

## **HPSM TAR Required List**



A Treatment Authorization Request (TAR) is required for the primary surgeon or provider whether performed on an inpatient or outpatient basis if the code is listed on the HPSM TAR Requirement List.

A Treatment Authorization Request (TAR) for Inpatient hospital stay days requires a TAR even if the procedure performed does not require a TAR. The TAR should include the procedure codes and the requested Inpatient hospital stay days on the 50-1 for prior authorization for elective procedures.

This is not an exhaustive list of TAR required procedures, only a subset of the ones that are listed in the Medi-Cal Manual as a benefit and require a TAR for primary surgeon or provider. For assistant surgeon, anesthesiologist or ambulatory medicine specifications please refer to the Medi-Cal Benefit-Non-Benefit List for more details. The Medi-Cal Provider Manual can be found at **<http://www.medi-cal.ca.gov/publications.asp>**

The TAR and Non-Benefit List: Codes (10000–99999) contains CPT-4 codes and descriptions with numbers indicating benefit restrictions. Any code in the CPT-4 book currently valid for Medi-Cal but not on the TAR and Non-Benefit List is a Medi-Cal benefit without the listed restrictions.

Note: Refer to the CPT-4 book for complete descriptions of the listed codes.

Podiatrists should refer to the Medi-Cal Manual under General Medicine/Podiatry Services for prior authorization requirements.

**[http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/podicms\\_m01.doc](http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/podicms_m01.doc)**

<b>CPT Code</b>	<b>Description</b>
<b>INTEGUMENTARY SYSTEM</b>	
10040	Acne Surgery
11750	Excision, nail, nail matrix
11752	Excision, nail, nail matrix, with amputation
11960	Insertion, tissue expander(s) for other than breast
11970	Replacement, tissue expander with permanent prosthesis
11971	Removal, tissue expander(s) without prosthesis insertion
15780	Dermabrasion; total face
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty, lower eyelid; herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; excessive skin
17340	Cryotherapy for acne
17360	Chemical exfoliation for acne
17999	Unlisted procedure, skin, mucous membrane
19260	Excision, chest wall tumor
19271	Excision, chest wall tumor, with plastic reconstruction
19272	Excision, chest wall tumor, with mediastinal lymphadenectomy
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation, no implant
19325	Mammoplasty, augmentation, with implant
19328	Removal of intact mammary implant
19330	Removal of implant material
19350	Nipple/areola reconstruction
19355	Correction inverted nipples
19357	Breast reconstruction
19361	Breast reconstruction with latissimus dorsi flap
19364	Breast reconstruction with free flap
19366	Breast reconstruction, other technique
19367	Breast reconstruction with TRAM, single pedicle
19368	"Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)"
19369	Breast reconstruction with TRAM, double pedicle
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast

<b>CPT Code</b>	<b>Description</b>
19380	Revision reconstructed breast
19396	Preparation, moulage for custom breast implant
19499	Unlisted procedure, breast
<b>MUSCULOSKELETAL SYSTEM</b>	
20999	Unlisted procedure, musculoskeletal system, general
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint
21060	Meniscectomy, temporomandibular joint
21070	Coronoidectomy
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service
21299	Unlisted craniofacial/maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
21685	Hyoid myotomy and suspension
21700	Division, scalenus anticus; without resection of cervical rib
21705	Division, scalenus anticus; with resection of cervical rib
21720	Division, sternocleidomastoid for torticollis, without cast application
21725	Division, sternocleidomastoid for torticollis, with cast application
21740	Reconstructive repair, pectus excavatum or carinatum; open
21742	Nuss procedure, without thoracoscopy
21743	Nuss procedure, with thoracoscopy
21899	Unlisted procedure, neck or thorax
22899	Unlisted procedure, spine
22900	Excision, abdominal wall tumor, subfascial
22999	Unlisted procedure, abdomen, musculoskeletal
23000	Removal of subdeltoid calcareous deposits, open
23415	Coracoacromial ligament release
23470	Arthroplasty, glenohumeral joint, hemiarthroplasty
23472	Arthroplasty, glenohumeral joint, total shoulder (glenoid and proximal humeral replacement)
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25085	Capsulotomy, wrist
25350	Osteotomy, radius, distal third
25355	Osteotomy, radius, middle or proximal third
25360	Osteotomy, ulna
25999	Unlisted procedure, forearm or wrist
26115	Excision, tumor or vascular malformation, soft tissue of hand/finger; subcutaneous
26989	Unlisted procedure, hands or fingers
27130	Total hip arthroplasty
27132	Total hip arthroplasty
27134	Revision, total hip arthroplasty, both components
27137	Revision, total hip arthroplasty, acetabular component only
27138	Revision, total hip arthroplasty, femoral component only

