دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

General and Specialized Hospitals Jawda Guidance

Version 7

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1. Executive Summary

The Department of Health– Abu Dhabi (DOH) is the regulative body of the Healthcare Sector in the Emirate of Abu Dhabi and ensures excellence in Healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary Academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of the Abu Dhabi Emirate. However, challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed a dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators.

For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH website at all times.

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2. Introduction

2.1 The Department of Health– Abu Dhabi (DOH) is the regulative body of the Healthcare Sector in the Emirate of Abu Dhabi and ensures excellence in Healthcare for the community by monitoring the health status of the population. DOH is mandated:

- To achieve the highest standards in health curative, preventative and medical services and health insurance in the Emirate.
- To lay down the strategies, policies and plans, including future projects and extensions for the health sector in the Emirate, and to follow-up their implementation
- To apply the laws, rules, regulations and policies which are issued as they are related to its purposes and responsibilities, in addition to what is issued by the respective international and regional organizations in line with the development of the health sector.
- To follow up and monitor the operation of the health sectors, to achieve and exemplary Standard in the provision of health, curative, preventive and medicinal services and health insurance

2.2 DOH defines the strategy for the health system, monitors and analyses the health status of the population and performance of the system. In addition, DOH shapes the regulatory framework for the health system, inspects against regulations, enforce standards, and encourages adoption of world – class best practices and performance targets by all healthcare service providers in the Emirate of Abu Dhabi.

2.3 DOH also drives programs to increase awareness and adoption of healthy living standards among the residents of the Emirate of Abu Dhabi in addition to regulating scope of services, premiums and reimbursement rates of the health system in the Emirate of Abu Dhabi.

2.4 The Health System of the Emirate of Abu Dhabi is comprehensive, encompassing the full spectrum of health services and is accessible to all residents of Abu Dhabi. The system is driven towards excellence through continuous outcome improvement culture and monitoring achievement of specified indicators. Providers of health services are independent. Predominately private and follow highest international quality standards. The system is financed through mandatory health insurance.

In doing so DOH will:

- Drive structure, process and outcome improvements across health sector
- Put people first and champion their rights
- Focus on quality and act swiftly to eliminate poor quality of care
- Work with Stakeholders and apply fair processes.
- Gather information and utilize knowledge and expertise to improve care.
- Link the care to payment in a way that results in a continuous improvement and maximize the value of the care provided in Abu Dhabi.

3. Patient Safety and Clinical Effectiveness

Patient safety is 'the discipline in the health care sector that applies safety science methods toward the goal of achieving a trustworthy system of health care delivery'. Patient safety is also an attribute of health care systems; it minimizes the incidence and impact of, and maximizes recovery from, adverse events. Clinical effectiveness is "the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice" Clinical effectiveness is about doing the right thing at the right time for the right patient and is concerned with demonstrating improvements in quality and performance.

- The right thing (evidence-based practice requires that decisions about health care are based on the best available, current, valid and reliable evidence)
- In the right way (developing a workforce that is skilled and competent to deliver the care required)
- At the right time (accessible services providing treatment when the patient needs them)
- In the right place (location of treatment/services).
- With the right outcome (clinical effectiveness/maximising health gain)

Patient safety, clinical effectiveness and patient experience are recognized as the main pillars of quality in healthcare. In Abu Dhabi, the measurement of Patient safety, clinical effectiveness and patient experience data is intended to identify strengths and weaknesses of healthcare delivery, drive-quality improvement, inform regulation and

promote patient choice. In addition to data on harm avoidance or success rates for treatments, providers will be assessed on aspects of care such as dignity and respect, compassion and involvement in care decisions through patient satisfaction surveys. The inclusion of patient safety, clinical effectiveness and patient experience for quality performance is often justified on grounds of its intrinsic value. For example, clear information, empathic, two-way communication and respect for patients' beliefs and concerns could lead to patients being more informed and involved in decision-making and create an environment where patients are more willing to disclose information.

4. Planning for data collection and submission

In planning for data collection and submission Healthcare must adhere to reporting, definition and calculation requirements as set out in this guidance. Healthcare providers must also consider the following:

- Nominate responsible data collection and quality leads(s).
- Ensure data collection leads are adequately skilled and resourced.
- Understand and identify what data is required, how it will be collected (sources) and when it will be collected.
- Create a data collection plan.
- Ensure adequate data collection systems and tools are in place.
- Maintain accurate and reliable data collection methodology.
- Data collation, cleansing and analysis for reliability and accuracy.
- Back up and protect data integrity.
- Have in place a data checklist before submission.
- Submit data on time and ensure validity.
- Review and feedback data findings to the respective teams in order to promote performance improvement.
- Failing to submit valid data will be in breach of the licensing condition and could result in fines being applied, penalties associated with performance or revoke of license.

- When needed, documentation and tracks will be provided instantly to DOH, or their representative, to assure DOH that all dues processes are being followed in collecting, analyzing, validating and submitting your performance

5. About this Guidance

5.1 This guidance sets out the Patient Safety and Clinical Effectiveness reporting requirements to ensure High quality and safety of healthcare services offered to patients in the Emirate of Abu Dhabi. The guidance sets out the definitions, parameters and frequency by which JAWDA Quality indicators will be measured and Submitted to DOH and will ensure Healthcare Providers provide safe, effective and high quality services.

Q. Who is this guidance for?

All DOH Licensed Healthcare general and specialist Hospital Providers in the Emirate of Abu Dhabi

Q. How do I follow this guidance?

Each Hospital will nominate one member of staff to coordinate, collect, quality control, monitor and report relevant Inpatient data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to JAWDA@doh.gov.ae and submit the required quarterly quality performance indicators through Online Portal.

Q. What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- As per DoH Policy for Quality and Patient Safety issued January 15th 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

Type: Quality Indicator **Indicator Number:** QI001

KPI Description (title):	**Rate of sentinel events (unexpected occurrence involving death or serious physical or psychological injury) per 1000 inpatient days**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	Rate of inpatient sentinel events defined as unexpected occurrence involving death or serious physical or psychological injury per 1000 inpatient days.
Calculation:	***Numerator***: Count number of inpatient sentinel events that occur in your facility during the reporting period. ***Denominator***: Total number of patient days should be calculated using inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period. For the purpose of calculating this indicator, we are using the following abstract from DoH Standard for Adverse Events Management and Reporting **Sentinel Event**: Any unanticipated adverse event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not arising from the natural course of the patient's illness, including as defined by already published DOH standards as: • A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall. • Any intra-partum (related to the birth process) maternal death. • Any peri-natal death unrelated to a congenital condition in an infant having a birth weight greater than 2,000 grams. • Discharge of an infant to the wrong family. • Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose. • Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/decil.

	• Suicide of any patient or within 72 hours of inpatient discharge. • Surgery on the wrong patient or wrong body part (all events of surgery on the wrong patient or wrong body part are reviewable under the policy, regardless of the magnitude of the procedure or the outcome.). • Unanticipated death of a full-term infant. • Unintended retention of a foreign object in a patient after surgery or other procedure. • Rape or physical assault of a patient • Major Permanent loss of function unrelated to the natural course of illness or underlying condition. • Transmission of chronic or fatal disease or illness as a result of infusing blood or blood products or transplanting contaminated organs or tissues
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 patient days
International comparison if available	OECD Healthcare quality Indicators , AHRQ quality indicators, CQC intelligent reporting tool of UK
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system - See provided guidance on reporting and categorization

Type: Quality Indicator **Indicator Number:** QI002

KPI Description (title):	**Percentage of transfusion-associated adverse reactions**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE)
Definition:	Percentage of transfusion-associated adverse reactions that are possibly, probably, or definitely related to a transfusion of blood products per 100 transfused units.
Calculation:	***Numerator:*** Count number of defined adverse reactions (see below) that occurred during the reporting period. ***Denominator:*** Total number of units transfused during the reporting period. **Defined Adverse Reactions:** • Transfusion-associated circulatory overload (TACO) • Transfusion-related acute lung injury (TRALI) • Transfusion-associated dyspnea (TAD) • Allergic reaction (where severity is severe, life threatening, or death) – Anaphylactic / Anaphylactoid reactions • Hypotensive transfusion reaction • Febrile non-hemolytic transfusion reaction (FNHTR) • Acute hemolytic transfusion reaction (AHTR) • Delayed hemolytic transfusion reaction (DHTR) • Delayed serologic transfusion reaction (DSTR) • Transfusion-associated graft vs. host disease (TAGVHD) • Post-transfusion purpura (PTP) • Transfusion-transmitted infection (TTI)
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
International comparison if available	National Healthcare Safety Network Biovigilance Component Hemovigilance Module Surveillance Protocol
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system - Blood bank department transfusion card - Patient medical record

Type: Quality Indicator **Indicator Number:** QI003

KPI Description (title):	**Rate of selected reported Adverse Incidents (level 1-3) per 1000 inpatient days**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	Rate of low rank reported Adverse Incidents (Level 1-3) per 1000 inpatient days.
Calculation:	***Numerator***: Count of all inpatient reported medical or nonmedical Adverse Incidents (level 1-3) during the reporting period. An adverse event is an injury related to medical or non-medical management, in contrast to complications of disease. Medical management includes all aspects of care, including diagnosis and treatment, failure to diagnose or treat, and the systems and equipment used to deliver care. Some definition to be used in reporting on this standard are: **Adverse Incidents:** An incident can be at the following four levels: • ***Level One***: A reportable circumstance is a situation in which there was significant potential for harm, but no incident occurred (i.e. a busy intensive care unit remaining grossly understaffed for an entire shift, or taking a defibrillator to an emergency and discovered that it does not work although it was not needed. • ***Level Two***: A near miss is an incident that did not reach the patient (e.g., a unit of blood being connected to the wrong patient's intravenous line, but the error was detected before the infusion started). • ***Level Three***: A no harm incident is one in which an event reached a patient but no discernable harm resulted (e.g., if the unit of blood was infused, but was not incompatible. • ***Level Four***: A harmful incident (adverse event) is an incident that results in harm to a patient. (e.g., injury, fracture, laceration, wound etc.,) ***Denominator:*** Total number of inpatient days should be calculated using ONLY inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012 during the reporting period.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 inpatient days

International comparison if available	CQC of UK with modification following discussion with local experts and taking local culture into consideration
Desired direction:	Higher is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system - See provided guidance on reporting and categorization

Type: Quality Indicator **Indicator Number:** QI004

KPI Description (title):	**Percentage of Surgical Site Infection (SSI) for Abdominal Hysterectomy (HYST)**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of Abdominal Hysterectomy per 100 operative procedures
Calculation and criteria to define SSI in Abdominal Hysterectomy (HYST)	***Numerator:*** Number of all SSI identified within 30 days for all patients undergoing Abdominal Hysterectomy (HYST) ***Abdominal Hysterectomy CPT Codes*** *(58150, 58152, 58180, 58200, 58210, 58541, 58542, 58543, 58544, 58548, 58570, 58571, 58572, 58573, 58951, 58953, 58954, 58956)* ***Denominator:*** Total number of all patients undergoing Abdominal Hysterectomy during the reporting period ***SSI could be presented as:*** **Superficial incisional SSI:** Must meet the following criteria: Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) **AND** involves only skin and subcutaneous tissue of the incision **AND** patient has at least ***one*** of the following: a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. **AND** patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. d) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee. **Deep incisional SSI:** Must meet the following criteria: The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 **AND**

	involves deep soft tissues of the incision (for example, fascial and muscle layers) **AND** patient has at least ***one*** of the following: a) purulent drainage from the deep incision. b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee **AND** organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed **AND** patient has at least ***one*** of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion. c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test. **Organ/Space SSI:** Must meet the following criteria: Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2 **AND** infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure **AND** patient has at least ***one*** of the following: a) purulent drainage from a drain that is placed into the organ/space(for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage) b) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection. **AND**

	meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter. **REPORTING INSTRUCTIONS for Superficial SSI** ***The following do not qualify as criteria for meeting the definition of superficial SSI***: a) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration) b) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound. c) Diagnosis/treatment of "cellulitis" (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis. d) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module. e) An infected burn wound is classified as BURN and is not reportable under this module. **Definition of an NHSN Operative Procedure** An NHSN Operative Procedure is a procedure: a) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping **And** b) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure **And** c) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated11. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab. **Denominator exclusions:** Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage

International comparison if available	OECD, AHRQ and DOH standards
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient medical record.

Type: Quality Indicator **Indicator Number:** QI005

KPI Description (title):	**Rate of Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Rate of perioperative pulmonary embolism or deep vein thrombosis (secondary diagnosis) for patients ages 18 years and older.
Calculation:	***Numerator:*** All adults (18 years of age and older) who have undergone a surgical procedure listed in Appendix A – CPT Operating Procedure codes and developed Deep Vein Thrombosis or Pulmonary Embolism (secondry diagnosis) within 30 days from the date of procedure. ***Codes: :(Primary and Secondary Diagnosis Codes)*** ***Secondary ICD-10-CM Diagnosis Codes, as follows:*** • ***Deep Vein Thrombosis:*** ***ICD 10 CM Codes****: (I80.201, I80.202, I80.203, I80.209, , I80.211, I80.212, I80.213, I80.219, I80.221, I80.222, I80.223, I80.229, I80.231, I80.232, I80.233, I80.239, I80.291, I80.292, I80.293, I80.299, , I82.401, I82.402, I82.403, I82.409, I82.411, I82.412, I82.413, I82.419, I82.421, I82.422, I82.423, I82.429, I82.431, I82.432, I82.433, I82.439, I82.441, I82.442, I82.443, I82.449, I82.491, I82.492, I82.493, I82.499, I82.4Y1, I82.4Y2, I82.4Y3, I82.4Y9, I82.4Z1, I82.4Z2, I82.4Z3, I82.4Z9, I82.890, I82.90)* • ***Pulmonary Embolism:*** ***ICD 10 CM Codes:*** *(I26.01,I26.02,I26.09,I26.90,I26.92,I26.99)* ***Denominator:*** Total number of patients (18 years and older) who have undergone any surgical procedure listed CPT procedures codes specified in ***Appendix A – 1*** during the reporing period **Denominator Inclusions**: • Patients ages 18 years and older • Patients with surgical procedure listed in **Appendix A – 1 CPT Operating Procedure Codes** **Denominator Exclusions**: *Patients with a principal ICD-10-CM Diagnosis Code or secondary diagnosis present on admission for:* o *o Deep Vein Thrombosis (please see above)* o *o Pulmonary Embolism (please see above)* o *o Patients where a procedure for interruption of vena cava occurs before or on the same date as the*

	first operating room procedure (CPT Procedure Code: 37619 Ligation of inferior vena cava, 37191Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed, ○ Long term care patients with service codes 17-13 17-14 17-15 17-16 They will be reported under LTCF Jawda Guidance
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1,000 surgical cases
International comparison if available	Mainly using source of AHRQ QI™ Version 5.0, Patient Safety Indicators #12, Technical Specifications, Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate Also using OECD, CQC of UK with modification following discussion with local experts and taking local culture into consideration.
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event system and complication log - Based on list of discharged patients with specific ICD 10 Diagnosis and Procedure codes - Patient medical record.

