

Tracked Procedures for Specialty by Category

For All Defined Categories

For All CPTs in All Areas and All Types



Shoulder - Amputation

CPT Code	Defined Ctgy	Description
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23900		Interthoracoscapular amputation (forequarter)
23920		Disarticulation of shoulder;
23921		Disarticulation of shoulder; secondary closure or scar revision

Shoulder - Arthrodesis

CPT Code	Defined Ctgy	Description
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23800		Arthrodesis, glenohumeral joint;
23802		Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)

Shoulder - Arthroscopy

CPT Code	Defined Ctgy	Description
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29805	SARTHRO	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	SARTHRO	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	SARTHRO	Arthroscopy, shoulder, surgical; repair of SLAP lesion
29819	SARTHRO	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	SARTHRO	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	SARTHRO	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	SARTHRO	Arthroscopy, shoulder, surgical; debridement, limited
29823	SARTHRO	Arthroscopy, shoulder, surgical; debridement, extensive
29824	SARTHRO	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	SARTHRO	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	SARTHRO	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
29827	SARTHRO	Arthroscopy, shoulder, surgical; with rotator cuff repair
29828	SARTHRO	Arthroscopy, shoulder, surgical; biceps tenodesis

Shoulder - Excision

CPT Code	Defined Ctgy	Description
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23065		Biopsy, soft tissue of shoulder area; superficial
23066		Biopsy, soft tissue of shoulder area; deep
23071		Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073		Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23075		Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm
23076		Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm

23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater
23100	Arthrotomy, glenohumeral joint, including biopsy
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

Shoulder - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
23500		Closed treatment of clavicular fracture; without manipulation
23515		Open treatment of clavicular fracture, includes internal fixation, when performed
23520		Closed treatment of sternoclavicular dislocation; without manipulation
23530		Open treatment of sternoclavicular dislocation, acute or chronic;
23532		Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540		Closed treatment of acromioclavicular dislocation; without manipulation
23550		Open treatment of acromioclavicular dislocation, acute or chronic;

23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	Closed treatment of scapular fracture; without manipulation
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
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
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation
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

Shoulder - Incision

CPT Code	Defined Ctgy	Description
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

Shoulder - Intro or Removal

CPT Code	Defined Ctgy	Description
23330		Removal of foreign body, shoulder; subcutaneous
23333		Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23334		Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
23335		Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)
23350		Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

Shoulder - Manipulation

CPT Code	Defined Ctgy	Description
23505		Closed treatment of clavicular fracture; with manipulation
23525		Closed treatment of sternoclavicular dislocation; with manipulation
23545		Closed treatment of acromioclavicular dislocation; with manipulation

23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)

Shoulder - Other

CPT Code	Defined Ctgy	Description
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23929		Unlisted procedure, shoulder
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Shoulder - Repair/Revision/Reconstruction

CPT Code	Defined Ctgy	Description
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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))
23473		Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474		Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
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

Humerus/Elbow - Amputation

CPT Code	Defined Ctgy	Description
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

Humerus/Elbow - Arthrodesis

CPT Code	Defined Ctgy	Description
24800		Arthrodesis, elbow joint; local
24802		Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)

Humerus/Elbow - Arthroscopy

CPT Code	Defined Ctgy	Description
29830		Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834		Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835		Arthroscopy, elbow, surgical; synovectomy, partial
29836		Arthroscopy, elbow, surgical; synovectomy, complete
29837		Arthroscopy, elbow, surgical; debridement, limited
29838		Arthroscopy, elbow, surgical; debridement, extensive

Humerus/Elbow - Excision

CPT Code	Defined Ctgy	Description
24065		Biopsy, soft tissue of upper arm or elbow area; superficial
24066		Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24071		Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073		Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
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, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm
24079		Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater
24100		Arthrotomy, elbow; with synovial biopsy only

24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
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
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
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)