<b>CPT Code</b>	<b>Description</b>
27299	Unlisted procedure, pelvis or hip joint
27425	Lateral retinacular release. Open
27427	Ligamentous reconstruction, knee; extra-articular
27428	Ligamentous reconstruction, knee; intra-articular
27429	Ligamentous reconstruction, knee; intra-articular and extra-articular
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty; patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, knee, femoral condyles or tibial plateaus; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment
27447	Total knee arthroplasty
27455	Osteotomy, proximal tibia; before epiphyseal closure
27457	Osteotomy, proximal tibia; after epiphyseal closure
27486	Revision of total knee arthroplasty, one component
27487	Revision of total knee arthroplasty, femoral and entire tibial component
27599	Unlisted procedure, femur or knee
27700	Arthroplasty, ankle
27702	Arthroplasty, ankle; with implant
27703	Arthroplasty, ankle; revision, total ankle
27899	Unlisted procedure, leg or ankle
28045	Excision, tumor, foot; subfasical, intramuscular
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy); toe(s), each
28285	Correction, hammertoe
28286	Correction, cock-up fifth toe, with plastic skin closure
28288	Osteotomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, Mayo type procedure
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, ea.

<b>CPT Code</b>	<b>Description</b>
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe
28312	Osteotomy other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only
28315	Sesamoidectomy, first toe
28340	Reconstruction, toe, macrodactyly, soft tissue resection
28341	Reconstruction, toe, macrodactyly, requiring bone resection
28344	Reconstruction, toe, polydactyly
28345	Reconstruction, toe, syndactyly, with or without skin grafts, each web
28360	Reconstruction, cleft foot
28890	Extracorporeal shock wave, high energy
28899	Unlisted procedure, foot or toes
29799	Unlisted procedure, casting or strapping
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
29827	Arthroscopy, with rotator cuff repair
29999	Unlisted procedure, arthroscopy
<b>RESPIRATORY SYSTEM</b>	
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
30220	Insertion nasal septal prosthesis
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision
30435	Rhinoplasty, secondary; intermediate revision
30450	Rhinoplasty, secondary; major revision
30460	Rhinoplasty for nasal deformity, secondary
30462	Rhinoplasty for nasal deformity, secondary, with columellar lengthening
30465	Repair of nasal vestibular stenosis
30520	Septoplasty or submucous resection
30999	Unlisted procedure, nose
31030	Sinusotomy, maxillary; radical without antrochoanal polyp removal
31032	Sinusotomy, maxillary; intranasal; radical with antrochoanal polyp removal
31040	Pterygomaxillary fossa surgery, any approach
31050	Sinusotomy sphenoid
31051	Sinusotomy, sphenoid, with mucosal stripping or removal, polyp(s)
31070	Sinusotomy frontal; external, simple
31075	Sinusotomy, frontal; transorbital, unilateral
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision
31081	Sinusotomy frontal; obliterative without osteoplastic flap, coronal incision
31084	Sinusotomy frontal; obliterative with osteoplastic flap, brow incision
31085	Sinusotomy frontal; obliterative with osteoplastic flap, coronal incision