Type: Quality Indicator **Indicator Number:** QI006

KPI Description (title):	**Rate of Healthcare-Associated Multidrug-Resistant Organism (MDRO) Bloodstream Infection (All inpatients)**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Rate of the healthcare-associated MDRO bloodstream infections who meet MDRO definitions during the reporting period.
Calculation and criteria to define n (MDRO) infections	***Numerator:*** Count the total number of MDRO infections that meets MDRO definitions. Exclusion: Repeated infection for the same type during 14 days from Date of Event ***Denominator:*** Total number of inpatient days should be calculated using ONLY inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period. ***MDRO Definitions:*** ***KPI MDRO-01*** – Methicillin-resistant Staphylococcus aureus (MRSA): Number of ***S. aureus*** isolates cultured from blood specimen that test oxacillin-resistant by standard susceptibility testing methods. ***KPI MDRO-02*** – Vancomycin-resistant Enterococci (VRE): Number of ***Enterococcus faecalis, Enterococcus faecium, and other Enterococcus species*** isolates cultured from blood specimen that test resistant to vancomycin by standard susceptibility testing methods. ***KPI MDRO-03-*** CephR-Klebsiella: Number of ***Klebsiella oxytoca*** **or** ***Klebsiella pneumoniae*** isolates cultured from blood specimen that test non-susceptible (specifically, either resistant or intermediate) to at least ONE of the following cephalosporin antibiotics: *ceftazidime, cefotaxime, ceftriaxone, or cefepime* by standard susceptibility testing methods ***KPI MDRO-04*** – Carbapenemase-Producing Organisms (CPO): Number of ***Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae*****, and** ***Enterobacter spp.*** isolates cultured from blood specimen that test resistant by standard susceptibility testing methods to at least ONE of the following carbapenem antibiotics: (Carbapenem, Imipenem, Meropenem, Doripenem)

	Inclusions: - Patient admitted to hospital (Inpatients) only, including ICU and non-ICU inpatient wards - Healthcare Facility-Onset (HO): specimen collected >3 days after admission to the facility (specifically: on or after day 4 after admission, with the admission day counting as day one). • Isolates identified from clinical specimen only (diagnosis and treatment of infection) • Isolates from blood culture specimen only. First isolate per patient only during a 14 day interval. **Exclusion:** • Community-Onset (CO): Positive lab tests results for specimens collected at an inpatient location ≤3 days after admission to the facility (i.e., on day 1, 2 or 3 after admission, with the admission day counting as day one. • MDROs from patients in an outpatient location (e.g. outpatient clinics, emergency department, home nursing). • MDROs from patients in an Inpatient Rehabilitation Facility or Inpatient Psychiatric Facility • Duplicate MDRO isolates for the same patient and specimen type (blood) within 14 days after the first MDRO isolate, based on specimen collection date. • Isolates identified through screening or active surveillance:
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	Indicators are based on US CDC NHSN MDRO/CDI Module: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf) OECD Quality indicators, AHRQ, CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	a) Lab test results of all specimen b) Captured by microbiologist and infection control team/ nursing as part of regular surveillance activities and infection control documentation. c) Patient medical record.

Type: Quality Indicator **Indicator Number:** QI007

KPI Description (title):	**30-day all-cause readmission rate for patients with planned Hernia repair procedure**
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of unplanned readmission for adult patients (18 years and older) undergoing a planned hernia repair within 30 days of discharge. All related and unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator:*** Count of adult patients with unplanned readmission to any facility within 30 days of being discharge from hospital for having a planned Hernia Repair (all types). (***If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator***). ***Denominator:*** Number of adult patients with planned hernia repair discharged during the reporting period. **Hernia Repair CPT Code:** (49505,49520,49525,49540,49550,49555,49560,49565,49568,49570,49580, 49585,49650,49651,49652,49656,49659) ***Denominator exclusions:*** • Patients who are discharged/left against medical advice (AMA). • Patients having a planned hernia repair procedure during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 hernia discharges
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Mortality and Morbidity record - Hospital internal adverse event and incident report system - Hospital patient data source

Type: Quality Indicator **Indicator Number:** QI009

KPI Description (title):	**30-day all-cause readmission rate for patients with Pneumonia**
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of unplanned readmission within 30 days of discharge from index hospitalization with a principal discharge diagnosis of Pneumonia. All related and Unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator:*** Count of adult patients 18 years and older with unplanned readmission within 30 days of discharge from index hospitalization with principal discharge diagnosis of Pneumonia. (***If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator).*** ***Denominator:*** Number of adult patients 18 years and older discharged from hospital with principal discharge diagnosis of Pneumonia during the reporting period. ***Pneumonia ICD-10-CM Codes****; (J12.0, J12.1, J12.2, J12.81, J12.89, J12.9, J13, J14, J15.0, J15.1, J15.3 ,J15.4, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.2, J18.8, J18.9, J84.111, J84.113, J84.116, J84.117, J84.2, J85.1, J95.851, J95.4).* **Denominator exclusions:** • Patients who are discharged/left against medical advice (AMA) • Patients having a principal diagnosis of pneumonia during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 pneumonia discharges
International comparison if available	CMS: 2018 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	-Hospital internal adverse event and incident reporting system. -Mortality and morbidity record -Hospital patient data source

Type: Quality Indicator **Indicator Number:** QI010

KPI Description (title):	**30-day all-cause readmission rate for patients with Urinary Tract Infection (UTI)**
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of unplanned readmission within 30 days following discharge from index hospitalization with a principal discharge diagnose of UTI. All related and Unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator:*** Count of adult patients 18 years and older with unplanned readmission within 30 days of discharge from index hospitalization with principal discharge diagnosis of UTI. (***If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator***). ***Denominator:*** Number of all adult patients discharged from hospital with principal discharge diagnosis of UTI during the reporting period. **Denominator**: ***ICD 10 CM Codes*** *: N39.0, N30.00, N30.01, N30.30, N30.31, N30.40, N30.41,N30.80,N30.81,N30.90,N30.91,N13.6,N28.85,N28.86,A18.13,N33,N34.0, N34.1,N34.2,A18.10,A18.11,A18.12,A18.13,A54.00,A54.01, A54.1, A54.21, A56.00, A56.01,A59.03,A52.75,A52.76,B37.41, B37.49, N34.0,N34.1,N34.2, T83.510A, T83.510D, T83.510S, T83.511A, T83.511D, T83.511S, T83.512A, T83.512D, T83.512S, T83.518A, T83.518D, T83.518S, T83.590A, T83.590D, T83.590S, T83.591A, T83.591D, T83.591S, T83.592A, T83.592D, T83.592S, T83.593A, T83.593D, T83.593S, T83.598A, T83.598D, T83.598S, N15.1, N15.8, N15.9, N99.511, N99.521, N99.81* **Denominator exclusions:** - Chronic and recurrent UTI - ICD-10-CM Excluded codes; N11.0, N11.1, N11.8, N13.70, N13.71, N13.721, N13.722, N13.729, N13.731,N13.732, N13.739, N13.9, N30.10, N30.11, N30.20,N30.21,P37.5,P39.3,O03.38,O07.38,O03.88,O04.88,O08.83, O23.00,O23.01,O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20,O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O75.3, O86.20, O86.21, O86.22, O86.29 - Patients who are discharged/left against medical advice (AMA. - Patients having a principal diagnosis of UTI during the index hospitalization and subsequently transferred to another acute care facility.

	- Episodes with a discharge of death - Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 UTI discharges
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system. - Mortality and morbidity record - Hospital patient data source

Type: Quality Indicator **Indicator Number:** QI011

KPI Description (title):	**Rate of cardiopulmonary arrests outside critical care area per 1000 inpatient days**
Domain	Effectiveness
Sub-Domain	Mortality
Definition:	Rate of cardiopulmonary arrest incidents that occurred outside critical care area per 1000 inpatient day. **Definition Critical Care:** Clinical areas which are defined under the scope of critical care services (e.g. includes High dependency units and Special Care Baby Units (SCBU).
Calculation:	***Numerator:*** Count of all cardiac arrests occurring outside critical care irrespective of outcome during the reporting period. ***Denominator:*** Total number of inpatient days should be calculated using ONLY inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012). ***Indicator:*** Number In-hospital inpatient cardiopulmonary arrests that occurred outside the critical care area. ***Cardiac arrests occurring ICD-10 CM Codes****; (I46.2 I46.8,I46.9,I97.120,I97.121,I97.710,I97.711,O03.36,O03.86,O04.86,O07.36 ,O08.81,O29.111,O29.112,O29.113,O29.119 ,P29.81)* **Cardiac arrests occurring CPT Codes***; 92950* **Numerator inclusions:** • Cardiac or respiratory arrests outside of critical care wards • All inpatients: neonate, pediatric and adult **Numerator exclusions:** • Cardiac or respiratory arrests occurred in OR, ICU (critical care wards) and ED. • Cardiac or respiratory arrests occurred in outpatients or visitors • Still births • Patients that are prone to cardiac arrest but kept out of critical care due to clinical or palliative reasons .e.g.; patient with end stage cancer. • ***Denominator Excluded ICD-10 CM Codes****; (O36.4XX0 ,O36.4XX1,O36.4XX2,O36.4XX3,O36.4XX4,O36.4XX5,O36.4XX9,Z37.1 ,Z37.3,Z37.4,Z37.60,Z37.61,Z37.62,Z37.63,Z37.64,Z37.69,Z37.7,P95 ,I97.710,I97.711,I97.120,I97.121)*
Reporting Frequency:	Quarterly

Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	Definition based on IHI literature available on: http://www.ihi.org/Engage/Memberships/MentorHospitalRegistry/Pages/RapidResponseSystems.aspx modified to suit local culture and setting
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Data from telephone operator regarding activated code "blue" and "code pink" calls and CPR Record or a similar system. - Mortality and Morbidity Record - Patient Medical Record

Type: Quality Indicator **Indicator Number:** QI012

KPI Description (title):	**Rate of inpatient falls resulting in any injury per 1000 inpatient days**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	Rate of inpatient falls resulting in any injury per 1000 all inpatient Days
Calculation:	***Numerator:*** Count number of inpatient falls resulting in injury (minor, moderate, major, or death) to the patient during the reporting period. **Inclusions:** Inpatients falls with injury: minor, moderate, major, or death. **The National Database of Nursing Quality Indicators (NDNQI) definitions for injury follow**: **Minor**--resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion **Moderate**—resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain. **Major**—resulted in surgery, casting, traction, required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration) or patients with coagulopathy who receive blood products as a result of the fall. **Death**—the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall), **Denominator:** Total number of inpatient days should be calculated using ONLY inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period. **Denominator Inclusions:** • InPatients with a fall with injury during the reporting period. **Denominator exclusion:** Long term care patients with service codes 17-13 17-14 17-15 17-16 They will be reported under LTCF Jawda Guidance
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days

International comparison if available	• Developed locally by modifying similar indicators used by AHRQ, OECD and CQC following local discussion and taking local culture and setting into consideration • Definition is based on NDNQI Glossary & Reference Guide to Clinical Indicators, 2014
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal adverse event and incident reporting system

Type: Quality Indicator **Indicator Number:** QI013

KPI Description (title):	**Rate of hospital associated or worsening pressure injury (Stage II and above) per 1000 inpatient days**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	Hospital Associated or worsening Pressure Injury (Stage II and above) Rate per 1000 inpatient days).
Calculation:	***Numerator:*** Count of patients with hospital acquired or worsening pressure injury Stage II, III, IV, Unstageable or Deep Tissue Injury (DTI) Hospital associated or worsening Pressure Injury (Stage II and above) ICD-***10 CM Codes;*** *L89.000,L89.002,L89.003,L89.004, L89.010,L89.012,L89.013,L89.014,L89.020, L89.022,L89.023,L89.024,L89.100,L89.102, L89.103,L89.104,L89.110,L89.112,L89.113, L89.114,L89.120,L89.122,L89.123,L89.124, L89.130,L89.132,L89.133,L89.134,L89.140, L89.142,L89.143,L89.144,L89.150,L89.152, L89.153,L89.154,L89.200,L89.202,L89.203, L89.204,L89.210,L89.212,L89.213,L89.214, L89.220,L89.222,L89.223,L89.224,L89.300, L89.302,L89.303,L89.304,L89.310,L89.312, L89.313,L89.314,L89.320,L89.322,L89.323, L89.324,L89.42,L89.43,L89.44,L89.45, L89.500, L89.502,L89.503,L89.504,L89.510,L89.512, L89.513,L89.514,L89.520,L89.522,L89.523, L89.524,L89.600,L89.602,L89.603,L89.604,L89.610,L89.612, L89.613,L89.614,L89.620,L89.622,L89.623,L89.624,L89.810, L89.812,L89.813,L89.814,L89.890,L89.892,L89.893, L89.894,L89.92,L89.93,L89.94,L89.95* ***Guide on stage is defined below*;** **Category/Stage II: Partial thickness** Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled or sero-sanginous filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising*. This Category/Stage should not be used to describe skin tears, tape burns, incontinence associated with dermatitis, maceration or excoriation.

*Bruising indicates deep tissue injury.

