



Procedure Codes

2021
Geisinger
v6
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A WNS COMPANY

Medicare IP Only = Y means the code can only be requested and authorized as IP

NOTE: Yellow highlight denotes new procedure code(s) for 2021.

DIAGNOSTIC IMAGING

CT	CODES:
Computed tomography, head or brain; without contrast material	70450
Computed tomography, head or brain; with contrast material(s)	70460
Computed tomography, head or brain; without contrast material, followed by contrast materials(s) and further sections	70470
Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	70480
Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	70481
Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast materials(s) and further sections	70482
Computed tomography, maxillofacial area; without contrast material	70486
Computed tomography, maxillofacial area; with contrast material(s)	70487
Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	70488
Computed tomography, soft tissue neck; without contrast material	70490
Computed tomography, soft tissue neck; with contrast material(s)	70491
Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	70492
Computed tomography, thorax, diagnostic; without contrast material	71250
Computed tomography, thorax, diagnostic; with contrast material(s)	71260
Computed tomography, thorax, diagnostic; without contrast material, followed by contrast materials(s) and further sections	71270
Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271
Computed tomography, cervical spine; without contrast material	72125
Computed tomography, cervical spine; with contrast material	72126
Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	72127
Computed tomography, thoracic spine; without contrast material	72128
Computed tomography, thoracic spine; with contrast material	72129
Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	72130
Computed tomography, lumbar spine; without contrast material	72131
Computed tomography, lumbar spine; with contrast material	72132
Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	72133
Computed tomography, pelvis; without contrast material	72192
Computed tomography, pelvis; with contrast material(s)	72193
Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	72194
Computed tomography, upper extremity; without contrast material	73200
Computed tomography, upper extremity; with contrast material(s)	73201
Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	73202
Computed tomography, lower extremity; without contrast material	73700
Computed tomography, lower extremity; with contrast material(s)	73701
Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	73702
Computed tomography, abdomen; without contrast material	74150
Computed tomography, abdomen; with contrast material(s)	74160

Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	74170
Computed tomography, abdomen and pelvis; without contrast material	74176
Computed tomography, abdomen and pelvis; with contrast material(s)	74177
Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	74178
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	74261
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	74262
Computed tomographic (CT) colonography, screening, including image postprocessing	74263
Computed tomography, limited or localized follow-up study	76380

CTA	CODES:
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Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	70496
Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	70498
Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	71275
Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	72191
Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	73206
Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	73706
Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	74174
Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	74175
Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	75571
Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	75572
Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	75573
Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	75574
Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	75635

MRA	CODES:
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Magnetic resonance angiography, head; without contrast material(s)	70544
Magnetic resonance angiography, head; with contrast material(s)	70545
Magnetic resonance angiography, head; without contrast material(s) followed by contrast material(s) and further sequences	70546
Magnetic resonance angiography, neck; without contrast material(s)	70547
Magnetic resonance angiography, neck; with contrast material(s)	70548
Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	70549
Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	71555
Magnetic resonance angiography with contrast, chest (excluding myocardium)	C8909

Magnetic resonance angiography without contrast, chest (excluding myocardium)	C8910
Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	C8911
Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	72159
Magnetic resonance angiography with contrast, spinal canal and contents	C8931
Magnetic resonance angiography without contrast, spinal canal and contents	C8932
Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	C8933
Magnetic resonance angiography, pelvis, with or without contrast material(s)	72198
Magnetic resonance angiography with contrast, pelvis	C8918
Magnetic resonance angiography without contrast, pelvis	C8919
Magnetic resonance angiography without contrast followed by with contrast, pelvis	C8920
Magnetic resonance angiography, upper extremity, with or without contrast material(s)	73225
Magnetic resonance angiography with contrast, upper extremity	C8934
Magnetic resonance angiography without contrast, upper extremity	C8935
Magnetic resonance angiography without contrast followed by with contrast, upper extremity	C8936
Magnetic resonance angiography, lower extremity, with or without contrast material(s)	73725
Magnetic resonance angiography with contrast, lower extremity	C8912
Magnetic resonance angiography without contrast, lower extremity	C8913
Magnetic resonance angiography without contrast followed by with contrast, lower extremity	C8914
Magnetic resonance angiography, abdomen, with or without contrast material(s)	74185
Magnetic resonance angiography with contrast, abdomen	C8900
Magnetic resonance angiography without contrast, abdomen	C8901
Magnetic resonance angiography without contrast followed by with contrast, abdomen	C8902
MRI	CODES:
Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	70336
Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	70540
Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	70542
Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	70543
Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	70551
Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material	70552
Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553
Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	70554
Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing	70555
Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	71550
Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	71551
Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	71552
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	72141
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	72142
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	72156

Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic without contrast material	72146
Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic with contrast material(s)	72147
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	72157
Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148
Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	72149
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	72158
Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	72195
Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	72196
Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	72197
Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	73218
Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	73219
Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	73220
Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	73221
Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	73222
Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s),	73223
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	73718
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	73719
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	73720
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	73721
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	73722
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	73723
Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	74181
Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	74182
Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	74183
Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	74712
Cardiac magnetic resonance imaging for morphology and function without contrast material;	75557
Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	75559
Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	75561
Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	75563
Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	C9762
Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	C9763
Magnetic resonance imaging, breast, without contrast material; unilateral	77046

Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	77048
Magnetic resonance imaging with contrast, breast; unilateral	C8903
Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	C8905
Magnetic resonance imaging, breast, without contrast material; bilateral	77047
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	77049
Magnetic resonance imaging with contrast, breast; bilateral	C8906
Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	C8908
Magnetic resonance (eg, proton) imaging, bone marrow blood supply	77084

PET	CODES:
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Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed, single study;	78459
Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed, single study; with concurrently acquired computed tomography transmission scan	78429
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(S) and/or ejection fraction(s), when performed; single study at rest or stress (exercise or pharmacologic)	78491
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed; single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	78430
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(S) and/or ejection fraction(s), when performed; multiple studies at rest or and stress (exercise or pharmacologic)	78492
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed; multiple studies, at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	78431
Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);	78432
Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	78433
Brain imaging, positron emission tomography (PET); metabolic evaluation	78608
Brain imaging, positron emission tomography (PET); perfusion evaluation	78609
Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	78811
Positron emission tomography (PET) imaging; skull base to mid-thigh	78812
Positron emission tomography (PET) imaging; whole body	78813
Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	78814
Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	78815
Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	78816
PET imaging whole body; melanoma for noncovered indications	G0219
PET imaging, any site, not otherwise specified	G0235
PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	G0252

MUSCULOSKELETAL

Shoulder	CODES:	Medicare IP Only
Incision and drainage, shoulder area; infected bursa	23031	
Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	23035	
Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	23040	
Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	23044	
Arthrotomy, glenohumeral joint, including biopsy	23100	
Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	23101	
Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	23107	
Claviculectomy; partial	23120	
Claviculectomy; total	23125	
Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	23130	
Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	23170	
Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	23172	
Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	23174	
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	23180	
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	23182	
Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	23184	
Ostectomy of scapula, partial (eg, superior medial angle)	23190	
Resection, humeral head	23195	
Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	23334	
Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	23335	Y
Scapulopexy (eg, Sprengels deformity or for paralysis)	23400	
Tenotomy, shoulder area; single tendon	23405	
Tenotomy, shoulder area; multiple tendons through same incision	23406	
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	23410	
Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	23412	
Coracoacromial ligament release, with or without acromioplasty	23415	
Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	23420	
Tenodesis of long tendon of biceps	23430	
Resection or transplantation of long tendon of biceps	23440	
Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	23450	
Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	23455	
Capsulorrhaphy, anterior, any type; with bone block	23460	
Capsulorrhaphy, anterior, any type; with coracoid process transfer	23462	
Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	23465	
Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	23466	
Arthroplasty, glenohumeral joint; hemiarthroplasty	23470	
Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	23472	Y
Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	23473	
Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	23474	Y
Osteotomy, clavicle, with or without internal fixation;	23480	
Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	23485	

Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	23490
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	23491
Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	23700
Arthrodesis, glenohumeral joint;	23800
Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	23802
Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	29805
Arthroscopy, shoulder, surgical; capsulorrhaphy	29806
Arthroscopy, shoulder, surgical; repair of SLAP lesion	29807
Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	29819
Arthroscopy, shoulder, surgical; synovectomy, partial	29820
Arthroscopy, shoulder, surgical; synovectomy, complete	29821
Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	29822
Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	29823
Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	29824
Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	29825
Arthroscopy, shoulder, surgical; with rotator cuff repair	29827
Arthroscopy, shoulder, surgical; biceps tenodesis	29828