<b>CPT Code</b>	<b>Description</b>
31086	Sinusotomy frontal; nonobliterative with osteoplastic flap, brow incision
31087	Sinusotomy frontal; nonobliterative with osteoplastic flap, coronal incision
31090	Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31299	Unlisted procedure, accessory sinuses
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
32851	Lung transplant, single, without cardiopulmonary bypass
32852	Lung transplant, single, with cardiopulmonary bypass
32853	Lung transplant, double, without cardiopulmonary bypass
32854	Lung transplant, double, with cardiopulmonary bypass
32999	Unlisted procedure, lungs and pleura
<b>CARDIOVASCULAR SYSTEM</b>	
33935	Heart-lung transplant, with recipient cardiectomy-pneumonectomy
33945	Heart transplant
33999	Unlisted procedure, cardiac surgery
36299	Unlisted procedure, vascular injection
36475	Endovenous ablation, radiofrequency, first vein
36476	Endovenous ablation, radiofrequency, each additional vein
36478	Endovenous ablation, laser, first vein
36479	Endovenous ablation, laser, each additional vein
36511	Therapeutic apheresis; for white blood cells
36512	Therapeutic apheresis; for red blood cells
36513	Therapeutic apheresis; for platelets
36514	Therapeutic apheresis; for plasma pheresis
36515	Therapeutic apheresis; with extracorporeal immunoabsorption and plasma reinfusion
36516	Therapeutic apheresis; with extracorporeal selective adsorption/filtration and plasma reinfusion
36822	insertion of cannula(s) for prolonged ECMO
37500	Vascular endoscopy with ligation of perforator veins
37501	Unlisted vascular endoscopy procedure
37700	Ligation/division long saphenous vein
37718	Ligation/division and stripping, short saphenous vein
37722	Ligation, division and stripping, long (greater) saphenous veins
37735	Ligation/division/stripping saphenous veins, with excision of deep fascia
37760	Ligation of perforator veins, open
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, one extremity, more than 20 incisions
37780	Ligation/division short saphenous vein
37785	Ligation/division varicose veins, one leg
37799	Unlisted procedure, vascular surgery
<b>HEMIC AND LYMPHATIC SYSTEMS</b>	
38129	Unlisted laparoscopy procedure, spleen
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition

<b>CPT Code</b>	<b>Description</b>
38205	Blood-derived hematopoetic progenitor cell harvesting for transplantation; allogenic
38206	Blood-derived hematopoetic progenitor cell harvesting for transplantation; autologous
38214	Transplant preparation of hematopoetic progenitor cells; plasma depletion
38215	Transplant preparation of hematopoetic progenitor cells; cell concentration in plasma
38230	Bone marrow harvesting for transplantation
38589	Unlisted laparoscopy procedure, lymphatic system
38999	Unlisted procedure, hemic or lymphatic system
<b>MEDIASTINUM AND DIAPHRAGM</b>	
39499	Unlisted procedure, mediastinum
39599	Unlisted procedure, diaphragm
<b>DIGESTIVE SYSTEM</b>	
40799	Unlisted procedure, lips
40899	Unlisted procedure, vestibule of mouth
41500	Fixation of tongue, mechanical, other than suture
41510	Suture of tongue to lip for micorgnathia
41599	Unlisted procedure, tongue, floor of mouth
41899	Unlisted procedure, dentoalveolar structures
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty
42299	Unlisted procedure, palate, uvula
42699	Unlisted procedure, salivary glands or ducts
42810	Excision branchial cleft cyst/vestige, in skin
42815	Excision branchial cleft cyst, beneath subcutaneous tissues
42820	Tonsillectomy/adenoidectomy; under 12 years
42821	Tonsillectomy/adenoidectomy; 12 years and over
42825	Tonsillectomy, primary or secondary; under 12 years
42826	Tonsillectomy; 12 years and over
42830	Adenoidectomy, primary; under 12 years
42831	Adenoidectomy, primary; 12 years and over
42835	Adenoidectomy, secondary; under 12 years
42836	Adenoidectomy, secondary;12 years and over
42860	Excision tonsil tags
42870	Excision or destruction lingual tonsil
42999	Unlisted procedure, pharynx, adenoids or tonsils
43289	Unlisted laparoscopy procedure, esophagus
43499	Unlisted procedure, esophagus
43644	Gastric bypass/Roux-en-Y
43645	Gastric bypass includes small intestine reconstruction
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, surgical, gastric restrictive procedure, placement of adjustable gastric band
43771	Revision of adjustable gastric band
43772	Removal of adjustable gastric band
43773	Removal and replacement of adjustable gastric band