Category/Stage III: Full thickness skin loss

Full thickness skin loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. The depth of a Category/Stage III pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and Category/Stage III Injury can be shallow. In contrast, areas of significant Quick Reference Guide Prevention 8 adiposity can develop extremely deep Category/Stage III pressure Injury. Bone/tendon is not visible or directly palpable.

Category/Stage IV: Full thickness tissue loss

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or scar may be present. Often included undermining and tunneling. The depth of a Category/Stage IV pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have (adipose) subcutaneous tissue and these Injury can be shallow. Category/Stage IV Injury can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis likely to occur. Exposed bone/muscle is visible or directly palpable.

Numerator inclusions:

- All Inpatients (Adult, Pediatric and Neonatal)
- Hospital Associated Pressure Injury (not present or present but with a lower stage on admission to hospital).

Numerator exclusions:

- Patients with pressure Injury present on admission, that stayed the same stage or improved following hospital stay
- Hospital Associated Pressure Stage I *(ICD- 10 CM Codes; L89.001, L89.011,L89.021,L89.101,L89.111, L89.121,L89.131,L89.141,L89.151, L89.201,L89.211,L89.221,L89.301,L89.311,L89.321,L89.41, L89.501,L89.511,L89.521,L89.601,L89.611, L89.621,L89.811,L89.891,L89.91.*
- Day care patients – Medical Management *(ICD-10 CM Code; 25-01*
- Day care patients – Procedures *(ICD-10 CM Code; 25-02*

Denominator: Total number of inpatient days should be calculated using ONLY inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period.

Denominator exclusion:

Long term care patients with service codes
17-13

	17-14 17-15 17-16 They will be reported under LTCF Jawda Guidance
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	CQC of UK with modification following discussion with local experts and taking local culture into consideration
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Manual Data Collection - Patient record or EMR (Medical Chart Review): Skin and Wound Assessment Chart- - Hospital internal adverse event system

Type: Quality Indicator **Indicator Number:** QI014

KPI Description (title):	**30-day all-cause readmission rate for patients with heart failure**
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of all unplanned readmissions within 30-days following discharge from index hospitalization with a principal discharge diagnosis of heart failure (HF). All related and unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator***: Count of adult patient 18 years and older with unplanned readmissions of heart failure within 30-days following discharge from index hospitalization with a principal discharge diagnosis of heart failure (HF). (***If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator****).* ***Denominator:*** Total number of adult patient 18 years and older having a principal discharge diagnosis of heart failure during the reporting period. ***Heart failure ICD-10-CM Codes;*** *I50.1,I50.20,I50.21, I50.22,I50.23,I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810,I50.811,I50.812,I50.813,I50.814,I50.82,I50.83,I50.84,I50.89 I50.9,I02.0,I01.8,I09.81,I13.0,I13.2,I11.0,I97.130,I97.131)* **Denominator exclusions:** • Admissions for patients who are discharged/left against medical advice (AMA) • Admissions for patients having a principal diagnosis of HF during the index hospitalization and subsequently transferred to another acute care facility • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 HF discharges
International comparison if available	CMS: 2018 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures
Desired direction:	Lower is better
Notes for all providers	

Data sources and guidance:	- Mortality and morbidity record - Hospital patient data source

Type: Quality Indicator **Indicator Number:** QI015

KPI Description (title):	**30-day all-cause readmission rate for patients with unplanned appendectomy procedure**
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of all unplanned readmission to any inpatient facility within 30 days of discharge from hospital after undergoing an emergency appendectomy of all types using all surgical methods. All related and Unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator*:** Count of adult patients 18 years and older with unplanned readmission to any hospital within 30 days of being discharged from general or specialist hospital post emergency appendectomy (all types and all approaches). (***If a patient has more than one unplanned admission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator****)* ***Denominator*:** Total number of adult patients who had an emergency appendectomy procedure and discharged during the reporting period. **Appendectomy *CPT Codes****; (44950, 44955, 44960, 44970)* **Denominator exclusions:** • Planned Readmissions. • Appendectomy for cancer cases. • Pheochromocytome. • Admissions for patients who are discharged/left against medical advice (AMA) • Admissions for patients having unplanned appendectomy procedure during the index hospitalization and subsequently transferred to another acute care facility • Operation where appendectomy is part of a larger procedure e.g., Meckel's diverticulum, right hemicolectomy etc…. • **Excluded: *ICD-10CM Codes*** *(C18.1,C74.00,C74.01,C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C79.70, C79.71, C79.72, D09.3,D35.00,D35.01,D35.02)* • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 Appendectomy discharges

International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital internal mortality and morbidity. - Hospital patient data source.

Type: Quality Indicator **Indicator Number:** QI016

KPI Description (title):	**CAUTI rate per 1000 device days (all inpatients)**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	**Catheter-associated UTI (CAUTI):** A UTI where an indwelling urinary catheter was in place for >2 calendar days on the date of event, with day of device placement being Day 1 ***AND*** An indwelling urinary catheter was in place on the date of event or the day before. If an indwelling urinary catheter was in place for > 2 calendar days and then removed, the date of event for the UTI must be the day of discontinuation or the next day for the UTI to be catheter-associated. **Indwelling catheter**: A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags). These devices are also called Foley catheters. Condom or straight in-and-out catheters are not included nor are nephrostomy tubes, ileoconduits, or suprapubic catheters unless a Foley catheter is also present. Indwelling urethral catheters that are used for intermittent or continuous irrigation are included in CAUTI surveillance. **Location of Attribution:** The inpatient location where the patient was assigned on the date of event is the location of attribution (**Exception to Location of Attribution:** *Transfer Rule*: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location) **Date of Event (Event Date):** The Date of Event is the date the first element used to meet site-specific infection criterion occurs for the first time within the seven-day infection window period. **Infection Window Period:** Infection Window Period is defined as the 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is an element of the site-specific infection criterion, was obtained, the 3 calendar days before and the 3 calendar days after. **Indwelling catheter days:** Indwelling urinary catheter days, which are the number of patients with an indwelling urinary catheter device, are collected daily, at the same time each day.

Calculation and Criteria to define CAUTI:	***Numerator:*** Number of patient with CAUTI that is identified during the period selected for surveillance. Exclusion: Repeated infection for the same type during 14 days from Date of Event ***Denominator***: Total number of catheter device days during the reporting period. Criteria used to define CAUTI in Adult Patients: **Criteria 1a.** Patient must meet 1, 2, and 3 below: • Patient had an indwelling urinary catheter that had been in place for > 2days on the date of event (day of device placement = Day 1) ***AND*** was either: • Still present on the date of event, OR • Removed the day before the date of event • Patient has at least ***one*** of the following signs or symptoms: 1. fever (>38.0°C) 2. suprapubic tenderness 3. costovertebral angle pain or tenderness 4. urinary urgency 5. urinary frequency 6. dysuria • Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of ≥105 CFU/ml. All elements of the UTI criterion must occur during the Infection Window Period **Criteria used to define CAUTI for Patients ≤1 year**: Patient must meet 1, 2, and 3 below: • Patient is ≤1 year of age (an indwelling urinary catheter in place for >2 calendar days)) • Patient has at least ***one*** of the following signs or symptoms: 1. fever (>38.0°C) 2. hypothermia (<36.0°C) 3. apnea 4. bradycardia 5. lethargy 6. vomiting 7. suprapubic tenderness • Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of ≥105 CFU/ml. All elements of the SUTI criterion must occur during the Infection Window Period. **Exclusion:**

	• Outpatients • Mixed flora • A urine specimen with "Mixed flora" cannot be used to meet the urine criterion. • The following organisms cannot be used to meet the UTI definition: • Candida species or yeast not otherwise specified • Mold • Dimorphic fungi or • Parasites • Long term care patients with service codes - 17-13 - 17-14 - 17-15 - 17-16 - They will be reported under LTCF Jawda Guidance
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 urinary catheter days
International comparison if available	AHRQ and DOH standards http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Type: Quality Indicator **Indicator Number:** QI017

KPI Description (title):	**CLABSI Rate per 1000 Central Line-Days (All inpatients)**
Domain	Patient Safety
Sub-Domain	Adverse Events (AE) and Sentinel events
Definition:	**Central line-associated BSI (CLABSI):** A laboratory-confirmed bloodstream infection (LCBI) where central line (CL) or umbilical catheter (UC) was in place for >2 calendar days on the date of event, with day of device placement being Day 1, **AND** A C or UC was in place on the date of event or the day before. If a CL or UC was in place for >2 calendar days and then removed, the date of event of the LCBI must be the day of discontinuation or the next day. If the patient is admitted or transferred into a facility with an implanted central line (port) in place, and that is the patient's only central line, day of first access in an inpatient location is considered Day1. "Access" is defined as line placement, infusion or withdrawal through the line. Such lines continue to be eligible for CLABSI once they are accessed until they are either discontinued or the day after patient discharged (as per the Transfer Rule). Note that the "de-access" of a port does not result in the patient's removal from CLABSI surveillance. **Central line**: An intravascular catheter that terminates at, close to the heart, or in one of the great vessels that used for infusion, withdrawal of blood, or hemodynamic monitoring. The following are considered great vessels for the purpose of reporting central-line BSI and counting central-line days in the NHSN system: 8. Aorta 9. Pulmonary artery 10. Superior vena cava 11. Inferior vena cava 12. Brachiocephalic veins 13. Internal jugular veins 14. Subclavian veins 15. External iliac veins 16. Common iliac veins 17. Femoral veins 18. In neonates, the umbilical artery/vein. **Umbilical catheter**: A central vascular device inserted through the umbilical artery or vein in a neonate. **Infusion:** The introduction of a solution through a blood vessel via a catheter lumen. This may include continuous infusions such as nutritional fluids or

	medications, or it may include intermittent infusions such as flushes, IV antimicrobial administration, or blood transfusion or hemodialysis. **Temporary central line:** A non-tunneled, non- implanted catheter. **Permanent central line**: Includes 19. Tunneled catheters, including certain dialysis catheters 20. Implanted catheters (including ports) **Location of Attribution:** The inpatient location where the patient was assigned on the date of event is the location of attribution (**Exception to Location of Attribution:** *Transfer Rule*: If the date of event is on the date of transfer or discharge, or the next day, the infection is attributed to the transferring/discharging location) **Date of Event (Event Date):** The Date of Event is the date the first element used to meet site-specific infection criterion occurs for the first time within the seven-day infection window period. **Infection Window Period:** Infection Window Period is defined as the 7-days during which all site-specific infection criteria must be met. It includes the day the first positive diagnostic test that is an element of the site-specific infection criterion, was obtained, the 3 calendar days before and the 3 calendar days after. **Central Line days** are the number of patients with an indwelling central lines, are collected daily, at the same time each day.
Calculation and Criteria to define CLABSI:	***Numerator:*** Each CLABSI that is identified during the period selected for surveillance in all inpatient setting patients Exclusion: Repeated infection for the same type during 14 days from Date of Event ***Denominator***: Number of all central line days for all patients during the reporting period. **Exclusion:** - MBI-LCBI - Secondary bloodstream infections - Pediatric (it will be repoted under pediatric jawda guidance) - Neonates (from zero to 28 days) it will be reported under maternal jawda guidance **Laboratory-Confirmed Bloodstream Infection (LCBI) Criteria to define BSI:** **LCBI 1.** • Patient has a recognized pathogen cultured from one or more blood cultures

	AND • Organism cultured from blood is not related to an infection at another site **LCBI 2.** • Patient has at least one of the following signs or symptoms: fever (>38.0C), chills, or hypotension **AND** • Organism cultured from blood is not related to an infection at another site **AND** The same common commensal (i.e., diphtheroids [*Corynebacterium* spp. not *C. diphtheriae*], *Bacillus* spp. [not *B. anthracis*], *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., and *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions. **LCBI 3 (In Patients ≤ 1 year)** • Patient ≤ 1 year of age has at least ***one*** of the following signs or symptoms: fever (>38.0C), hypothermia (<36.0C), apnea, or bradycardia **AND** • Organism cultured from blood is not related to an infection at another site, **AND** The same common commensal (i.e., diphtheroids [*Corynebacterium* spp. not *C. diphtheriae*], *Bacillus* spp. [not *B. anthracis*], *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., and *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 central line days
International comparison if available	AHRQ and DOH standards http://www.cdc.gov/nhsn/acute-care-hospital/CLABSI/index.html
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Captured by infection control team • Patient's records • Lab reports • Hospital internal mortality and morbidity

Type: Quality Indicator **Indicator Number:** QI018

KPI Description (title):	**Percentage of surgical site infection (SSI) for appendectomy procedures**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Percentage of patients meeting CDC NHSN SSI infection criteria within 30 days of emergency appendectomy surgery procedure.
Calculation and Criteria to define SSI in appendectomy:	***Numerator:*** Number of all SSI identified within 30 days of emergency appendectomy during the reporting period. ***Denominator***: Total number of all patients undergoing emergency appendectomy during the reporting period. **Appendectomy CPT Codes:(** 44950, 44955, 44960, 44970) ***SSI could be presented as:*** **Superficial incisional SSI:** Must meet the following criteria: Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) **AND** involves only skin and subcutaneous tissue of the incision **AND** patient has at least ***one*** of the following: e) purulent drainage from the superficial incision. f) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). g) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. **AND** patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. h) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee. **Deep incisional SSI:** Must meet the following criteria:

The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2
AND
involves deep soft tissues of the incision (for example, fascial and muscle layers)
AND
patient has at least ***one*** of the following:

d) purulent drainage from the deep incision.
e) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee
AND
organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed
AND
patient has at least ***one*** of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.
f) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:
Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2
AND
infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure
AND
patient has at least ***one*** of the following:

d) purulent drainage from a drain that is placed into the organ/space(for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
e) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST).
f) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

	AND meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter. **REPORTING INSTRUCTIONS for Superficial SSI** ***The following do not qualify as criteria for meeting the definition of superficial SSI***: f) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration) g) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound. h) Diagnosis/treatment of "cellulitis" (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis. i) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module. j) An infected burn wound is classified as BURN and is not reportable under this module. **Definition of an NHSN Operative Procedure** An NHSN Operative Procedure is a procedure: d) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping **And** e) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure **And** f) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated[11]. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab. **Denominator exclusions:** Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.
Reporting Frequency:	Quarterly