Humerus/Elbow - Fracture and/or Dislocation

CPT Code	Defined Ctg	Description
24500		Closed treatment of humeral shaft fracture; without manipulation
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
24530		Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24538	HUM	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
24560		Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24566	HUM	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
24576		Closed treatment of humeral condylar fracture, medial or lateral; without manipulation

24579		Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed
24582	HUM	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
24650		Closed treatment of radial head or neck fracture; without manipulation
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
24670		Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]); without manipulation
24685		Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]), includes internal fixation, when performed

Humerus/Elbow - Incision

CPT Code Defined Ctgy Description

23930		Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931		Incision and drainage, upper arm or elbow area; bursa
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)

Humerus/Elbow - Intro or Removal

CPT Code Defined Ctgy Description

24160		Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components
24164		Removal of prosthesis, includes debridement and synovectomy when performed; radial head
24200		Removal of foreign body, upper arm or elbow area; subcutaneous
24201		Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220		Injection procedure for elbow arthrography

Humerus/Elbow - Manipulation

CPT Code Defined Ctgy Description

24505		Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24535		Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24565		Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24577		Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24600		Treatment of closed elbow dislocation; without anesthesia

24605	Treatment of closed elbow dislocation; requiring anesthesia
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24655	Closed treatment of radial head or neck fracture; with manipulation
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process [es]); with manipulation

Humerus/Elbow - Other

CPT Code Defined Ctgy Description

24999	Unlisted procedure, humerus or elbow
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Humerus/Elbow - Repair/Revision/Reconstruction

CPT Code Defined Ctgy Description

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
24300	Manipulation, elbow, under anesthesia
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)
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous
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
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component
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)
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	Decompression fasciotomy, forearm, with brachial artery exploration
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft

Forearm/Wrist - Amputation

CPT Code	Defined Ctgy	Description
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

Forearm/Wrist - Arthrodesis

CPT Code	Defined Ctgy	Description
25800		Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805		Arthrodesis, wrist; with sliding graft
25810		Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820		Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825		Arthrodesis, wrist; with autograft (includes obtaining graft)
25830		Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)

Forearm/Wrist - Arthroscopy

CPT Code	Defined Ctgy	Description
29840		Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843		Arthroscopy, wrist, surgical; for infection, lavage and drainage
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
29900		Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901		Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902		Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)

Forearm/Wrist - Excision

CPT Code	Defined Ctgy	Description
25065		Biopsy, soft tissue of forearm and/or wrist; superficial
25066		Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25071		Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073		Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25075		Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm
25076		Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm
25077		Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm
25078		Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater
25085		Capsulotomy, wrist (eg, contracture)
25100		Arthrotomy, wrist joint; with biopsy
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)

Forearm/Wrist - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
25500		Closed treatment of radial shaft fracture; without manipulation
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
25530		Closed treatment of ulnar shaft fracture; without manipulation
25545		Open treatment of ulnar shaft fracture, includes internal fixation, when performed
25560		Closed treatment of radial and ulnar shaft fractures; without manipulation
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
25600		Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation
25606		Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation
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
25622		Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25628		Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed

25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone
25650	Closed treatment of ulnar styloid fracture
25651	Percutaneous skeletal fixation of ulnar styloid fracture
25652	Open treatment of ulnar styloid fracture
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones
25671	Percutaneous skeletal fixation of distal radioulnar dislocation
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

Forearm/Wrist - Incision

CPT Code	Defined Ctgy	Description
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
25028		Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031		Incision and drainage, forearm and/or wrist; bursa
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

Forearm/Wrist - Intro or Removal

CPT Code	Defined Ctgy	Description
25246		Injection procedure for wrist arthrography
25248		Exploration with removal of deep foreign body, forearm or wrist
25250		Removal of wrist prosthesis; (separate procedure)
25251		Removal of wrist prosthesis; complicated, including total wrist
25259		Manipulation, wrist, under anesthesia

Forearm/Wrist - Manipulation

CPT Code	Defined Ctgy	Description
25505	FOR/WR	Closed treatment of radial shaft fracture; with manipulation
25520	FOR/WR	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25535	FOR/WR	Closed treatment of ulnar shaft fracture; with manipulation
25565	FOR/WR	Closed treatment of radial and ulnar shaft fractures; with manipulation