<b>CPT Code</b>	<b>Description</b>
43774	Removal of adjustable gastric band and subcutaneous port
43775	Longitudinal gastrectomy
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure, biliopancreatic diversion with duodenal switch
43846	Gastric restrictive procedure, w/ gastric bypass, for morbid obesity; w/ short limb Roux-en-Y gastroenterostomy
43847	Gastric restrive procedure, w/ gastric bypass, for morbid obesity; w/ small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity
43886	Gastric restrictive procedure, open,revision of subcutaneous port
43999	Unlisted procedure, stomach
44135	Intestinal allotransplantation; from cadaver doner
44238	Unlisted laparoscopy procedure, intestine (except rectum)
44799	Unlisted procedure, intestine
44899	Unlisted procedure, Meckel's diverticulum and mesentery
44979	Unlisted laparoscopy procedure, appendix
45499	Unlisted laparoscopy procedure, rectum
45999	Unlisted procedure, rectum
46999	Unlisted procedure, anus
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47140	Donor hepatectomy (including cold preservation), living doner, left lateral segment only
47141	Donor hepatectomy (including cold preservation), living doner, total left lobectomy
47142	Donor hepatectomy (including cold preservation), living donor, total right lobectomy
47379	Unlisted laparoscopic procedure, liver
47399	Unlisted procedure, liver
47579	Unlisted laparoscopy procedure, biliary tract
47999	Unlisted procedure, biliary tract
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment
48554	Transplantation of pancreatic allograft
48556	Removal of transplanted pancreatic allograft
48999	Unlisted procedure, pancreas
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49580	Repair umbilical hernia, age under 5 years; reducible
49600	Repair small omphalocele, with primary closure
49659	Unlisted laparoscopy procedure, herninoplasty, herniorrhaphy, herniotomy
49999	Unlisted procedure, abdomen, peritoneum and omentum
<b>URINARY SYSTEM</b>	
50320	Donor nephrectomy, open from living donor
50340	Recipient nephrectomy
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy
50365	Renal transplant with recipient nephrectomy

<b>CPT Code</b>	<b>Description</b>
50380	Renal autotransplantation, reimplantation
50540	Symphysiotomy, horseshoe kidney
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)
50549	Unlisted laparoscopy procedure, renal
50949	Unlisted laparoscopy procedure, ureter
51715	Endoscopic injection of implant material, urethra and/or bladder neck
51999	Unlisted laparoscopy procedure, bladder
52601	Transurethral electrosurgical resection of prostate
52630	Transurethral resection, regrowth of obstructive tissue
52640	Transurethral resection, postoperative bladder neck contracture
52647	Laser coagulation of prostate, complete
52648	Laser vaporization of prostate, complete
52649	Laser enucleation of the prostate with morcellation
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53899	Unlisted procedure, urinary system
<b>MALE GENITAL SYSTEM</b>	
54120	Amputation penis, partial
54125	Amputation penis, complete
54130	Amputation penis, radical
54135	Amputation penis, radical; in continuity with pelvic lymphadenectomy
54161	Circumcision other than clamp, device or dorsal slit, older than 28 days of age
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision
54230	Injection procedure corpora cavernosography
54250	Nocturnal penile tumescence test
54360	Plastic operation on penis to correct angulation
54400	Insertion of penile prosthesis; non-inflatable
54406	Removal of penile prosthesis
54408	Repair of penile prosthesis
54410	Removal/replacement of penile prosthesis
54411	Removal/replacement of penile prosthesis
54415	Removal of penile prosthesis
54416	Removal/replacement of penile prosthesis
54417	Removal/replacement of penile prosthesis
54620	Fixation of contralateral testis
54699	Unlisted laparoscopy procedure, testis
55175	Scrotoplasty, simple
55180	Scrotoplasty, complicated
55550	Laparoscopy, surgical with ligation of spermatic veins for varicocele
55559	Unlisted laparoscopy procedure, spermatic cord
55899	Unlisted procedure, male genital system