Hip	CODES:	Medicare IP Only
Incision and drainage, pelvis or hip joint area; infected bursa	26991	
Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	26992	Y
Tenotomy, adductor of hip, percutaneous (separate procedure)	27000	
Tenotomy, adductor of hip, open	27001	
Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	27003	
Tenotomy, hip flexor(s), open (separate procedure)	27005	Y
Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	27006	
Fasciotomy, hip or thigh, any type	27025	Y
Arthrotomy, hip, including exploration or removal of loose or foreign body	27033	
Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	27035	
Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	27036	Y
Arthrotomy, with biopsy; sacroiliac joint	27050	
Arthrotomy, with biopsy; hip joint	27052	
Arthrotomy with synovectomy, hip joint	27054	Y
Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	27057	
Excision; ischial bursa	27060	
Excision; trochanteric bursa or calcification	27062	
Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	27070	Y
Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	27071	Y
Removal of hip prosthesis; (separate procedure)	27090	Y

Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	27091	Y
Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	27120	Y
Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	27122	Y
Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	27125	Y
Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	27130	
Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	27132	Y
Revision of total hip arthroplasty; both components, with or without autograft or allograft	27134	Y
Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	27137	Y
Revision of total hip arthroplasty; femoral component only, with or without allograft	27138	Y
Osteotomy and transfer of greater trochanter of femur (separate procedure)	27140	Y
Osteotomy, iliac, acetabular or innominate bone;	27146	Y
Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	27147	Y
Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	27151	Y
Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	27156	Y
Osteotomy, femoral neck (separate procedure)	27161	Y
Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	27165	Y
Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	27170	Y
Treatment of slipped femoral epiphysis; by traction, without reduction	27175	Y
Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	27176	Y
Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	27177	Y
Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	27179	
Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	27181	Y
Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	27185	Y
Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	27187	Y
Manipulation, hip joint, requiring general anesthesia	27275	
Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	27279	
Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	27280	Y
Arthrodesis, symphysis pubis (including obtaining graft)	27282	Y
Arthrodesis, hip joint (including obtaining graft);	27284	Y
Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	27286	Y
Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	29860	
Arthroscopy, hip, surgical; with removal of loose body or foreign body	29861	
Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	29862	
Arthroscopy, hip, surgical; with synovectomy	29863	
Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	29914	
Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	29915	
Arthroscopy, hip, surgical; with labral repair	29916	

Knee	CODES:	Medicare IP Only
Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	27301	
Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	27303	Y
Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	27310	
Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	27331	

Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	27332	
Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	27333	
Arthrotomy, with synovectomy, knee; anterior OR posterior	27334	
Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	27335	
Excision, prepatellar bursa	27340	
Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	27347	
Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	27360	
Removal of foreign body, deep, thigh region or knee area	27372	
Arthrotomy with meniscus repair, knee	27403	
Repair, primary, torn ligament and/or capsule, knee; collateral	27405	
Repair, primary, torn ligament and/or capsule, knee; cruciate	27407	
Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	27409	
Autologous chondrocyte implantation, knee	27412	
Osteochondral allograft, knee, open	27415	
Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	27416	
Anterior tibial tubercleplasty (eg, Maquet type procedure)	27418	
Reconstruction of dislocating patella; (eg, Hauser type procedure)	27420	
Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	27422	
Reconstruction of dislocating patella; with patellectomy	27424	
Lateral retinacular release, open	27425	
Ligamentous reconstruction (augmentation), knee; extra-articular	27427	
Ligamentous reconstruction (augmentation), knee; intra-articular (open)	27428	
Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	27429	
Arthroplasty, patella; without prosthesis	27437	
Arthroplasty, patella; with prosthesis	27438	
Arthroplasty, knee, tibial plateau;	27440	
Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	27441	
Arthroplasty, femoral condyles or tibial plateau(s), knee;	27442	
Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	27443	
Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	27445	Y
Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	27446	
Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	27447	
Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	27454	Y
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	27455	Y
Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	27457	Y
Osteoplasty, femur; shortening (excluding 64876)	27465	Y
Osteoplasty, femur; lengthening	27466	Y
Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	27470	Y
Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	27472	Y
Revision of total knee arthroplasty, with or without allograft; 1 component	27486	Y
Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	27487	Y
Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	27488	Y
Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	27495	Y
Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	27519	Y

Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	27570	
Arthrodesis, knee, any technique	27580	Y
Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	29855	
Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	29856	
Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	29866	
Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	29867	
Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	29868	
Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	29870	
Arthroscopy, knee, surgical; for infection, lavage and drainage	29871	
Arthroscopy, knee, surgical; with lateral release	29873	
Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	29874	
Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	29875	
Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	29876	
Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	29877	
Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	29879	
Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29880	
Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	29881	
Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	29882	
Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	29883	
Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	29884	
Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	29885	
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	29886	
Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	29887	
Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	29888	
Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	29889	

Spine	CODES:	Medicare IP Only
Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	22206	Y
Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	22207	Y
Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	22210	Y
Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	22212	Y
Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	22214	Y
Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	22220	Y
Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	22222	Y
Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	22224	Y

Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	22510	
Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	22511	
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	22513	
Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	22514	
Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22532	Y
Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22533	Y
Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	22548	Y
Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	22551	
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	22554	
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	22556	Y
Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	22558	Y
Arthrodesis, posterior technique, craniocervical (occiput-C2)	22590	Y
Arthrodesis, posterior technique, atlas-axis (C1-C2)	22595	Y
Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	22600	Y
Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	22610	Y
Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	22612	
Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	22630	Y
Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	22633	
Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	22800	Y
Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	22802	Y
Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	22804	Y
Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	22808	Y
Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	22810	Y
Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	22812	Y
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	22818	Y
Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	22819	Y
Reinsertion of spinal fixation device	22849	Y
Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	22850	Y
Removal of posterior segmental instrumentation	22852	Y
Removal of anterior instrumentation	22855	Y
Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	22856	
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	22857	Y
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	22861	Y
Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	22864	Y

Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	22865	Y
Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	22867	
Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	22869	
Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	62380	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	63001	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	63003	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	63005	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	63011	
Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	63012	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	63015	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	63016	
Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	63017	
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	63020	
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	63030	
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	63040	
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	63042	
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	63045	
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	63046	
Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	63047	
Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	63050	Y
Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	63051	Y
Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	63055	

Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	63056	
Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	63064	
Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace	63075	
Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace	63077	Y
Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	63081	Y
Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	63085	Y
Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	63087	Y
Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	63090	Y
Laminectomy with rhizotomy; 1 or 2 segments	63185	Y
Laminectomy with rhizotomy; more than 2 segments	63190	Y
Laminectomy with section of spinal accessory nerve	63191	Y
Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	63194	Y
Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	63195	Y
Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	63196	Y
Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	63197	Y
Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	63198	Y
Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	63199	Y
Laminectomy, with release of tethered spinal cord, lumbar	63200	Y
Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	63250	Y
Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	63251	Y
Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	63252	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	63300	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	63301	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	63302	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	63303	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	63304	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	63305	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	63306	Y
Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	63307	Y
Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	0202T	Y
Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	0219T	Y

Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	0220T	Y
Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	0221T	
Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	0274T	
Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	0275T	
Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	C9757	
INTERVENTIONAL PAIN MANAGEMENT OF THE SPINE		
Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	27096	
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	62320	
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance	62321	
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	62322	
Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	62323	
Injection(s) anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or CT)	64451	
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	64479	
Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	64483	
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	64490	
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	64493	
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	64633	
Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	64635	
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	0213T	
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	0216T	
Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	G0260	

CARDIOLOGY**Cardiac Nuclear Medicine** **CODES:**

Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	78451
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or reinjection	78452
Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	78453
Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or reinjection	78454
Myocardial imaging, infarct avid, planar; qualitative or quantitative	78466
Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	78468
Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	78469
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	78472
Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	78473
Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	78481
Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	78483
Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	78494

Cardiac Catheterization **CODES:**

Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	93451
Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	93452
Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	93453
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	93454
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial venous grafts) including intraprocedural injection(s) for bypass graft angiography	93455
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	93456
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	93457

Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	93458
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	93459
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	93460
Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	93461
Right heart catheterization, for congenital cardiac anomalies	93530
Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	93531
Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	93532
Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	93533
Indicator dilution studies such as dye or thermal dilution, including arterial and /or venous catheterization; with cardiac output measurement (separate procedure)	93561
Indicator dilution studies such as dye or thermal dilution, including arterial and /or venous catheterization; subsequent measurement of cardiac output (separate procedure)	93562
Cardiac Devices - Pacemakers	CODES:
Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	33206
Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	33207
Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	33208
Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	33210
Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	33211
Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	33212
Insertion or replacement of pacemaker pulse generator only; dual chamber	33213
Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	33214
Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	33227
Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	33228
Removal of permanent pacemaker pulse generator	33233
Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	33234
Removal of transvenous pacemaker electrode(s); dual lead system	33235
Cardiac Devices - Automatic Implantable Cardioverter Defibrillator (AICD)	CODES:
Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	33216
Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	33217