Unit of Measure:	Rate per 100 Appendectomy SSI
International comparison if available	Developed locally by modifying similar indicators used by CDC/ NHSN
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. - Patient's records - Hospital internal mortality and morbidity

Type: Quality Indicator **Indicator Number**: QI027

KPI Description (title):	**Percentage of surgical Site Infection (SSI) for Cholecystectomy procedures (CHOL)**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Rate of all patients developing an SSI within 30 days all cholecystectomy procedures
Calculation and criteria to define SSI Cholecystectomy	***Numerator:*** Number of all SSI identified within 30 days of cholecystectomy procedures during the reporting period. ***Denominator***: Total number of all patients who have undergone a cholecystectomy procedures within the reporting period. **Cholecystectomy** CPT Codes; (47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620) ***SSI could be presented as:*** **Superficial incisional SSI:** ***Must meet the following criteria***: Date of event for infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date) **AND** involves only skin and subcutaneous tissue of the incision **AND** patient has at least ***one*** of the following: a) purulent drainage from the superficial incision. b) organisms identified from an aseptically obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c) superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed. **AND** patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. d) diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee. **Deep incisional SSI:** Must meet the following criteria:

The date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2

AND
involves deep soft tissues of the incision (for example, fascial and muscle layers)
AND
patient has at least ***one*** of the following:

a) purulent drainage from the deep incision.
b) a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician** or other designee
   AND
   organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST) or culture or non-culture based microbiologic testing method is not performed
   AND
   patient has at least ***one*** of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture or non-culture based test that has a negative finding does not meet this criterion.
c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

Organ/Space SSI: Must meet the following criteria:
Date of event for infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2
AND
infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure
AND
patient has at least ***one*** of the following:

a) purulent drainage from a drain that is placed into the organ/space(for example, closed suction drainage system, open drain, T-tube drain, CT guided drainage)
b) organisms are identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method, which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST).
c) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

AND

	meets at least ***one*** criterion for a specific organ/space infection site listed in Table 3. These criteria are found in the Surveillance Definitions for Specific Types of Infections chapter. **REPORTING INSTRUCTIONS for Superficial SSI** ***The following do not qualify as criteria for meeting the definition of superficial SSI***: k) A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration) l) A localized stab wound or pin site infection. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this guidance. Note: a laparoscopic trocar site for an NHSN operative procedure is not considered a stab wound. m) Diagnosis/treatment of "cellulitis" (redness/warmth/swelling), by itself, does not meet criterion for superficial incisional SSI. An incision that is draining or culture (+) is not considered a cellulitis. n) Circumcision is not an NHSN operative procedure. An infected circumcision site in newborns is classified as CIRC and is not reportable under this module. o) An infected burn wound is classified as BURN and is not reportable under this module. **Definition of an NHSN Operative Procedure** An NHSN Operative Procedure is a procedure: g) that is included in the ICD-10-PCS or CPT NHSN operative procedure code mapping **And** h) takes place during an operation where at least one incision (including laparoscopic approach and cranial Burr holes) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure **And** i) takes place in an operating room (OR), defined as a patient care area that met the Facilities Guidelines Institute's (FGI) or American Institute of Architects' (AIA) criteria for an operating room when it was constructed or renovated[11]. This may include an operating room, C-section room, interventional radiology room, or a cardiac catheterization lab. **Denominator exclusions:** Procedures that are assigned an ASA score of 6 are not eligible for NHSN SSI surveillance.
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 Cholecystectomy SSI

International comparison if available	CDC, AHRQ
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Hospital internal adverse event system and complication log. • Infection control team/nursing

Type: Quality Indicator **Indicator Number:** QI028

KPI Description (title):	**30-day all-cause unplanned hospital readmission rate for Cholecystectomy**
Domain	Effectiveness
Sub-Domain	Readmission
Definition:	Percentage of unplanned readmissions for adult patients (18 years and older) within a 30-days of discharge from **the index Cholecystectomy admission (All approaches, elective and emergency**). All related and unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator:*** number of unplanned adult admissions to hospital within 30-days of discharge from the index **Cholecystectomy admission.** (*If a patient has more than one readmission within 30 days of discharge from the index admission, only the first is considered as readmission count for numerator).* ***Denominator:*** Number of adult patients who were discharged after a cholecystectomy procedure during the index admission. **Cholecystectomy CPT Codes**: (47562, 47563, 47564, 47570, 47600, 47605, 47610, 47612, 47620) ***Denominator exclusion***: • Patients who are discharged/left against medical advice (AMA) • Patients having a principal procedure of **Cholecystectomy** during the index hospitalization and subsequently transferred to another acute care facility. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge
Reporting Frequency	Rate per 100 Cholecystectomy discharges
Unit of Measure:	Percentage
International comparison if available	Developed locally by modifying similar indicators used by AHRQ, OECD and CQC
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Mortality and morbidity record • Hospital patient data source • OT register for surgeries

Type: Quality Indicator **Indicator Number:** QI029

KPI Description (title):	**30-day all-cause unplanned hospital readmission rate for medical and surgical patients**
Domain	Patient safety
Sub-Domain	Readmission
Definition:	Percentage of patients 18 years and older who were re- admitted to a hospital for any condition, including a different condition than the reason for their original hospital admission. All related and unrelated readmissions to be included (indicate if it related or un related in the notes section).
Calculation:	***Numerator*:** Number of adult inpatients who were readmitted to a hospital within 30 days of discharge from index hospitalization. (*If a patient has more than one readmission within 30 days of discharge from the index admission, only the first is considered as readmission).* **Numerator exclusions**; Presence of at least one record in the episode with one of the following: • Admision for delivery (any ICD-10-CM for Z37code serious) • Admission for chemotherapy for neoplasm (ICD-10-CM Z51.11) • Admission for mental illness (any ICD10-CM for (F01-F99 code series) • Admission for palliative care (ICD-10-CM: Z51.5) ***Denominator:*** Total number of adult inpatients discharged from a hospital during the reporting period. **Denominator exclusion** • -Admissions for patients who are discharged/left against medical advice (AMA) • Readmissions for patients who were transferred to another acute care facility during the index hospitalization • Records with an invalid discharge date or time. • Episodes with a discharge of death • Readmissions within 30 days from the index discharge • Principal diagnosis of malignancy / Treatment of oncology/ Admission for chemotherapy for neoplasm(ICD-10-CM Z51.11) • Principal diagnosis of rehabilitation • Admission for delivery (any ICD-10-CM for Z37code serious) • Admission for mental illness (any ICD10-CM for (F01-F99 code series)

	• Admission for palliative care (ICD-10-CM: Z51.5)
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 100 readmission
International comparison if available	Health Quality Ontario
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	- Hospital patient data source

Type: Quality Indicator **Indicator Number:** QI030

KPI Description (title):	**Rate of unexpected ICU admissions within 24 hours of surgical procedure**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Rate of unplanned admissions to an ICU within 24 hours of a surgical procedure. An unplanned ICU admission ***is defined*** as an admission to ICU that was not planned more than twenty-four hours in advance of admission to the ICU.
Calculation:	***Numerator:*** Number of unplanned admissions to an intensive care unit (ICU) within 24 hours of a surgical procedure **Numerator exclusions:** • Cases with emergency admissions to ICU • Cases admitted in ICU before surgery ***Denominator:*** All patients(includes outpatient,inpatient, & daycase) with surgical procedures listed in ***Appendix A – 1 CPT Operating Room Procedure Codes***
Inclusion	
Exclusion	
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 surgical procedures
International comparison if available	• Vlayen A, Verelst S, Bekkering GE, Schrooten W, Hellings J, Claes N. Incidence and preventability of adverse events requiring intensive care admission: A systematic review. J Eval Clin Pract 2012;18:485-97 • Piercy M, Lau S, Loh E, Reid D, SantLAMAria J, Mackay P. Unplanned admission to the Intensive Care Unit in postoperative patients – An indicator of quality of anaesthetic care? Anaesth Intensive Care 2006;34:592-8 • Haller G, Myles PS, Wolfe R, Weeks AM, Stoelwinder J, McNeil J. Validity of unplanned admission to an Intensive Care Unit as a measure of patient safety in surgical patients. Anesthesiology 2005;103:1121-9 • Assessment of an unplanned admission to the intensive care unit as a global safety indicator in surgical patients. Anaesth Intensive Care. 2008 Mar;36(2):190-200. https://www.ncbi.nlm.nih.gov/pubmed/18361010 • http://www.biomedsearch.com/article/Unplanned-admission-to-Intensive-Care/188739789.html

Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	• Hospital incident reports • Hospital ICU admission log

Type: Quality Indicator **Indicator Number**: QI031

KPI Description (title):	**Rate of healthcare associated infection (HAI) Clostridium Difficile Infection (CDI) in all adult inpatients**
Domain	Patient Safety
Sub-Domain	Complication
Definition:	Rate of healthcare associated Clostridium Difficile Infection (CDI) that meet CDI definitions during the reporting period.
Criteria to define HAI) Clostridium Difficile Infection (CDI)	***Numerator:*** Total number of adult 18 years and older who meets ***NSHN CDI*** definitions for healthcare-associated C. difficile infections (CDI) i during the reporting period. Exclusion: Repeated infection for the same type during 14 days from Date of Event ***Denominator:*** Total number of adult inpatient days should be calculated using only inpatient bed definitions given on # page 10 of DoH CLAIMS & ADJUDICATION RULES (Version, 2012) during the reporting period. ***CDI Definitions:*** *both of the following criteria must be present:* ***1. At least one of the following:*** a) Three or more liquid or watery stools above what is normal for the patient within a 24-hour period b) Presence of toxic mega colon (abnormal dilation of the large bowel, documented radiologically) ***AND*** ***2. At least one of the following diagnostic criteria:*** a) a stool sample yields a positive laboratory test result for C. difficile toxin A or B, or a toxin-producing C. difficile organism is identified from a stool sample b) pseudomembranous colitis is identified during endoscopic examination or surgery or in histopathology examination of a biopsy specimen ***Numerator Inclusions:*** • All adult patients (=> 18 years old) • Patient admitted in hospital (Inpatients) • All Inpatient wards (Excluding Inpatient Rehabilitation Facilities and Inpatient Psychiatric Facilities) • Report all healthcare-associated infections where C. difficile, identified by a positive toxin result including toxin producing gene [PCR]), is the associated pathogen • Report each new CDI according to the Repeat Infection Timeframe (RIT) rule for HAIs

	***Numerator Exclusions*:** • Children 0-17 years old. Patients in NICU, PICU and pediatric locations • Present on Admission (POA) • Positive Lab Tests results for collected specimens in an outpatient location • Positive Lab Tests results for collected specimens in an Inpatient Rehabilitation Facility and Inpatient Psychiatric Facility
Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 inpatient days
International comparison if available	Indicators are based on US CDC NHSN MDRO/CDI Module: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf Quality indicators, AHRQ, healthcare associated infections definitions are based on CDC/NHSN Surveillance Definitions for Specific Types of Infectionshttps://www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosinfdef_current.pdf
Desired direction:	Lower is better
Notes for all providers	
Data sources and guidance:	d) Lab test results of all specimen e) Captured by infection control team/ nursing as part of regular surveillance activities and infection control documentation. f) Patient medical record.

Type: Quality Indicator **Indicator Number**: QI032

KPI Description (title):	**VAE (Ventilator associated event)**
Domain	Patient safety
Sub-Domain	Complication
Definition	VAEs are identified by using a combination of objective criteria: • Deterioration in respiratory status after a period of stability or improvement on the ventilator, • Evidence of infection or inflammation, and • Laboratory evidence of respiratory infection. The VAE rate per 1000 ventilator days is calculated by dividing the number of VAEs by the number of ventilator days and multiplying the result by 1000 (ventilator days). *NOTE: patient must be mechanically ventilated for at least 4 calendar days to fulfill VAE criteria (where the day of intubation and initiation of mechanical ventilation is day 1). The earliest date of event for VAE (the date of onset of worsening oxygenation) is day 3 of mechanical ventilation.*
Population	All adult patients 18 years and above who are being cared for in the hospital and are using a ventilator device.
Criteria to define VAE (Ventilator associated event)	***Numerator:*** *Check one:* ***Specific Event:** □ VAC *Ventilator-Associated Condition ,* □ IVAC *Infection related Ventilator-Associated Complication* □ PVAP *Possible Ventilator Associated Pneumonia* ***Specify Criteria Used:** **STEP 1: VAC (≥1 REQUIRED)** At least one: □ Daily min FiO2 increase ≥ 0.20 (20 points) for ≥ 2 days† OR □ Daily min PEEP increase ≥ 3 cm H2O for ≥ 2 days† †after 2+ days of stable or decreasing daily minimum values. **STEP 2: IVAC** Both criteria: □ Temperature > 38°C or < 36° OR □ White blood cell count ≥ 12,000 or ≤ 4,000 cells/mm3 AND □ A new antimicrobial agent(s) is started, and is continued for ≥ 4 days **STEP 3: PVAP** One of the following criteria is met: □ ***Criterion #1:*** Positive culture of one of the following specimens, meeting quantitative or semi-quantitative thresholds,‡ without requirement for purulent respiratory secretions: □ Endotracheal aspirate □ Lung tissue

	□ Broncho alveolar lavage □ Protected specimen brush ***OR*** □ ***Criterion #2:*** Purulent respiratory secretions‡ (defined as secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field [lpf, x100]) plus organism(s) identified from one of the following specimens (to include qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet criterion #1):‡ □ Sputum □ Endotracheal aspirate □ Lung tissue □ Broncho alveolar lavage □ Protected specimen brush OR □ ***Criterion #3***: One of the following positive tests (as outlined in the protocol): ‡ □ Organism(s) identified from pleural fluid □ Diagnostic test for Legionella species □ Lung histopathology □ Diagnostic test for selected viral pathogens ‡collected after 2 days of mechanical ventilation and within +/- 2 days of onset of increase in FiO2 or PEEP. ***Exclusion:*** If the date of the VAE (i.e., day 1 of the ≥ 2-day period of worsening oxygenation) occurs on the day of transfer/discharge or the next day, indicate the transferring /discharging facility, not the current facility of the patients in the comments box. This patient will be excluded from the numerator count of the hospital facility. For further information please see surveillance algorithm on page 18 of the VAE module: https://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf patients on high frequency ventilation or extracorporeal life support , Non-acute care locations in acute care facilities are not eligible to participate in VAE surveillance Do not report as VAE, if the date of event (date of onset of worsening oxygenation) is on or after the date of documentation that the patient is being supported for organ donation purposes. • Repeated infection for the same type during 14 days from Date of Event ***Denominator:*** Ventilator days: Number of patients managed with ventilator devices, are collected daily, at the same time each day. These daily counts are summed and only the total for the month is used. **Inclusion:** - All ventilator days are counted, including ventilator days for residents on mechanical ventilation for < 3 days. - Patients undergoing weaning from mechanical ventilation are included in ventilator day counts as long as the patient is receiving support from a mechanical ventilator and is eligible for VAE surveillance **Denominator exclusion:** Long term care patients with service codes