<b>CPT Code</b>	<b>Description</b>
<b>FEMALE GENITAL SYSTEM</b>	
56800	Plastic repair of introitus
57106	Vaginectomy, partial removal of vagina wall
57107	Vaginectomy, partial removal of vagina wall; with removal of paravaginal tissue
57109	Vaginectomy, partial removal of vaginal wall; w/ removal of paravaginal tissue w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57110	Vaginectomy, complete removal of vaginal wall
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue
57112	Vaginectomy, complete removal of vagina wall; w/ removal of paravaginal tissue w/ bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120	Colpocleisis
57291	Construction of artificial vagina
57292	Construction of artificial vagina, with graft
58150	Total abdominal hysterectomy
58152	Total abdominal hysterectomy with colpourethrocystopexy
58180	Supracervical abdominal hysterectomy
58200	Total abdominal hysterectomy
58240	Pelvic exenteration for gynecologic malignancy, w/ total abdominal hysterectomy or cervicectomy, w/ or w/o removal of tube(s), w/ or w/o removal of ovary(s), w/ removal of bladder & ureteral transplantations, &/or abdominoperineal rese
58260	Vaginal hysterectomy for uterus 250 grams or less
58262	Vaginal hysterectomy for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)
58263	Vaginal hysterectomy; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy for uterus 250 grams or less; w/ colpo-urethrocystopexy, with/without endoscopic control
58270	Vaginal hysterectomy for uterus 250 grams or less; with repair og enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy
58280	Vaginal hysterectomy; with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical
58290	Vaginal hysterectomy, complex
58291	Vaginal hysterectomy, including tube(s) and/or ovary(s) and enterocele, complex
58292	Vaginal hysterectomy, for uterus more than 250 grams; with removal of tubes/ovaries with repair of enterocele
58293	Vaginal hysterectomy, for uterus more than 250 grams, with colpo-urethrocystopexy
58294	Vaginal hysterectomy, for uterus more than 250 grams, with repair of enterocele
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; w/ removal of tube(s) &/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g
58544	Laparoscopy,surgical, supracervical hysterectomy, for uterus > 250 g w/ removal of tube(s) &/or ovary(s)
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed
58550	Laparoscopy surgical, with vaginal hysterectomy for uterus 250 grams or less

<b>CPT Code</b>	<b>Description</b>
58552	Laparoscopy, surgical, with vaginal hysterectomy for uterus 250 grams or less; w/ removal of tube(s)/ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy for uterus greater than 250 grams
58554	Laparoscopy, surgical, w/ vaginal hysterectomy for uterus greater than 250 grams; w/ removal of tube(s)/ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less
58571	Laparoscopy, surgical with total hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g; with removal of tube(s) and /or ovary(s)
58578	Unlisted laparoscopy procedure, uterus
58579	Unlisted hysteroscopy procedure, uterus
58679	Unlisted laparoscopy procedure, oviduct, ovary
58700	Salpingectomy
58720	Salpingo-oophorectomy
58940	Oophorectomy
58999	Unlisted procedure, female genital system, nonobstetrical
<b>MATERNITY CARE AND DELIVERY</b>	
59897	Unlisted laparoscopy procedure, maternity care and delivery
59898	Unlisted laparoscopy procedure, maternity care and delivery
59899	Unlisted procedure, maternity care and delivery
<b>ENDOCRINE SYSTEM</b>	
60650	Laparoscopy, surgical, with adrenalectomy
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system
<b>NERVOUS SYSTEM</b>	
61880	Revision/removal intracranial neurostimulator electrodes
61888	Revision or removal/cranial neurostimulator
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63685	Incision/subcutaneous placement of spinal neurostimulator pulse generator/receiver
64553	Percutaneous omplantation of neurostimulator electrodes; cranial nerve
64650	Chemodeneration of eccrine glands; both axillae
64653	Chemodeneration of other areas (scalp, face, neck), per day
64573	Implant neuroelectrodes
64650	Chemodeneration of eccrine glands; both axillae
64653	Chemodeneration of other areas (scalp, face, neck), per day
64721	Neurolysis, carpal tunnel
64999	Unlisted procedure, nervous system
<b>EYE AND OCULAR ADNEXA</b>	
65770	Keratoprosthesis
66830	Removal of secondary membranous cataract
66840	Removal of lens material; aspiration technique