Insertion of pacing implantable defibrillator pulse generator only; with existing dual leads	33230
Insertion of implantable defibrillator pulse generator only; with existing single lead	33240
Removal of implantable defibrillator pulse generator only	33241
Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	33244
Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	33249
Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	33262
Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	33263
Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	33270
Insertion of subcutaneous implantable defibrillator electrode	33271
Removal of subcutaneous implantable defibrillator electrode	33272
Repositioning of previously implanted subcutaneous implantable defibrillator electrode	33273

Cardiac Devices - Cardiac Resynchronization Therapy - Pacemaker (CRT-P)	CODES:
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Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	33207
Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	33208
Insertion or replacement of pacemaker pulse generator only; dual chamber	33213
Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	33214
Insertion of pacemaker pulse generator only; with existing multiple leads	33221
Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	33224
Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	33229
Removal of permanent pacemaker pulse generator	33233
Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	33234

Cardiac Devices - Cardiac Resynchronization Therapy - Defibrillator (CRT-D)	CODES:
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Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	33216
Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	33217
Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	33224
Insertion of pacing implantable defibrillator pulse generator only; with existing multiple leads	33231
Insertion of implantable defibrillator pulse generator only; with existing single lead	33240
Removal of implantable defibrillator pulse generator only	33241
Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	33244
Insertion or replacement of permanent implantable defibrillator system with transvenous lead(s), single or dual chamber	33249
Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	33264

Cardiac Devices - Implantable Cardioverter-Defibrillator with Substernal Electrode	CODES:
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Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	0571T
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Insertion of substernal implantable defibrillator electrode	0572T
Removal of substernal implantable defibrillator electrode	0573T
Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	0574T
Removal of substernal implantable defibrillator pulse generator only	0580T
Removal and replacement of substernal implantable defibrillator pulse generator	0614T

Cardiac Devices - Wearable	CODES:
Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	K0606

Cardiac Devices - Transcatheter Aortic Valve Replacement (TAVR)	CODES:	Medicare IP Only
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	33361	Y
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	33362	Y
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	33363	Y
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	33364	Y
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	33365	Y
Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	33366	Y

Cardiac Devices - Transcatheter Mitral Valve Repair (TMVR, MitraClip)	CODES:	Medicare IP Only
Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	33418	Y
Transcatheter mitral valve repair percutaneous approach via the coronary sinus	0345T	Y

Cardiac Devices - Ventricular Assist Device (VAD)	CODES:	Medicare IP Only
Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart arterial access only	33990	Y
Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	33991	Y
Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	33995	Y

Cardiac Devices - Left Atrial Appendage Closure Device (e.g., Watchman)	CODES:	Medicare IP Only
Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	33340	Y

Cardiac Devices - Leadless Pacemakers (e.g., Micra Transcatheter Pacing System [TPS])	CODES:
Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	33274
Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	33275

Cardiac Devices - Patent Foramen Ovale (PFO) and Atrial Septal Defect (ASD) Closure	CODES:
Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	93580

Cardiac Devices - Mobile Cardiovascular Telemetry (MCT)	CODES:
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	93228
External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	93229
Cardiac Devices - Implantable Loop Recorder	CODES:
Insertion, subcutaneous cardiac rhythm monitor, including programming	33285
Removal, subcutaneous cardiac rhythm monitor	33286
Angioplasty (Percutaneous Coronary Intervention [PCI])	CODES:
Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	92920
Stent (Percutaneous Coronary Intervention [PCI])	CODES:
Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	92928
Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	92937
Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	92943
Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	C9600
Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	C9604
Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	C9607
Interventional Cardiology - Electrophysiological Studies (EPS) - Arrhythmia Induction and Mapping	CODES:
Bundle of HIS recording	93600
Intra-atrial recording	93602
Right ventricular recording	93603
Intra-atrial pacing	93610
Intraventricular pacing	93612
Induction of arrhythmia by electrical pacing	93618
Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia	93619
Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	93620

Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	93624
Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	93631
Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement	93640
Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing	93641
Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	93642
Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	93644
Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	0577T
Interventional Cardiology - Electrophysiological Studies (EPS) - Ablation	
CODES:	
Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	93650
Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavotricuspid isthmus or other single atrial focus or source of atrial re-entry	93653
Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	93654
Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation	93656