25605	FOR/WR	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation
25624	FOR/WR	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25635		Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone
25660		Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation
25675	FOR/WR	Closed treatment of distal radioulnar dislocation with manipulation
25680	FOR/WR	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25690	FOR/WR	Closed treatment of lunate dislocation, with manipulation

Forearm/Wrist - Other

CPT Code	Defined Ctgy	Description
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25999		Unlisted procedure, forearm or wrist
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Forearm/Wrist - Repair/Revision/Reconstruction

CPT Code	Defined Ctgy	Description
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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
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

Hand/Fingers - Amputation

CPT Code	Defined Ctgy	Description
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)

Hand/Fingers - Arthrodesis

CPT Code	Defined Ctgy	Description
26820		Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841		Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842		Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843		Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844		Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850		Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852		Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860		Arthrodesis, interphalangeal joint, with or without internal fixation;
26861		Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862		Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863		Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)

Hand/Fingers - Excision

CPT Code	Defined Ctgy	Description
26100		Arthrotomy with biopsy; carpometacarpal joint, each
26105		Arthrotomy with biopsy; metacarpophalangeal joint, each
26110		Arthrotomy with biopsy; interphalangeal joint, each
26111		Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113		Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
26115		Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm
26116		Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm
26117		Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm
26118		Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater
26121		Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123		Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);

26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)
26130	Synovectomy, carpometacarpal joint
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	Excision of tendon, palm, flexor or extensor, single, each tendon
26180	Excision of tendon, finger, flexor or extensor, each tendon
26185	Sesamoidectomy, thumb or finger (separate procedure)
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	Radical resection of tumor, metacarpal
26260	Radical resection of tumor, proximal or middle phalanx of finger
26262	Radical resection of tumor, distal phalanx of finger

Hand/Fingers - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
26600		Closed treatment of metacarpal fracture, single; without manipulation, each bone
26607		Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608		Percutaneous skeletal fixation of metacarpal fracture, each bone
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
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
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
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, 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

Hand/Fingers - Incision

CPT Code	Defined Ctg	Description
26010		Drainage of finger abscess; simple
26011		Drainage of finger abscess; complicated (eg, felon)
26020		Drainage of tendon sheath, digit and/or palm, each
26025		Drainage of palmar bursa; single, bursa
26030		Drainage of palmar bursa; multiple bursa
26034		Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035		Decompression fingers and/or hand, injection injury (eg, grease gun)
26037		Decompressive fasciotomy, hand (excludes 26035)
26040		Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045		Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055		Tendon sheath incision (eg, for trigger finger)
26060		Tenotomy, percutaneous, single, each digit
26070		Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075		Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080		Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each

Hand/Fingers - Intro or Removal

CPT Code	Defined Ctg	Description
26320		Removal of implant from finger or hand

Hand/Fingers - Manipulation

CPT Code	Defined Ctgy	Description
26605		Closed treatment of metacarpal fracture, single; with manipulation, each bone
26641		Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645		Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26670		Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675		Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26700		Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705		Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26725		Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26742		Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26755		Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26770		Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775		Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia

Hand/Fingers - Other

CPT Code	Defined Ctgy	Description
26989		Unlisted procedure, hands or fingers

Hand/Fingers - Repair/Revision/Reconstruction

CPT Code	Defined Ctgy	Description
26340		Manipulation, finger joint, under anesthesia, each joint
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
26390		Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, 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

26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining 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
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
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)
26508	Release of thenar muscle(s) (eg, thumb contracture)
26510	Cross intrinsic transfer, each tendon

26516	Capsulodesis, metacarpophalangeal joint; single digit
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits
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

Pelvis/Hip - Amputation

CPT Code	Defined Ctgy	Description
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27290		Interpelviabdominal amputation (hindquarter amputation)
27295		Disarticulation of hip