<b>CPT Code</b>	<b>Description</b>
66850	Removal lens material; phacofragmentation technique
66852	Removal of lens material; pars plana approach
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, dislocated lens
66940	Removal of lens material; extracapsular
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis, complex
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis
66985	Insertion of intraocular lens prosthesis, not associated with concurrent cataract removal
66999	Unlisted procedure, anterior segment of eye
67299	Unlisted procedure, posterior segment
67311	Strabismus surgery, recession or recession or resection procedure; one horizontal muscle
67312	Strabismus surgery; two horizontal muscles
67314	Strabismus surgery; one vertical muscle
67316	Strabismus surgery; two or more vertical muscle
67318	Strabismus surgery; any procedure, superior oblique muscle
67320	Transposition procedure, any extraocular muscle
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles
67332	Strabismus surgery on patient with scarring of extraocular muscles or restrictive myopathy
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)
67343	Release of extensive scar tissue without detaching extraocular muscle
67399	Unlisted procedure, ocular muscle
67599	Unlisted procedure, orbit
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling
67903	Repair of blepharoptosis; levator resection/advancement, internal
67904	Repair of blepharoptosis; levator resection/advancement, external
67906	Repair of blepharoptosis; superior rectus technique, fascial sling
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid load
67914	Repair of ectropion, suture
67915	Repair of ectropion, thermocauterization
67916	Repair of ectropion, blepharoplasty, excision tarsal wedge
67917	Repair of ectropion, blepharoplasty, extensive
67921	Repair of entropion, suture
67922	Repair of entropion, thermocauterization
67923	Repair of entropion, blepharoplasty, excision tarsal wedge
67924	Repair of entropion, blepharoplasty, extensive

<b>CPT Code</b>	<b>Description</b>
67950	Canthoplasty
67961	Excision and repair, eyelid; up to one-fourth of lid margin
67966	Excision and repair, eyelid; over one-fourth of lid margin
67971	Reconstruction, eyelid, up to two-thirds of eyelid
67973	Reconstruction, eyelid, total eyelid, lower
67974	Reconstruction, eyelid, total eyelid, upper
67975	Reconstruction, eyelid, second stage
67999	Unlisted procedure, eyelids
68399	Unlisted procedure, conjunctiva
68700	Plastic repair of canaliculi
68899	Unlisted procedure, lacrimal system
<b>AUDITORY SYSTEM</b>	
69300	Otoplasty, protruding ear
69399	Unlisted procedure, external ear
69799	Unlisted procedure, middle ear
69930	Cochlear device implantation
69949	Unlisted procedure, inner ear
69979	Unlisted procedure, temporal bone
<b>DIAGNOSTIC RADIOLOGY</b>	
70540	Magnetic resonance imaging, orbit, face, and neck; without contrast
70542	Magnetic resonance imaging, orbit, face, and neck; with contrast
70543	Magnetic resonance imaging, orbit, face, and neck; with and without contrast
70544	Magnetic resonance angiography, head; without contrast
70545	Magnetic resonance angiography, head; with contrast
70546	Magnetic resonance angiography, head; with and without contrast
70547	Magnetic resonance angiography, neck; without contrast
70548	Magnetic resonance angiography, neck; with contrast
70549	Magnetic resonance angiography, neck; with and without contrast
70551	Magnetic resonance imaging, brain and brain stem, without contrast
70552	Magnetic resonance imaging, brain, with contrast
70553	Magnetic resonance imaging, brain and brain stem, with and without contrast
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); w/ contrast material(s)
70559	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); w/o contrast material(s), followed by contrast material(s)
71550	Magnetic resonance imaging, chest; without contrast
71551	Magnetic resonance imaging, chest; with contrast
71552	Magnetic resonance imaging, chest; with and without contrast
71555	Magnetic resonance angiography, chest

