBURETERIC INJ IMPL MATERIAL
52330	CYSTURETHRSCPY; W/MANIP W/O REMOVAL URETRL CALCU
52332	CYSTURETHRSCPY W/INSERTION INDWELL URETRL STENT
52334	CYSTOURETHROSCOPY W/INSRT GUIDE WIRE THRU KIDNEY
52344	CYSTURETHRSCPY W/URETERSOPY; W/TX URETRL STRICT
52345	CYSTURETHSCPY W/URETEROSCOPY; W/TX UPJ STRICT
52351	CYSTURETHRSCOPY W/URETEROSCOPY&/PYELOSOPY; DX
52352	CYSTOURETHSCOPY W/URETERO&/PYELOSOPY; REMOV CALC
52500	TRANSURETHRAL RESECTION OF BLADDER NECK
52648	CNTCT LASR VAPRIZ PROS W/VO TURP CNTRL BLD COMPL
53020	MEATOTOMY CUTTING OF MEATUS; EXCEPT INFANT
53060	DRAINAGE OF SKENES GLAND ABSCESS OR CYST
53450	URETHROMEATOPLASTY WITH MUCOSAL ADVANCEMENT
54001	SLITTING PREPUCE DORSAL/LATERAL; EXCEPT NEWBORN
54057	DESTRUCTION LESION PENIS SIMPLE; LASER SURGERY
54060	DESTRUC LESION PENIS SIMPLE; SURGICAL EXCISION
54100	BIOPSY OF PENIS;
54162	LYSIS/EXCISION PENILE POST-CIRCUMCISION ADHES
54235	INJECTION CORPORA CAVERNOSA W/PHARMACOLOGIC AGT
54300	PLSTC OP PENIS-STRAIT CHORDEE W/VO MOBILIZ URETH
54322	1 STAGE DISTAL HYPOSPAD REPR; W/SIMPL MEATAL ADV
54326	1 STAGE DISTAL HYPOSPAD REPR;URETHROPLST MOBILIZ
54500	BIOPSY OF TESTIS NEEDLE
54505	BIOPSY OF TESTIS INCISIONAL
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS
54520	ORCHIECTOMY SIMPL W/VO TESTICULAR PROSTH
54530	ORCHIECTOMY RADICAL FOR TUMOR; INGUINAL APPROACH
54550	EXPLORATION FOR UNDESCENDED TESTIS
54640	ORCHIOPEXY INGUINAL APPROACH W/VO HERNIA REPAIR
54692	LAPAROSCOPY SURGICAL;ORCHIOPEXY INTRA-ABD TESTIS
54700	I&D OF EPIDIDYMIS TESTIS AND/OR SCROTAL SPACE
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS
54840	EXCISION OF SPERMATOCELE W/VO EPIDIDYMECTOMY
55040	EXCISION OF HYDROCELE; UNILATERAL
55041	EXCISION OF HYDROCELE; BILATERAL
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE
55175	SCROTOPLASTY; SIMPLE
55500	EXC HYDROCELE SPERMATIC CORD UNI-SEP PROC
55520	EXCISION OF LESION OF SPERMATIC CORD-SEP PROC