Pelvis/Hip - Arthrodesis

CPT Code	Defined Ctgy	Description
27280		Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed
27282		Arthrodesis, symphysis pubis (including obtaining graft)
27284		Arthrodesis, hip joint (including obtaining graft);
27286		Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy

Pelvis/Hip - Arthroscopy

CPT Code	Defined Ctgy	Description
29860		Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861		Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862		Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863		Arthroscopy, hip, surgical; with synovectomy
29914		Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
29915		Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
29916		Arthroscopy, hip, surgical; with labral repair

Pelvis/Hip - Excision

CPT Code	Defined Ctgy	Description
27040		Biopsy, soft tissue of pelvis and hip area; superficial
27041		Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27043		Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045		Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
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, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
27050		Arthrotomy, with biopsy; sacroiliac joint
27052		Arthrotomy, with biopsy; hip joint
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
27059		Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
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

Pelvis/Hip - Fracture and/or Dislocation

CPT Code	Defined Ctg	Description
27193		Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27200		Closed treatment of coccygeal fracture
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
27216		Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
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)
27220		Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
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
27230		Closed treatment of femoral fracture, proximal end, neck; without manipulation
27235	HIP	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27236	HIP	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238		Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27244	HIP	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	HIP	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27246		Closed treatment of greater trochanteric fracture, without manipulation
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

27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
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

Pelvis/Hip - Incision

CPT Code	Defined Ctgy	Description
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
27003		Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
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)

Pelvis/Hip - Intro or Removal

CPT Code	Defined Ctgy	Description
27086		Removal of foreign body, pelvis or hip; subcutaneous tissue
27087		Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090		Removal of hip prosthesis; (separate procedure)
27091		Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093		Injection procedure for hip arthrography; without anesthesia
27095		Injection procedure for hip arthrography; with anesthesia
27096		Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

Pelvis/Hip - Manipulation

CPT Code	Defined Ctgy	Description
27194		Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27222		Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27232		Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction

27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27250	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27275	Manipulation, hip joint, requiring general anesthesia

Pelvis/Hip - Other

CPT Code	Defined Ctg	Description
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27299		Unlisted procedure, pelvis or hip joint
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Pelvis/Hip - Repair/Revision/Reconstruction

CPT Code	Defined Ctg	Description
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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	THA	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	THA	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	THA	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	THA	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	THA	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)

27175	Treatment of slipped femoral epiphysis; by traction, without reduction
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)
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
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

Femur/Knee - Amputation

CPT Code Defined Ctgy Description

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

Femur/Knee - Arthrodesis

CPT Code Defined Ctgy Description

27580	Arthrodesis, knee, any technique
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Femur/Knee - Arthroscopy

CPT Code Defined Ctgy Description

29850	KARTHRO	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	KARTHRO	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	KARTHRO	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)
29856	KARTHRO	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)
29870	KARTHRO	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	KARTHRO	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	KARTHRO	Arthroscopy, knee, surgical; with lateral release
29874	KARTHRO	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	KARTHRO	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	KARTHRO	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
29877	KARTHRO	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)

29879	KARTHRO	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	KARTHRO	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29881	KARTHRO	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
29882	KARTHRO	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	KARTHRO	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	KARTHRO	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	KARTHRO	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	KARTHRO	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	KARTHRO	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	ACL	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889		Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

Femur/Knee - Excision

CPT Code	Defined Ctgy	Description
27323		Biopsy, soft tissue of thigh or knee area; superficial
27324		Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
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, sarcoma), soft tissue of thigh or knee area; less than 5 cm
27330		Arthrotomy, knee; with synovial biopsy only
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
27337		Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339		Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27340		Excision, prepatellar bursa
27345		Excision of synovial cyst of popliteal space (eg, Baker's cyst)
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)
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
27365	Radical resection of tumor, femur or knee

Femur/Knee - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
27500		Closed treatment of femoral shaft fracture, without manipulation
27501		Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27506	FEM/TIB	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	FEM/TIB	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508		Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
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
27516		Closed treatment of distal femoral epiphyseal separation; without manipulation
27519		Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27520		Closed treatment of patellar fracture, without manipulation
27524		Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair
27530		Closed treatment of tibial fracture, proximal (plateau); without manipulation
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