<b>CPT Code</b>	<b>Description</b>
72141	Magnetic resonance imaging, spinal canal and contents, cervical; without contrast
72142	Magnetic resonance imaging, spinal canal and contents, cervical; with contrast
72146	Magnetic resonance imaging, spinal canal and contents, thoracic; without contrast
72147	Magnetic resonance imaging, spinal canal and contents, thoracic; with contrast
72148	Magnetic resonance imaging, spinal canal and contents, lumbar; without contrast
72149	Magnetic resonance imaging, spinal canal and contents, lumbar; with contrast
72156	Magnetic resonance imaging, spinal canal and contents, with and without contrast; cervical
72157	Magnetic resonance imaging, spinal canal and contents, with and without contrast; thoracic
72158	Magnetic resonance imaging, spinal canal and contents, with and without contrast; lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72195	Magnetic resonance imaging, pelvis; without contrast
72196	Magnetic resonance imaging, pelvis; with contrast
72197	Magnetic resonance imaging, pelvis; with and without contrast
72198	Magnetic resonance angiography, pelvis, with or without contrast
73218	Magnetic resonance imaging, upper extremity, other than joint; without contrast
73219	Magnetic resonance imaging, upper extremity, other than joint; with contrast
73220	Magnetic resonance imaging, upper extremity, other than joint; with and without contrast
73221	Magnetic resonance imaging, any joint of upper extremity; without contrast
73222	Magnetic resonance imaging, any joint of upper extremity; with contrast
73223	Magnetic resonance imaging, any joint of upper extremity; with and without contrast
73225	Magnetic resonance angiography, upper extremity
73718	Magnetic resonance imaging, lower extremity, other than joint; without contrast
73719	Magnetic resonance imaging, lower extremity, other than joint; with contrast
73720	Magnetic resonance imaging, lower extremity, other than joint; with and without contrast
73721	Magnetic resonance imaging, any joint of lower extremity; without contrast
73722	Magnetic resonance imaging, any joint of lower extremity; with contrast
73723	Magnetic resonance imaging, any joint of lower extremity; with and without contrast
73725	Magnetic resonance angiography, lower extremity
74181	Magnetic resonance imaging, abdomen; without contrast
74182	Magnetic resonance imaging, abdomen; with contrast
74183	Magnetic resonance imaging, abdomen; with and without contrast
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
76496	Unlisted fluoroscopic procedure
76497	Unlisted computed tomography procedure
76498	Unlisted magnetic resonance procedure
76499	Unlisted diagnostic radiographic procedure
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
<b>RADIATION ONCOLOGY</b>	
77600	Hyperthermia, superficial
77610	Hyperthermia generated by interstitial probe, five or fewer applicators
77615	Hyperthermia generated by interstitial probe, more than five applicators

<b>CPT Code</b>	<b>Description</b>
<b>NUCLEAR MEDICINE</b>	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
78810	Tumor imaging, positron emission tomography (PET), metabolic evaluation
78811	Tumor imaging, positron emission tomography (PET); limited area (e.g, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
<b>PATHOLOGY AND LABORATORY: REPRODUCTIVE MEDICINE</b>	
89398	Unlisted reproductive medicine laboratory procedure
<b>MEDICINE</b>	
90283	Immune globulin (IgIV), human
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), 50 mg, each
91110	Gastrointestinal tract imaging, intraluminal (e.g. capsule endoscopy), esophagus through ileum
92620	Auditory function, initial 60 minutes
92621	Auditory function, each additional 15 minutes
92625	Tinnitus assessment
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes
92630	Auditory rehabilitation; pre-lingual hearing loss
92633	Auditory rehabilitation; post-lingual hearing loss
<b>OTHER PROCEDURES</b>	
92700	Unlisted otorhinolaryngological service/procedure
<b>NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES</b>	
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel
92998	Percutaneous transluminal pulmonary artery balloon angioplasty
93980	Duplex scan of arterial inflow and venous outflow, penile vessels; complete study
93981	Duplex scan of arterial inflow and venous outflow, penile vessels; follow-up or limited study
<b>SPECIAL DERMATOLOGICAL PROCEDURES</b>	
96999	Dermatological procedure, unlisted