	17-13 17-14 17-15 17-16 They will be reported under LTCF Jawda Guidance
Reporting Frequency	Quarterly
Unit Measure	Rate per 1000 ventilator days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf https://www.cdc.gov/nhsn/inpatient-rehab/vae/index.html https://www.cdc.gov/nhsn/forms/57.112_VAE_BLANK.pdf
Desired Direction	Lower is better
Data Source	a. Captured by infection control team b. Patient's records c. Lab reports d. Hospital internal mortality and morbidity

Type: Quality Indicator **Indicator Number:** QI033

KPI Description (title):	**Pediatric ventilator-associated Pneumonia (ped. VAP)**
Domain	Patient safety
Sub-Domain	Complication
Definition:	Pneumonia (PNEU) identified by using a combination of imaging, clinical and laboratory criteria. For further information please see surveillance algorithm on page 6-5of the VAP module https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf
Population	(Ped VAP) surveillance is only applicable to patients in pediatric locations
Criteria to define (ped. VAP)	***Numerator:*** Number of pediatric patients who are mechanically ventilated and developed Pneumonia during the surveillance period Exclusion: Repeated infection for the same type during 14 days from Date of Event ***Denominator***: Device days and patient days are used for denominators: Number of patients managed with ventilator devices, are collected daily, at the same time each day. These daily counts are summed and only the total for the month is used. ***The VAP rate per 1000 ventilator days*** is calculated by dividing the number of VAP by the number of ventilator days and multiplying the result by 1000 (ventilator days). ***The Ventilator Utilization Ratio*** is calculated by dividing the number of ventilator days by the number of patient days.
Inclusion	Patient is defined to have Ventilator-associated Pneumonia ((pedVAP) if meets one the following imaging test result ***1 .Imaging test evidence:*** patient has Two or more serial chest imaging test results with at least one of the following new and persistent or progressive and persistent • Infiltrate • Consolidation • Cavitation • Pneumatoceles, in infants ≤1 year old ***AND***

	2. Sign & symptoms: Worsening gas exchange i.e., oxygen desaturations [for example pulse oximetry <94%], increased oxygen requirements, or increased ventilator demand). ***AND*** ***And at least three of the following:*** • Temperature instability • Leukopenia (≤4000 WBC/mm3) or leukocytosis (>15,000 WBC/mm3) and left shift(>10% band forms) • New onset of purulent sputum3 or change in character of sputum4, or increased respiratory secretions or increased suctioning requirements • Apnea, tachypnea5 , nasal flaring with retraction of chest wall or nasal flaring with grunting • Wheezing, rales6, or rhonchi • Cough • Bradycardia (<100 beats/min) or tachycardia (>170 beats/min)
Exclusion	Surveillance for PedVAP shall not be conducted in adult and neonatal locations Organisms that cannot be used to meet the VAP definition are as follows: 1) "Normal respiratory flora," "normal oral flora," "mixed respiratory flora," "mixed oral flora," "altered oral flora" or other similar results indicating isolation of commensal flora of the oral cavity or upper respiratory tract 2) The following organisms unless identified from lung tissue or pleural fluid specimens: a. *Candida* species* or yeast not otherwise specified b. coagulase-negative *Staphylococcus* species c. *Enterococcus* species **Note**: *Candida* species* or yeast not otherwise specified, coagulase-negative *Staphylococcus* species, and *Enterococcus* species identified from blood cannot be deemed secondary to a PNU2 or PNU3, unless the organism was also identified from a pleural fluid or lung tissue specimen d. **Candida* species isolated from sputum, endotracheal aspirate, broncho-alveolar lavage (BAL) specimens or protected specimen brushing combined with a matching organism isolated from a blood specimen can be used to satisfy the PNU3 definition. 3) Additionally, because organisms belonging to the following genera are typically causes of community-associated infections and are rarely or are not known to be causes of healthcare-associated infections, they are also excluded, and cannot be used to meet any NHSN definition: *Blastomyces, Histoplasma, Coccidioides, Paracoccidioides, Cryptococcus and Pneumocystis.* • *Long term care patients with service codes* - *17-13* - *17-14* - *17-15* - *17-16* - *They will be reported under LTCF Jawda Guidance*

Reporting Frequency:	Quarterly
Unit of Measure:	Rate per 1000 ventilator days
International comparison if available	https://www.cdc.gov/nhsn/pdfs/pscmanual/6pscvapcurrent.pdf
Desired direction:	Lower is better National Healthcare Safety Network report, data summary for 2013, Device-associated Module
Notes for all providers	
Data sources and guidance:	e. Captured by infection control team f. Patient's records g. Lab reports h. Hospital internal mortality and morbidity

Appendix A – 1 CPT Operating Room Procedure Codes (* ACS NSQIP CPT Codes)

CPT Code	CPT Code Description
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
11008	Removal of prosthetic material or mesh, abdominal wall for infection (e.g., for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin and subcutaneous tissues
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (e.g., excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15150	Tissue cultured epidermal auto graft, trunk, arms, legs; first 25 sq cm or less
15151	Tissue cultured epidermal auto graft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15155	Tissue cultured epidermal auto graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
15156	Tissue cultured epidermal auto graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15570	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	Delay of flap or sectioning of flap (division and inset); at trunk
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, Walking tube), any location
15731	Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	Flap; island pedicle
15750	Flap; neurovascular pedicle
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15760	Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area
15770	Graft; derma-fat-fascia
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	Graft for facial nerve paralysis; regional muscle transfer

15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	Excision, sacral pressure ulcer, with primary suture;
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	Excision, sacral pressure ulcer, with skin flap closure;
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	Excision, ischial pressure ulcer, with primary suture;
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	Excision, ischial pressure ulcer, with skin flap closure;
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	Excision, trochanteric pressure ulcer, with primary suture;
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15999	Unlisted procedure, excision pressure ulcer
19020	Mastotomy with exploration or drainage of abscess, deep
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19260	Excision of chest wall tumor including ribs
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following

	partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)
19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
19300	Mastectomy for gynecomastia
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19303	Mastectomy, simple, complete
19304	Mastectomy, subcutaneous
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
19316	Mastopexy
19318	Reduction mammaplasty
19324	Mammaplasty, augmentation; without prosthetic implant
19325	Mammaplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
19499	Unlisted procedure, breast

20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)
20100	Exploration of penetrating wound (separate procedure); neck
20101	Exploration of penetrating wound (separate procedure); chest
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	Exploration of penetrating wound (separate procedure); extremity
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation
20838	Replantation, foot, complete amputation
20900	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	Bone graft, any donor area; major or large
20910	Cartilage graft; costochondral
20920	Fascia lata graft; by stripper
20922	Fascia lata graft; by incision and area exposure, complex or sheet
20926	Tissue grafts, other (eg, paratenon, fat, dermis)
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20955	Bone graft with microvascular anastomosis; fibula
20956	Bone graft with microvascular anastomosis; iliac crest

20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
20999	Unlisted procedure, musculoskeletal system, general
21010	Arthrotomy, temporomandibular joint
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21034	Excision of malignant tumor of maxilla or zygoma
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	Excision of malignant tumor of mandible;
21045	Excision of malignant tumor of mandible; radical resection
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s))
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)

21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)

21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21215	Graft, bone; mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure

21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	Open treatment of orbital floor blowout fracture; periorbital approach
21387	Open treatment of orbital floor blowout fracture; combined approach
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	Open treatment of fracture of orbit, except blowout; with implant
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation

21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
21490	Open treatment of temporomandibular dislocation
21499	Unlisted musculoskeletal procedure, head
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21600	Excision of rib, partial
21610	Costotransversectomy (separate procedure)
21615	Excision first and/or cervical rib;
21616	Excision first and/or cervical rib; with sympathectomy
21620	Ostectomy of sternum, partial
21630	Radical resection of sternum;
21632	Radical resection of sternum; with mediastinal lymphadenectomy
21685	Hyoid myotomy and suspension
21700	Division of scalenus anticus; without resection of cervical rib
21705	Division of scalenus anticus; with resection of cervical rib
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application
21740	Reconstructive repair of pectus excavatum or carinatum; open
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
21750	Closure of median sternotomy separation with or without debridement (separate procedure)
21825	Open treatment of sternum fracture with or without skeletal fixation
21899	Unlisted procedure, neck or thorax
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)

22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional

	fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments

22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
22830	Exploration of spinal fusion
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849	Reinsertion of spinal fixation device
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22852	Removal of posterior segmental instrumentation
22855	Removal of anterior instrumentation
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22899	Unlisted procedure, spine
22999	Unlisted procedure, abdomen, musculoskeletal system
23000	Removal of subdeltoid calcareous deposits, open
23020	Capsular contracture release (eg, Sever type procedure)
23030	Incision and drainage, shoulder area; deep abscess or hematoma
23031	Incision and drainage, shoulder area; infected bursa
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	Claviculectomy; partial
23125	Claviculectomy; total
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus

23190	Ostectomy of scapula, partial (eg, superior medial angle)
23195	Resection, humeral head
23200	Radical resection of tumor; clavicle
23210	Radical resection of tumor; scapula
23220	Radical resection of tumor, proximal humerus
23395	Muscle transfer, any type, shoulder or upper arm; single
23397	Muscle transfer, any type, shoulder or upper arm; multiple
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	Tenotomy, shoulder area; single tendon
23406	Tenotomy, shoulder area; multiple tendons through same incision
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23480	Osteotomy, clavicle, with or without internal fixation;
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23515	Open treatment of clavicular fracture, includes internal fixation, when performed
23530	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23550	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;

23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed
23660	Open treatment of acute shoulder dislocation
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed
23800	Arthrodesis, glenohumeral joint;
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900	Interthoracoscapular amputation (forequarter)
23920	Disarticulation of shoulder;
23921	Disarticulation of shoulder; secondary closure or scar revision
23929	Unlisted procedure, shoulder
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area; less than 5 cm
24102	Arthrotomy, elbow; with synovectomy
24105	Excision, olecranon bursa
24110	Excision or curettage of bone cyst or benign tumor, humerus;
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	Excision, radial head
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck

24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)
24150	Radical resection of tumor, shaft or distal humerus
24152	Radical resection of tumor, radial head or neck
24155	Resection of elbow joint (arthrectomy)
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	Tendon lengthening, upper arm or elbow, each tendon
24310	Tenotomy, open, elbow to shoulder, each tendon
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	Tenolysis, triceps
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	Repair lateral collateral ligament, elbow, with local tissue
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	Repair medial collateral ligament, elbow, with local tissue
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
24360	Arthroplasty, elbow; with membrane (eg, fascial)
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	Arthroplasty, radial head;
24366	Arthroplasty, radial head; with implant
24400	Osteotomy, humerus, with or without internal fixation
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)

24495	Decompression fasciotomy, forearm, with brachial artery exploration
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty
24615	Open treatment of acute or chronic elbow dislocation
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed
24800	Arthrodesis, elbow joint; local
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900	Amputation, arm through humerus; with primary closure
24920	Amputation, arm through humerus; open, circular (guillotine)
24925	Amputation, arm through humerus; secondary closure or scar revision
24930	Amputation, arm through humerus; re-amputation
24931	Amputation, arm through humerus; with implant
24935	Stump elongation, upper extremity
24940	Cineplasty, upper extremity, complete procedure
24999	Unlisted procedure, humerus or elbow
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)

25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; less than 3 cm
25078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or greater
25085	Capsulotomy, wrist (eg, contracture)
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	Arthrotomy, wrist joint; with synovectomy
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25110	Excision, lesion of tendon sheath, forearm and/or wrist
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft

25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25170	Radical resection of tumor, radius or ulna
25210	Carpectomy; 1 bone
25215	Carpectomy; all bones of proximal row
25230	Radial styloidectomy (separate procedure)
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25248	Exploration with removal of deep foreign body, forearm or wrist
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	Tenodesis at wrist; flexors of fingers
25301	Tenodesis at wrist; extensors of fingers
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	Centralization of wrist on ulna (eg, radial club hand)

25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	Osteotomy, radius; distal third
25355	Osteotomy, radius; middle or proximal third
25360	Osteotomy; ulna
25365	Osteotomy; radius AND ulna
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	Osteoplasty, radius OR ulna; shortening
25391	Osteoplasty, radius OR ulna; lengthening with autograft
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	Osteoplasty, radius AND ulna; lengthening with autograft
25394	Osteoplasty, carpal bone, shortening
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	Repair of defect with autograft; radius OR ulna
25426	Repair of defect with autograft; radius AND ulna
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	Arthroplasty with prosthetic replacement; distal radius
25442	Arthroplasty with prosthetic replacement; distal ulna
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	Arthroplasty with prosthetic replacement; lunate
25445	Arthroplasty with prosthetic replacement; trapezium
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	Revision of arthroplasty, including removal of implant, wrist joint
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna

25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25652	Open treatment of ulnar styloid fracture
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25676	Open treatment of distal radioulnar dislocation, acute or chronic
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation
25695	Open treatment of lunate dislocation
25900	Amputation, forearm, through radius and ulna;
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909	Amputation, forearm, through radius and ulna; re-amputation
25915	Krukenberg procedure
25920	Disarticulation through wrist;
25922	Disarticulation through wrist; secondary closure or scar revision
25924	Disarticulation through wrist; re-amputation
25927	Transmetacarpal amputation;
25929	Transmetacarpal amputation; secondary closure or scar revision
25931	Transmetacarpal amputation; re-amputation
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; less than 3 cm
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon

26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	Tenolysis, extensor tendon, hand OR finger, each tendon
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	Tenotomy, flexor, palm, open, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26460	Tenotomy, extensor, hand or finger, open, each tendon
26471	Tenodesis; of proximal interphalangeal joint, each joint
26474	Tenodesis; of distal joint, each joint
26476	Lengthening of tendon, extensor, hand or finger, each tendon
26477	Shortening of tendon, extensor, hand or finger, each tendon
26478	Lengthening of tendon, flexor, hand or finger, each tendon

26479	Shortening of tendon, flexor, hand or finger, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	Opponensplasty; superficialis tendon transfer type, each tendon
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	Opponensplasty; hypothenar muscle transfer
26496	Opponensplasty; other methods
26497	Transfer of tendon to restore intrinsic function; ring and small finger
26498	Transfer of tendon to restore intrinsic function; all 4 fingers
26499	Correction claw finger, other methods
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26510	Cross intrinsic transfer, each tendon
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	Arthroplasty, metacarpophalangeal joint; each joint
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	Arthroplasty, interphalangeal joint; each joint
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	Pollicization of a digit
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	Transfer, finger to another position without microvascular anastomosis
26556	Transfer, free toe joint, with microvascular anastomosis
26560	Repair of syndactyly (web finger) each web space; with skin flaps
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts

26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	Osteotomy; metacarpal, each
26567	Osteotomy; phalanx of finger, each
26568	Osteoplasty, lengthening, metacarpal or phalanx
26580	Repair cleft hand
26587	Reconstruction of polydactylous digit, soft tissue and bone
26590	Repair macrodactylia, each digit
26591	Repair, intrinsic muscles of hand, each muscle
26593	Release, intrinsic muscles of hand, each muscle
26596	Excision of constricting ring of finger, with multiple Z-plasties
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989	Unlisted procedure, hands or fingers
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma

26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
27030	Arthrotomy, hip, with drainage (eg, infection)
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
27049	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; less than 5 cm
27054	Arthrotomy with synovectomy, hip joint
27057	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
27060	Excision; ischial bursa
27062	Excision; trochanteric bursa or calcification
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	Radical resection of tumor; innominate bone, total
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur
27080	Coccygectomy, primary
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue

27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27097	Release or recession, hamstring, proximal
27098	Transfer, adductor to ischium
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	Transfer iliopsoas; to greater trochanter of femur
27111	Transfer iliopsoas; to femoral neck
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	Osteotomy, iliac, acetabular or innominate bone;
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	Osteotomy, femoral neck (separate procedure)
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27202	Open treatment of coccygeal fracture
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed

27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27253	Open treatment of hip dislocation, traumatic, without internal fixation
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27280	Arthrodesis, sacroiliac joint (including obtaining graft)
27282	Arthrodesis, symphysis pubis (including obtaining graft)
27284	Arthrodesis, hip joint (including obtaining graft);
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	Interpelviabdominal amputation (hindquarter amputation)
27295	Disarticulation of hip
27299	Unlisted procedure, pelvis or hip joint
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305	Fasciotomy, iliotibial (tenotomy), open
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons

27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm
27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; less than 5 cm
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340	Excision, prepatellar bursa
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	Patellectomy or hemipatellectomy
27355	Excision or curettage of bone cyst or benign tumor of femur;
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, femur or knee
27372	Removal of foreign body, deep, thigh region or knee area
27380	Suture of infrapatellar tendon; primary
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	Tenotomy, open, hamstring, knee to hip; single tendon
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	Lengthening of hamstring tendon; single tendon
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg
27395	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons

27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release, open
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	Quadricepsplasty (eg, Bennett or Thompson type)
27435	Capsulotomy, posterior capsular release, knee
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448	Osteotomy, femur, shaft or supracondylar; without fixation
27450	Osteotomy, femur, shaft or supracondylar; with fixation
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure
27465	Osteoplasty, femur; shortening (excluding 64876)
27466	Osteoplasty, femur; lengthening

27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation

27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
27580	Arthrodesis, knee, any technique
27590	Amputation, thigh, through femur, any level;
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	Amputation, thigh, through femur, any level; re-amputation
27598	Disarticulation at knee
27599	Unlisted procedure, femur or knee
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	Decompression fasciotomy, leg; posterior compartment(s) only
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	Incision and drainage, leg or ankle; infected bursa
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; less than 5 cm
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle;
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia

27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
27645	Radical resection of tumor; tibia
27646	Radical resection of tumor; fibula
27647	Radical resection of tumor; talus or calcaneus
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27656	Repair, fascial defect of leg
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	Gastrocnemius recession (eg, Strayer procedure)
27695	Repair, primary, disrupted ligament, ankle; collateral
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	Arthroplasty, ankle;
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27705	Osteotomy; tibia
27707	Osteotomy; fibula
27709	Osteotomy; tibia and fibula
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	Osteoplasty, tibia and fibula, lengthening or shortening
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	Repair of nonunion or malunion, tibia; with sliding graft
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27726	Repair of fibula nonunion and/or malunion with internal fixation
27727	Repair of congenital pseudarthrosis, tibia
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia

27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27880	Amputation, leg, through tibia and fibula;
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)

27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	Amputation, leg, through tibia and fibula; re-amputation
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	Ankle disarticulation
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
27899	Unlisted procedure, leg or ankle
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28445	Open treatment of talus fracture, includes internal fixation, when performed
28446	Open osteochondral autograft, talus (includes obtaining graft[s])
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	Amputation, foot; transmetatarsal
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	Arthroscopy, elbow, surgical; synovectomy, partial
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability

29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29999	Unlisted procedure, arthroscopy
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31360	Laryngectomy; total, without radical neck dissection

31365	Laryngectomy; total, with radical neck dissection
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection
31370	Partial laryngectomy (hemilaryngectomy); horizontal
31375	Partial laryngectomy (hemilaryngectomy); laterovertical
31380	Partial laryngectomy (hemilaryngectomy); anterovertical
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31400	Arytenoidectomy or arytenoidopexy, external approach
31420	Epiglottidectomy
31580	Laryngoplasty; for laryngeal web, 2-stage, with keel insertion and removal
31587	Laryngoplasty, cricoid split
31590	Laryngeal reinnervation by neuromuscular pedicle
31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31599	Unlisted procedure, larynx
31750	Tracheoplasty; cervical
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage
31760	Tracheoplasty; intrathoracic
31766	Carinal reconstruction
31770	Bronchoplasty; graft repair
31775	Bronchoplasty; excision stenosis and anastomosis
31780	Excision tracheal stenosis and anastomosis; cervical
31781	Excision tracheal stenosis and anastomosis; cervicothoracic
31785	Excision of tracheal tumor or carcinoma; cervical
31786	Excision of tracheal tumor or carcinoma; thoracic
31800	Suture of tracheal wound or injury; cervical
31805	Suture of tracheal wound or injury; intrathoracic
31820	Surgical closure tracheostomy or fistula; without plastic repair
31825	Surgical closure tracheostomy or fistula; with plastic repair
31899	Unlisted procedure, trachea, bronchi
32035	Thoracostomy; with rib resection for empyema
32036	Thoracostomy; with open flap drainage for empyema
32100	Thoracotomy, major; with exploration and biopsy
32110	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32120	Thoracotomy, major; for postoperative complications
32124	Thoracotomy, major; with open intrapleural pneumonolysis
32140	Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure
32141	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure
32150	Thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit
32151	Thoracotomy, major; with removal of intrapulmonary foreign body
32160	Thoracotomy, major; with cardiac massage

32200	Pneumonostomy; with open drainage of abscess or cyst
32215	Pleural scarification for repeat pneumothorax
32220	Decortication, pulmonary (separate procedure); total
32225	Decortication, pulmonary (separate procedure); partial
32310	Pleurectomy, parietal (separate procedure)
32320	Decortication and parietal pleurectomy
32440	Removal of lung, total pneumonectomy;
32442	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	Removal of lung, total pneumonectomy; extrapleural
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482	Removal of lung, other than total pneumonectomy; 2 lobes (bilobectomy)
32484	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)
32486	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction
32540	Extrapleural enucleation of empyema (empyemectomy)
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651	Thoracoscopy, surgical; with partial pulmonary decortication
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage
32655	Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure
32656	Thoracoscopy, surgical; with parietal pleurectomy
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663	Thoracoscopy, surgical; with lobectomy, total or segmental

32664	Thoracoscopy, surgical; with thoracic sympathectomy
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32800	Repair lung hernia through chest wall
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	Open closure of major bronchial fistula
32820	Major reconstruction, chest wall (posttraumatic)
32900	Resection of ribs, extrapleural, all stages
32905	Thoracoplasty, Schede type or extrapleural (all stages);
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures
32999	Unlisted procedure, lungs and pleura
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)
33025	Creation of pericardial window or partial resection for drainage
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050	Excision of pericardial cyst or tumor
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	Resection of external cardiac tumor
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass

33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
33300	Repair of cardiac wound; without bypass
33305	Repair of cardiac wound; with cardiopulmonary bypass
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	Suture repair of aorta or great vessels; with shunt bypass
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33404	Construction of apical-aortic conduit
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	Aortoplasty (gusset) for supravalvular stenosis
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	Replacement, mitral valve, with cardiopulmonary bypass
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	Valvuloplasty, tricuspid valve; without ring insertion
33464	Valvuloplasty, tricuspid valve; with ring insertion
33465	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	Tricuspid valve repositioning and plication for Ebstein anomaly
33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475	Replacement, pulmonary valve

33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation
33510	Coronary artery bypass, vein only; single coronary venous graft
33511	Coronary artery bypass, vein only; 2 coronary venous grafts
33512	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	Coronary artery bypass, vein only; 4 coronary venous grafts
33514	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
33533	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33542	Myocardial resection (eg, ventricular aneurysmectomy)

33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair
33670	Repair of complete atrioventricular canal, with or without prosthetic valve
33675	Closure of multiple ventricular septal defects;
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset
33681	Closure of single ventricular septal defect, with or without patch;

33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset
33690	Banding of pulmonary artery
33692	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass
33722	Closure of aortico-left ventricular tunnel
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)
33726	Repair of pulmonary venous stenosis
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)
33764	Shunt; central, with prosthetic graft
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect

33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
33786	Total repair, truncus arteriosus (Rastelli type operation)
33788	Reimplantation of an anomalous pulmonary artery
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	Division of aberrant vessel (vascular ring);
33803	Division of aberrant vessel (vascular ring); with reanastomosis
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass
33820	Repair of patent ductus arteriosus; by ligation
33822	Repair of patent ductus arteriosus; by division, younger than 18 years
33824	Repair of patent ductus arteriosus; by division, 18 years and older
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)
33870	Transverse arch graft, with cardiopulmonary bypass
33875	Descending thoracic aorta graft, with or without bypass

33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922	Transection of pulmonary artery with cardiopulmonary bypass
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33999	Unlisted procedure, cardiac surgery
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision

34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
34501	Valvuloplasty, femoral vein
34502	Reconstruction of vena cava, any method
34510	Venous valve transposition, any vein donor
34520	Cross-over vein graft to venous system
34530	Saphenopopliteal vein anastomosis
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis

34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision

35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)

35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35180	Repair, congenital arteriovenous fistula; head and neck
35182	Repair, congenital arteriovenous fistula; thorax and abdomen
35184	Repair, congenital arteriovenous fistula; extremities
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35190	Repair, acquired or traumatic arteriovenous fistula; extremities
35201	Repair blood vessel, direct; neck
35206	Repair blood vessel, direct; upper extremity
35207	Repair blood vessel, direct; hand, finger
35211	Repair blood vessel, direct; intrathoracic, with bypass
35216	Repair blood vessel, direct; intrathoracic, without bypass
35221	Repair blood vessel, direct; intra-abdominal
35226	Repair blood vessel, direct; lower extremity
35231	Repair blood vessel with vein graft; neck
35236	Repair blood vessel with vein graft; upper extremity
35241	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	Repair blood vessel with vein graft; intrathoracic, without bypass
35251	Repair blood vessel with vein graft; intra-abdominal
35256	Repair blood vessel with vein graft; lower extremity
35261	Repair blood vessel with graft other than vein; neck
35266	Repair blood vessel with graft other than vein; upper extremity
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281	Repair blood vessel with graft other than vein; intra-abdominal
35286	Repair blood vessel with graft other than vein; lower extremity
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision

35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35351	Thromboendarterectomy, including patch graft, if performed; iliac
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral
35371	Thromboendarterectomy, including patch graft, if performed; common femoral
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35508	Bypass graft, with vein; carotid-vertebral
35509	Bypass graft, with vein; carotid-contralateral carotid
35510	Bypass graft, with vein; carotid-brachial
35511	Bypass graft, with vein; subclavian-subclavian
35512	Bypass graft, with vein; subclavian-brachial
35515	Bypass graft, with vein; subclavian-vertebral
35516	Bypass graft, with vein; subclavian-axillary
35518	Bypass graft, with vein; axillary-axillary
35521	Bypass graft, with vein; axillary-femoral
35522	Bypass graft, with vein; axillary-brachial
35523	Bypass graft, with vein; brachial-ulnar or -radial
35525	Bypass graft, with vein; brachial-brachial
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
35531	Bypass graft, with vein; aortoceliac or aortomesenteric
35533	Bypass graft, with vein; axillary-femoral-femoral
35535	Bypass graft, with vein; hepatorenal
35536	Bypass graft, with vein; splenorenal
35537	Bypass graft, with vein; aortoiliac
35538	Bypass graft, with vein; aortobi-iliac
35539	Bypass graft, with vein; aortofemoral
35540	Bypass graft, with vein; aortobifemoral
35556	Bypass graft, with vein; femoral-popliteal
35558	Bypass graft, with vein; femoral-femoral
35560	Bypass graft, with vein; aortorenal
35563	Bypass graft, with vein; ilioiliac
35565	Bypass graft, with vein; iliofemoral
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels

35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35583	In-situ vein bypass; femoral-popliteal
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	In-situ vein bypass; popliteal-tibial, peroneal
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606	Bypass graft, with other than vein; carotid-subclavian
35612	Bypass graft, with other than vein; subclavian-subclavian
35616	Bypass graft, with other than vein; subclavian-axillary
35621	Bypass graft, with other than vein; axillary-femoral
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35632	Bypass graft, with other than vein; ilio-celiac
35633	Bypass graft, with other than vein; ilio-mesenteric
35634	Bypass graft, with other than vein; iliorenal
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35637	Bypass graft, with other than vein; aortoiliac
35638	Bypass graft, with other than vein; aortobi-iliac
35642	Bypass graft, with other than vein; carotid-vertebral
35645	Bypass graft, with other than vein; subclavian-vertebral
35646	Bypass graft, with other than vein; aortobifemoral
35647	Bypass graft, with other than vein; aortofemoral
35650	Bypass graft, with other than vein; axillary-axillary
35654	Bypass graft, with other than vein; axillary-femoral-femoral
35656	Bypass graft, with other than vein; femoral-popliteal
35661	Bypass graft, with other than vein; femoral-femoral
35663	Bypass graft, with other than vein; ilioiliac
35665	Bypass graft, with other than vein; iliofemoral
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)
35691	Transposition and/or reimplantation; vertebral to carotid artery
35693	Transposition and/or reimplantation; vertebral to subclavian artery
35694	Transposition and/or reimplantation; subclavian to carotid artery
35695	Transposition and/or reimplantation; carotid to subclavian artery

35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity
35870	Repair of graft-enteric fistula
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft
35901	Excision of infected graft; neck
35903	Excision of infected graft; extremity
35905	Excision of infected graft; thorax
35907	Excision of infected graft; abdomen
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
37140	Venous anastomosis, open; portocaval
37145	Venous anastomosis, open; renoportal
37160	Venous anastomosis, open; caval-mesenteric
37180	Venous anastomosis, open; splenorenal, proximal
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and

	atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
37565	Ligation, internal jugular vein
37600	Ligation; external carotid artery
37605	Ligation; internal or common carotid artery
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37607	Ligation or banding of angioaccess arteriovenous fistula
37615	Ligation, major artery (eg, post-traumatic, rupture); neck
37616	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity
37650	Ligation of femoral vein
37660	Ligation of common iliac vein
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37788	Penile revascularization, artery, with or without vein graft
37790	Penile venous occlusive procedure
37799	Unlisted procedure, vascular surgery
38100	Splenectomy; total (separate procedure)
38101	Splenectomy; partial (separate procedure)
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120	Laparoscopy, surgical, splenectomy
38129	Unlisted laparoscopy procedure, spleen
38305	Drainage of lymph node abscess or lymphadenitis; extensive
38308	Lymphangiotomy or other operations on lymphatic channels
38380	Suture and/or ligation of thoracic duct; cervical approach
38381	Suture and/or ligation of thoracic duct; thoracic approach
38382	Suture and/or ligation of thoracic duct; abdominal approach
38542	Dissection, deep jugular node(s)

38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38589	Unlisted laparoscopy procedure, lymphatic system
38700	Suprahyoid lymphadenectomy
38720	Cervical lymphadenectomy (complete)
38724	Cervical lymphadenectomy (modified radical neck dissection)
38740	Axillary lymphadenectomy; superficial
38745	Axillary lymphadenectomy; complete
38746	Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure)
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)
38999	Unlisted procedure, hemic or lymphatic system
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200	Excision of mediastinal cyst
39220	Excision of mediastinal tumor
39499	Unlisted procedure, mediastinum
39501	Repair, laceration of diaphragm, any approach
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560	Resection, diaphragm; with simple repair (eg, primary suture)

39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
39599	Unlisted procedure, diaphragm
40500	Vermilionectomy (lip shave), with mucosal advancement
40510	Excision of lip; transverse wedge excision with primary closure
40520	Excision of lip; V-excision with primary direct linear closure
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	Resection of lip, more than one-fourth, without reconstruction
40650	Repair lip, full thickness; vermilion only
40652	Repair lip, full thickness; up to half vertical height
40654	Repair lip, full thickness; over one-half vertical height, or complex
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40804	Removal of embedded foreign body, vestibule of mouth; simple
40805	Removal of embedded foreign body, vestibule of mouth; complicated
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	Excision of mucosa of vestibule of mouth as donor graft
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	Unlisted procedure, vestibule of mouth
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial

41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41110	Excision of lesion of tongue without closure
41112	Excision of lesion of tongue with closure; anterior two-thirds
41113	Excision of lesion of tongue with closure; posterior one-third
41114	Excision of lesion of tongue with closure; with local tongue flap
41116	Excision, lesion of floor of mouth
41120	Glossectomy; less than one-half tongue
41130	Glossectomy; hemiglossectomy
41135	Glossectomy; partial, with unilateral radical neck dissection
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41599	Unlisted procedure, tongue, floor of mouth
41806	Removal of embedded foreign body from dentoalveolar structures; bone
41820	Gingivectomy, excision gingiva, each quadrant
41821	Operculectomy, excision pericoronal tissues
41822	Excision of fibrous tuberosities, dentoalveolar structures
41823	Excision of osseous tuberosities, dentoalveolar structures
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)
41830	Alveolectomy, including curettage of osteitis or sequestrectomy

41850	Destruction of lesion (except excision), dentoalveolar structures
42104	Excision, lesion of palate, uvula; without closure
42106	Excision, lesion of palate, uvula; with simple primary closure
42107	Excision, lesion of palate, uvula; with local flap closure
42120	Resection of palate or extensive resection of lesion
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate; major revision
42220	Palatoplasty for cleft palate; secondary lengthening procedure
42225	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
42260	Repair of nasolabial fistula
42299	Unlisted procedure, palate, uvula
42300	Drainage of abscess; parotid, simple
42305	Drainage of abscess; parotid, complicated
42320	Drainage of abscess; submaxillary, external
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral
42340	Sialolithotomy; parotid, extraoral or complicated intraoral
42408	Excision of sublingual salivary cyst (ranula)
42409	Marsupialization of sublingual salivary cyst (ranula)
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42440	Excision of submandibular (submaxillary) gland
42450	Excision of sublingual gland
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	Parotid duct diversion, bilateral (Wilke type procedure);
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands

42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42550	Injection procedure for sialography
42665	Ligation salivary duct, intraoral
42699	Unlisted procedure, salivary glands or ducts
42700	Incision and drainage abscess; peritonsillar
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42808	Excision or destruction of lesion of pharynx, any method
42809	Removal of foreign body from pharynx
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42821	Tonsillectomy and adenoidectomy; age 12 or over
42826	Tonsillectomy, primary or secondary; age 12 or over
42831	Adenoidectomy, primary; age 12 or over
42836	Adenoidectomy, secondary; age 12 or over
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42870	Excision or destruction lingual tonsil, any method (separate procedure)
42890	Limited pharyngectomy
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastamosis
42900	Suture pharynx for wound or injury
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	Pharyngoesophageal repair
42955	Pharyngostomy (fistulization of pharynx, external for feeding)
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
42999	Unlisted procedure, pharynx, adenoids, or tonsils
43020	Esophagotomy, cervical approach, with removal of foreign body

43030	Cricopharyngeal myotomy
43045	Esophagotomy, thoracic approach, with removal of foreign body
43100	Excision of lesion, esophagus, with primary repair; cervical approach
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43289	Unlisted laparoscopy procedure, esophagus
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula

43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)
43327	Esophagogastric fundoplasty partial or complete; laparotomy
43328	Esophagogastric fundoplasty partial or complete; thoracotomy
43330	Esophagomyotomy (Heller type); abdominal approach
43331	Esophagomyotomy (Heller type); thoracic approach
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach
43352	Esophagostomy, fistulization of esophagus, external; cervical approach
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400	Ligation, direct, esophageal varices
43401	Transection of esophagus with repair, for esophageal varices
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410	Suture of esophageal wound or injury; cervical approach

43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach
43420	Closure of esophagostomy or fistula; cervical approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43496	Free jejunum transfer with microvascular anastomosis
43500	Gastrotomy; with exploration or foreign body removal
43501	Gastrotomy; with suture repair of bleeding ulcer
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43605	Biopsy of stomach, by laparotomy
43610	Excision, local; ulcer or benign tumor of stomach
43611	Excision, local; malignant tumor of stomach
43620	Gastrectomy, total; with esophagoenterostomy
43621	Gastrectomy, total; with Roux-en-Y reconstruction
43622	Gastrectomy, total; with formation of intestinal pouch, any type
43631	Gastrectomy, partial, distal; with gastroduodenostomy
43632	Gastrectomy, partial, distal; with gastrojejunostomy
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	Gastrectomy, partial, distal; with formation of intestinal pouch
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
43651	Laparoscopy, surgical; transection of vagus nerves, truncal
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
43800	Pyloroplasty

43810	Gastroduodenostomy
43820	Gastrojejunostomy; without vagotomy
43825	Gastrojejunostomy; with vagotomy, any type
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy
43870	Closure of gastrostomy, surgical
43880	Closure of gastrocolic fistula
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
43999	Unlisted procedure, stomach
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025	Colotomy, for exploration, biopsy(s), or foreign body removal
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies

44120	Enterectomy, resection of small intestine; single resection and anastomosis
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	Enterectomy, resection of small intestine; with enterostomy
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140	Colectomy, partial; with anastomosis
44141	Colectomy, partial; with skin level cecostomy or colostomy
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147	Colectomy, partial; abdominal and transanal approach
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube
44188	Laparoscopy, surgical, colostomy or skin level cecostomy
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)

44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis
44238	Unlisted laparoscopy procedure, intestine (except rectum)
44310	Ileostomy or jejunostomy, non-tube
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316	Continent ileostomy (Kock procedure) (separate procedure)
44320	Colostomy or skin level cecostomy;
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620	Closure of enterostomy, large or small intestine;
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)
44640	Closure of intestinal cutaneous fistula
44650	Closure of enteroenteric or enterocolic fistula
44660	Closure of enterovesical fistula; without intestinal or bladder resection
44661	Closure of enterovesical fistula; with intestine and/or bladder resection
44680	Intestinal plication (separate procedure)
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)

44799	Unlisted procedure, intestine
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820	Excision of lesion of mesentery (separate procedure)
44850	Suture of mesentery (separate procedure)
44899	Unlisted procedure, Meckel's diverticulum and the mesentery
44900	Incision and drainage of appendiceal abscess; open
44950	Appendectomy;
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	Laparoscopy, surgical, appendectomy
44979	Unlisted laparoscopy procedure, appendix
45000	Transrectal drainage of pelvic abscess
45005	Incision and drainage of submucosal abscess, rectum
45020	Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess
45108	Anorectal myomectomy
45110	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	Proctectomy; partial resection of rectum, transabdominal approach
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123	Proctectomy, partial, without anastomosis, perineal approach
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof
45130	Excision of rectal procidentia, with anastomosis; perineal approach
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136	Excision of ileoanal reservoir with ileostomy
45150	Division of stricture of rectum
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed
45400	Laparoscopy, surgical; proctopexy (for prolapse)
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection
45499	Unlisted laparoscopy procedure, rectum
45505	Proctoplasty; for prolapse of mucous membrane
45540	Proctopexy (eg, for prolapse); abdominal approach
45541	Proctopexy (eg, for prolapse); perineal approach
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45560	Repair of rectocele (separate procedure)
45562	Exploration, repair, and presacral drainage for rectal injury;
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800	Closure of rectovesical fistula;
45805	Closure of rectovesical fistula; with colostomy
45820	Closure of rectourethral fistula;
45825	Closure of rectourethral fistula; with colostomy
45999	Unlisted procedure, rectum
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46700	Anoplasty, plastic operation for stricture; adult
46705	Anoplasty, plastic operation for stricture; infant
46706	Repair of anal fistula with fibrin glue
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;

46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	Sphincteroplasty, anal, for incontinence or prolapse; child
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
46999	Unlisted procedure, anus
47010	Hepatotomy; for open drainage of abscess or cyst, 1 or 2 stages
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47120	Hepatectomy, resection of liver; partial lobectomy
47122	Hepatectomy, resection of liver; trisegmentectomy
47125	Hepatectomy, resection of liver; total left lobectomy
47130	Hepatectomy, resection of liver; total right lobectomy
47300	Marsupialization of cyst or abscess of liver
47350	Management of liver hemorrhage; simple suture of liver wound or injury
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47379	Unlisted laparoscopic procedure, liver
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical
47399	Unlisted procedure, liver
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)

47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	Laparoscopy, surgical; cholecystoenterostomy
47579	Unlisted laparoscopy procedure, biliary tract
47600	Cholecystectomy;
47605	Cholecystectomy; with cholangiography
47610	Cholecystectomy with exploration of common duct;
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715	Excision of choledochal cyst
47720	Cholecystoenterostomy; direct
47721	Cholecystoenterostomy; with gastroenterostomy
47740	Cholecystoenterostomy; Roux-en-Y
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47802	U-tube hepaticoenterostomy
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
47999	Unlisted procedure, biliary tract
48000	Placement of drains, peripancreatic, for acute pancreatitis;
48020	Removal of pancreatic calculus
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy

48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	Excision of ampulla of Vater
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy
48155	Pancreatectomy, total
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48500	Marsupialization of pancreatic cyst
48510	External drainage, pseudocyst of pancreas; open
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545	Pancreatorrhaphy for injury
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)
48999	Unlisted procedure, pancreas
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	Reopening of recent laparotomy
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open
49040	Drainage of subdiaphragmatic or subphrenic abscess; open
49060	Drainage of retroperitoneal abscess; open
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49215	Excision of presacral or sacrococcygeal tumor

49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49321	Laparoscopy, surgical; with biopsy (single or multiple)
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
49402	Removal of peritoneal foreign body from peritoneal cavity
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open
49422	Removal of tunneled intraperitoneal catheter
49425	Insertion of peritoneal-venous shunt
49426	Revision of peritoneal-venous shunt
49505	Repair initial inguinal hernia, age 5 years or older; reducible
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	Repair inguinal hernia, sliding, any age
49540	Repair lumbar hernia
49550	Repair initial femoral hernia, any age; reducible
49553	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	Repair recurrent femoral hernia; reducible
49557	Repair recurrent femoral hernia; incarcerated or strangulated
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49580	Repair umbilical hernia, younger than age 5 years; reducible
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated

49585	Repair umbilical hernia, age 5 years or older; reducible
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated
49590	Repair spigelian hernia
49600	Repair of small omphalocele, with primary closure
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	Repair of omphalocele (Gross type operation); second stage
49650	Laparoscopy, surgical; repair initial inguinal hernia
49651	Laparoscopy, surgical; repair recurrent inguinal hernia
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
49906	Free omental flap with microvascular anastomosis
49999	Unlisted procedure, abdomen, peritoneum and omentum
50010	Renal exploration, not necessitating other specific procedures
50020	Drainage of perirenal or renal abscess; open
50045	Nephrotomy, with exploration
50060	Nephrolithotomy; removal of calculus
50065	Nephrolithotomy; secondary surgical operation for calculus
50070	Nephrolithotomy; complicated by congenital kidney abnormality
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrophic pyelolithotomy)
50100	Transection or repositioning of aberrant renal vessels (separate procedure)
50120	Pyelotomy; with exploration
50125	Pyelotomy; with drainage, pyelostomy
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50205	Renal biopsy; by surgical exposure of kidney

50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240	Nephrectomy, partial
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed
50280	Excision or unroofing of cyst(s) of kidney
50290	Excision of perinephric cyst
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycoplasty)
50500	Nephrorrhaphy, suture of kidney wound or injury
50520	Closure of nephrocutaneous or pyelocutaneous fistula
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)
50541	Laparoscopy, surgical; ablation of renal cysts
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
50543	Laparoscopy, surgical; partial nephrectomy
50544	Laparoscopy, surgical; pyeloplasty
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy
50549	Unlisted laparoscopy procedure, renal
50610	Ureterolithotomy; upper one-third of ureter
50620	Ureterolithotomy; middle one-third of ureter
50630	Ureterolithotomy; lower one-third of ureter

50650	Ureterectomy, with bladder cuff (separate procedure)
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	Ureterolysis for ovarian vein syndrome
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	Ureteroureterostomy
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783	Ureteroneocystostomy; with extensive ureteral tailoring
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815	Ureterocolon conduit, including intestine anastomosis
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845	Cutaneous appendico-vesicostomy
50860	Ureterostomy, transplantation of ureter to skin
50900	Ureterorrhaphy, suture of ureter (separate procedure)
50920	Closure of ureterocutaneous fistula
50930	Closure of ureterovisceral fistula (including visceral repair)
50940	Deligation of ureter
50945	Laparoscopy, surgical; ureterolithotomy
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949	Unlisted laparoscopy procedure, ureter
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040	Cystostomy, cystotomy with drainage

51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51060	Transvesical ureterolithotomy
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	Drainage of perivesical or prevesical space abscess
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	Cystotomy; for simple excision of vesical neck (separate procedure)
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530	Cystotomy; for excision of bladder tumor
51535	Cystotomy for excision, incision, or repair of ureterocele
51550	Cystectomy, partial; simple
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	Cystectomy, complete; (separate procedure)
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple

51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51880	Closure of cystostomy (separate procedure)
51900	Closure of vesicovaginal fistula, abdominal approach
51920	Closure of vesicouterine fistula;
51925	Closure of vesicouterine fistula; with hysterectomy
51940	Closure, exstrophy of bladder
51960	Enterocystoplasty, including intestinal anastomosis
51980	Cutaneous vesicostomy
51990	Laparoscopy, surgical; urethral suspension for stress incontinence
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)
51999	Unlisted laparoscopy procedure, bladder
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52500	Transurethral resection of bladder neck (separate procedure)
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52640	Transurethral resection; of postoperative bladder neck contracture
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)

52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
52700	Transurethral drainage of prostatic abscess
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53040	Drainage of deep periurethral abscess
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085	Drainage of perineal urinary extravasation; complicated
53210	Urethrectomy, total, including cystostomy; female
53215	Urethrectomy, total, including cystostomy; male
53220	Excision or fulguration of carcinoma of urethra
53230	Excision of urethral diverticulum (separate procedure); female
53235	Excision of urethral diverticulum (separate procedure); male
53240	Marsupialization of urethral diverticulum, male or female
53250	Excision of bulbourethral gland (Cowper's gland)
53260	Excision or fulguration; urethral polyp(s), distal urethra
53265	Excision or fulguration; urethral caruncle
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	Urethroplasty, reconstruction of female urethra
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	Insertion of tandem cuff (dual cuff)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session

53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	Urethromeatoplasty, with mucosal advancement
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)
53502	Urethrorrhaphy, suture of urethral wound or injury, female
53505	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53665	Dilation of female urethra, general or conduction (spinal) anesthesia
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy
53899	Unlisted procedure, urinary system
54015	Incision and drainage of penis, deep
54110	Excision of penile plaque (Peyronie disease);
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	Amputation of penis; partial
54125	Amputation of penis; complete
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra

54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54360	Plastic operation on penis to correct angulation
54380	Plastic operation on penis for epispadias distal to external sphincter;
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54430	Corpora cavernosa-corpus spongiosum shunt (priapism operation), unilateral or bilateral
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	Plastic operation of penis for injury
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	Orchiectomy, partial
54530	Orchiectomy, radical, for tumor; inguinal approach
54535	Orchiectomy, radical, for tumor; with abdominal exploration
54550	Exploration for undescended testis (inguinal or scrotal area)
54560	Exploration for undescended testis with abdominal exploration
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	Fixation of contralateral testis (separate procedure)
54640	Orchiopexy, inguinal approach, with or without hernia repair
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
54660	Insertion of testicular prosthesis (separate procedure)
54670	Suture or repair of testicular injury
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	Laparoscopy, surgical; orchiectomy

54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis
54699	Unlisted laparoscopy procedure, testis
54840	Excision of spermatocele, with or without epididymectomy
54860	Epididymectomy; unilateral
54861	Epididymectomy; bilateral
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55040	Excision of hydrocele; unilateral
55041	Excision of hydrocele; bilateral
55060	Repair of tunica vaginalis hydrocele (Bottle type)
55100	Drainage of scrotal wall abscess
55110	Scrotal exploration
55120	Removal of foreign body in scrotum
55150	Resection of scrotum
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele
55600	Vesiculotomy;
55605	Vesiculotomy; complicated
55650	Vesiculectomy, any approach
55680	Excision of Mullerian duct cyst
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	Prostatectomy, perineal radical;
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840	Prostatectomy, retropubic radical, with or without nerve sparing;

55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
55899	Unlisted procedure, male genital system
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56620	Vulvectomy simple; partial
56625	Vulvectomy simple; complete
56630	Vulvectomy, radical, partial;
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy
56633	Vulvectomy, radical, complete;
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy
56740	Excision of Bartholin's gland or cyst
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57000	Colpotomy; with exploration
57010	Colpotomy; with drainage of pelvic abscess
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57106	Vaginectomy, partial removal of vaginal wall;
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total 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 (radical vaginectomy)
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
57120	Colpocleisis (Le Fort type)
57130	Excision of vaginal septum
57135	Excision of vaginal cyst or tumor
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	Plastic repair of urethrocele
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	Combined anteroposterior colporrhaphy;
57265	Combined anteroposterior colporrhaphy; with enterocele repair
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)
57268	Repair of enterocele, vaginal approach (separate procedure)
57270	Repair of enterocele, abdominal approach (separate procedure)
57280	Colpopexy, abdominal approach
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
57288	Sling operation for stress incontinence (eg, fascia or synthetic)
57289	Pereyra procedure, including anterior colporrhaphy
57291	Construction of artificial vagina; without graft
57292	Construction of artificial vagina; with graft
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57300	Closure of rectovaginal fistula; vaginal or transanal approach
57305	Closure of rectovaginal fistula; abdominal approach
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57310	Closure of urethrovaginal fistula;
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant
57320	Closure of vesicovaginal fistula; vaginal approach
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach

57335	Vaginoplasty for intersex state
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57540	Excision of cervical stump, abdominal approach;
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair
57550	Excision of cervical stump, vaginal approach;
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556	Excision of cervical stump, vaginal approach; with repair of enterocele
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260	Vaginal hysterectomy, for uterus 250 g or less;
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control

58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58290	Vaginal hysterectomy, for uterus greater than 250 g;
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
58353	Endometrial ablation, thermal, without hysteroscopic guidance
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
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 g or less;
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
58578	Unlisted laparoscopy procedure, uterus

58579	Unlisted hysteroscopy procedure, uterus
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	Laparoscopy, surgical; with fimbrioplasty
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58679	Unlisted laparoscopy procedure, oviduct, ovary
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58740	Lysis of adhesions (salpingolysis, ovariolysis)
58750	Tubotubal anastomosis
58752	Tubouterine implantation
58760	Fimbrioplasty
58770	Salpingostomy (salpingoneostomy)
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58820	Drainage of ovarian abscess; vaginal approach, open
58822	Drainage of ovarian abscess; abdominal approach
58825	Transposition, ovary(s)
58920	Wedge resection or bisection of ovary, unilateral or bilateral
58925	Ovarian cystectomy, unilateral or bilateral
58940	Oophorectomy, partial or total, unilateral or bilateral;
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;

58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
59350	Hysterorrhaphy of ruptured uterus
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
60240	Thyroidectomy, total or complete
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	Thyroidectomy, including substernal thyroid; cervical approach
60280	Excision of thyroglossal duct cyst or sinus;
60281	Excision of thyroglossal duct cyst or sinus; recurrent

60500	Parathyroidectomy or exploration of parathyroid(s);
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60520	Thymectomy, partial or total; transcervical approach (separate procedure)
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60600	Excision of carotid body tumor; without excision of carotid artery
60605	Excision of carotid body tumor; with excision of carotid artery
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
60659	Unlisted laparoscopy procedure, endocrine system
60699	Unlisted procedure, endocrine system
61304	Craniectomy or craniotomy, exploratory; supratentorial
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
61330	Decompression of orbit only, transcranial approach
61332	Exploration of orbit (transcranial approach); with biopsy
61333	Exploration of orbit (transcranial approach); with removal of lesion
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345	Other cranial decompression, posterior fossa

61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61500	Craniectomy; with excision of tumor or other bone lesion of skull
61501	Craniectomy; for osteomyelitis
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery

61541	Craniotomy with elevation of bone flap; for transection of corpus callosum
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550	Craniectomy for craniosynostosis; single cranial suture
61552	Craniectomy for craniosynostosis; multiple cranial sutures
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	Craniotomy for craniosynostosis; bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
61570	Craniectomy or craniotomy; with excision of foreign body from brain
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration

61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural

61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690	Surgery of intracranial arteriovenous malformation; dural, simple
61692	Surgery of intracranial arteriovenous malformation; dural, complex
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
61880	Revision or removal of intracranial neurostimulator electrodes
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
62000	Elevation of depressed skull fracture; simple, extradural
62005	Elevation of depressed skull fracture; compound or comminuted, extradural
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain

62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120	Repair of encephalocele, skull vault, including cranioplasty
62121	Craniotomy for repair of encephalocele, skull base
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
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; thoracic
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; lumbar, except for spondylolisthesis
63011	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
63012	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)
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; cervical
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; thoracic
63017	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
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar

63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
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; cervical
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; thoracic
63047	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
63048	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; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;
63051	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)
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63056	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)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace

63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
63087	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
63088	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; each additional segment (List separately in addition to code for primary procedure)
63090	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
63091	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; each additional segment (List separately in addition to code for primary procedure)
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments
63185	Laminectomy with rhizotomy; 1 or 2 segments

63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic
63200	Laminectomy, with release of tethered spinal cord, lumbar
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral

63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
63700	Repair of meningocele; less than 5 cm diameter
63702	Repair of meningocele; larger than 5 cm diameter
63704	Repair of myelomeningocele; less than 5 cm diameter
63706	Repair of myelomeningocele; larger than 5 cm diameter
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	Dural graft, spinal
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64702	Neuroplasty; digital, 1 or both, same digit
64704	Neuroplasty; nerve of hand or foot
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus
64722	Decompression; unspecified nerve(s) (specify)

64726	Decompression; plantar digital nerve
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64802	Sympathectomy, cervical
64804	Sympathectomy, cervicothoracic
64809	Sympathectomy, thoracolumbar
64818	Sympathectomy, lumbar
64821	Sympathectomy; radial artery
64831	Suture of digital nerve, hand or foot; 1 nerve
64834	Suture of 1 nerve; hand or foot, common sensory nerve
64835	Suture of 1 nerve; median motor thenar
64836	Suture of 1 nerve; ulnar motor
64840	Suture of posterior tibial nerve
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	Suture of sciatic nerve
64861	Suture of; brachial plexus
64862	Suture of; lumbar plexus
64864	Suture of facial nerve; extracranial
64865	Suture of facial nerve; infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	Anastomosis; facial-hypoglossal
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64905	Nerve pedicle transfer; first stage
64907	Nerve pedicle transfer; second stage
69511	Mastoidectomy; radical
69530	Petrous apicectomy including radical mastoidectomy
69601	Revision mastoidectomy; resulting in complete mastoidectomy
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	Revision mastoidectomy; resulting in radical mastoidectomy

69604	Revision mastoidectomy; resulting in tympanoplasty
69605	Revision mastoidectomy; with apicectomy
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal
59510	Cesarean delivery only
59514	Cesarean delivery only
59515	Cesarean delivery only
59618	Cesarean delivery only
59620	Cesarean delivery only
59622	Cesarean delivery only

Appendix –B Specific Sites of an Organ/Space SSI

Code	Site	Code	Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or ventriculitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity (mouth, tongue, or gums)
DISC	Disc space	OREP	Other infections of the male or female reproductive tract
EAR	Ear, mastoid	PJI	Periprosthetic Joint Infection
EMET	Endometritis	SA	Spinal abscess without meningitis
ENDO	Endocarditis	SINU	Sinusitis
GIT	GI tract	UR	Upper respiratory tract
IAB	Intraabdominal, not specified	USI	Urinary System Infection
IC	Intracranial, brain abscess or dura	VASC	Arterial or venous infection
JNT	Joint or Bursa	VCUF	Vaginal cuff
LUNG	Other infections of the lower respiratory tract		