Procedure Code	Description
55700	BX PROSTATE; NEEDLE/PUNCH SINGLE/MX ANY APPRCH
55705	BIOPSY PROSTATE;INCISIONAL ANY APPROACH
56405	I&D OF VULVA OR PERINEAL ABSCESS
56420	I&D OF BARTHOLINS GLAND ABSCESS
56501	DESTRUCTION OF LESION VULVA; SIMPLE
56515	DESTRUCTION OF LESION VULVA; EXTENSIVE
56605	BIOPSY OF VULVA OR PERINEUM; ONE LESION
56606	BIOPSY VULVA/PERINEUM; EA SEPARATE ADD LESION
56820	COLPOSCOPY OF THE VULVA;
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY
57200	COLPORRHAPHY SUTURE OF INJURY OF VAGINA
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;
57267	INSRT MESH REPR PLV FLR EA SITE VAG
57300	CLOS RECTOVAGINAL FISTULA; VAG/TRNSANAL APPRCH
57410	PELVIC EXAMINATION UNDER ANESTHESIA
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT;
57421	COLPOSCOPY ENTIRE VAG W/CERV IF PRESENT; W/BX
57452	COLPOSCOPY CERVIX INCLUDING UPPER/ADJ VAGINA;
57454	COLPSCPY CERV UP/ADJ VAG; BX CERV&ENDOCERV CURET
57455	COLPOSCOPY CERV INCL UP/ADJ VAGINA; W/BX CERVIX
57456	COLPSCPY CERV INCL UP/ADJ VAG; W/ENDOCERV CURET
57460	COLPSCPY CERV W/UP/ADJ VAG; W/LOOP ELEC BX CERV
57461	COLPSCPY CERV W/UP VAG; W/LOOP ELEC CONIZAT CERV
57500	BX SINGLE/MX/LOCAL EXCISION LESION W/VO FULG
57505	ENDOCERVICAL CURETTAGE
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL
57511	CAUTERY OF CERVIX; CRYOCAUTERY INITIAL OR REPEAT
57513	CAUTERY OF CERVIX; LASER ABLATION
57520	CONIZATION CERV W/VO D&C W/VO REPR; KNIFE/LASER
57522	CONIZATN CERV W/VO D&C W/VO REPR; LOOP ELEC EXC
57700	CERCLAGE OF UTERINE CERVIX NONOBSTETRICAL
57800	DILATION OF CERVICAL CANAL INSTRUMENTAL
58100	ENDOMETRIAL BX W/VO ENDOCERV BX-SEP PROC
58120	DILATION & CURETTAGE DIAGNOSTIC &/ THERAPEUTIC
58301	REMOVAL OF INTRAUTERINE DEVICE
58353	ENDOMETRIAL ABLAT THERMAL W/O HYSTEROSCOPIC GUID
58545	LAP MYOMECT; 1-4 MYOM TOT 250 GMS/<&/SURFCE MYOM
58555	HYSTEROSCOPY DIAGNOSTIC
58558	HYSTEROSCPY SURG;W/BX ENDOMET&/POLYPECT W/VO D&C
58561	HYSTEROSCOPY SURGICAL; W/REMOVAL OF LEIOMYOMATA
58562	HYSTEROSCOPY SURGICAL; W/REMOVAL IMPACTED FB
58563	HYSTEROSCOPY SURGICAL; WITH ENDOMETRIAL ABLATION
58600	LIG/TRANSECTION FALLOPIAN TUBE ABD/VAG UNI/BILAT
58671	LAPAROSCOPY SURG; W/OCCLUSION OVIDUCTS-DEVICE
58805	DRAIN OVARIAN CYST UNI/BIL-SEP PROC; ABD APPRCH
58900	BIOPSY OF OVARY UNILATERAL OR BILATERAL-SEP PROC
59025	FETAL NON-STRESS TEST
59150	LAP TX ECTOPIC PG; W/O SALPINGECT &OR OOPHORECT
59160	CURETTAGE POSTPARTUM
59200	INSERTION OF CERVICAL DILATOR
59412	EXTERNAL CEPHALIC VERSION W/VO TOCOLYSIS
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE
61070	PUNCT SHNT TUBING/RESRVOR ASPIR/INJECTION PROC
62269	BIOPSY OF SPINAL CORD PERCUTANEOUS NEEDLE

**Revised 5-1-2011** New Attachment III ASC and office PA exclusion list

Procedure Code	Description
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC
62272	SPINAL PUNCTURE THERAPEUTIC DRAIN CEREBROSP FL
62287	ASPIR/DECOMPRESS-PERQ-NUCLEUS PULPOS 1/MX-LUMB
64795	BIOPSY OF NERVE
65855	TRABECULOPLASTY LASER SURGERY 1 OR MORE SESSIONS
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY
66770	DESTRUCTION CYST OR LESION IRIS OR CILIARY BODY
66821	DISCISSION SEC MEMB CATARACT; LASER SURGERY
66982	EXTRACAP CATARACT REMV W/IOL-COMPLX-DIFF TECH
66984	EXTRACAPSULAR CATARACT REMV W/INSRT IOL PROSTH
67010	REMV VITREOUS ANT; SUBTL REMV W/MECH VITRECT
67040	VITRECTOMY MECH; W/ENDOLASER PANRETINAL PHOTOCO
67113	REPAIR RETINAL DETACH, CPLX
67120	REMOVAL IMPL MATERIAL POST SEGMENT; XTRAOCULR
67311	STRABISMUS SURGERY R/R PROC; 1 HORIZONTAL MUSCLE
67515	INJECTION MEDICATION/OTH SUBSTANCE IN TENONS CAP
67800	EXCISION OF CHALAZION; SINGLE
67810	BIOPSY OF EYELID
67961	EXC & REPR EYELID; UP TO 1/4 LID MARGIN
68020	INCISION OF CONJUNCTIVA DRAINAGE OF CYST
68110	EXCISION OF LESION CONJUNCTIVA; UP TO 1 CM
68720	DACRYOCYSTORHINOSTOMY
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG EACH
68811	PROBING NLD W/WO IRRIGATION; RQR GEN ANESTHESIA
68815	PROBING NLD W/WO IRRIG; W/INSRTION TUBE/STENT
69145	EXC SOFT TISSUE LESION EXTERNAL AUDITRY CANAL
69205	REMOVL FB EXT AUDITRY CANAL; W/GEN ANESTHESIA
69210	REMOVAL IMPACTED CERUMEN ONE OR BOTH EARS
69310	RECON OF EXTERNAL AUDITORY CANAL SEP PROC
69424	VENTILATING TUBE REMOVAL RQR GENERAL ANESTHESIA
69436	TYMPANOSTOMY GENERAL ANESTHESIA
69440	MID EAR EXPL THRU POSTAURICULAR/EAR CANAL INCI
69540	EXCISION AURAL POLYP
69666	REPAIR OVAL WINDOW FISTULA
76942	US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR
77002	NEEDLE LOCALIZATION BY XRAY
77003	FLUOROGUIDE FOR SPINE INJECT
77012	CT SCAN FOR NEEDLE BIOPSY
77021	MR GUIDANCE FOR NEEDLE PLACE
77031	STEREOTACT GUIDE FOR BRST BX
77032	GUIDANCE FOR NEEDLE, BREAST