Femur/Knee - Incision

CPT Code	Defined Ctgy	Description
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
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27325	Neurectomy, hamstring muscle
27326	Neurectomy, popliteal (gastrocnemius)

Femur/Knee - Intro or Removal

CPT Code	Defined Ctgy	Description
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27370	Injection of contrast for knee arthrography
27372	Removal of foreign body, deep, thigh region or knee area

Femur/Knee - Manipulation

CPT Code	Defined Ctgy	Description
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27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27550	Closed treatment of knee dislocation; without anesthesia
27552	Closed treatment of knee dislocation; requiring anesthesia
27560	Closed treatment of patellar dislocation; without anesthesia
27562	Closed treatment of patellar dislocation; requiring anesthesia
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)

Femur/Knee - Other

CPT Code	Defined Ctgy	Description
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27599	Unlisted procedure, femur or knee
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Femur/Knee - Repair/Revision/Reconstruction

CPT Code	Defined Ctgy	Description
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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
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	TKA	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	TKA	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27445	TKA	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	TKA	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	TKA	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	TKA	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
29866	KARTHRO	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
29867	KARTHRO	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)
29868	KARTHRO	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral

Leg/Ankle - Amputation

CPT Code	Defined Ctgy	Description
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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

Leg/Ankle - Arthrodesis

CPT Code	Defined Ctgy	Description
27870	ANKARTH	Arthrodesis, ankle, open
27871		Arthrodesis, tibiofibular joint, proximal or distal

Leg/Ankle - Arthroscopy

CPT Code	Defined Ctgy	Description
29891		Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892		Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29894		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899		Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis

Leg/Ankle - Excision

CPT Code	Defined Ctgy	Description
27613		Biopsy, soft tissue of leg or ankle area; superficial
27614		Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615		Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
27616		Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
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
27632		Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634		Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
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

Leg/Ankle - Fracture and/or Dislocation

CPT Code	Defined Ctg	Description
27750		Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27756		Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	FEM/TIB	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage
27759	FEM/TIB	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760		Closed treatment of medial malleolus fracture; without manipulation
27766	ANKFRAC	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27769	ANKFRAC	Open treatment of posterior malleolus fracture, includes internal fixation, when performed
27780		Closed treatment of proximal fibula or shaft fracture; without manipulation
27784		Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed
27786		Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27792	ANKFRAC	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808		Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27814	ANKFRAC	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
27816		Closed treatment of trimalleolar ankle fracture; without manipulation
27822	ANKFRAC	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	ANKFRAC	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824		Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27826	ANKFRAC	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	ANKFRAC	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	ANKFRAC	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	ANKFRAC	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

Leg/Ankle - Incision

CPT Code	Defined Ctg	Description
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

Leg/Ankle - Intro or Removal

CPT Code Defined Ctgy Description

27648	Injection procedure for ankle arthrography
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Leg/Ankle - Manipulation

CPT Code Defined Ctgy Description

27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27818	Closed treatment of trimalleolar ankle fracture; with manipulation
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27840	Closed treatment of ankle dislocation; without anesthesia
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)

Leg/Ankle - Other

CPT Code Defined Ctgy Description

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
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot

Leg/Ankle - Repair/Revision/Reconstruction

CPT Code	Defined Ctgy	Description
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
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)
27690		Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691		Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692		Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary 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
27704		Removal of ankle implant
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

Foot/Toes - Amputation

CPT Code	Defined Ctgy	Description
28800		Amputation, foot; midtarsal (eg, Chopart type procedure)
28805		Amputation, foot; transmetatarsal
28810		Amputation, metatarsal, with toe, single
28820		Amputation, toe; metatarsophalangeal joint
28825		Amputation, toe; interphalangeal joint

Foot/Toes - Arthrodesis

CPT Code	Defined Ctgy	Description
28705	ANKARTH	Arthrodesis; pantalar
28715	ANKARTH	Arthrodesis; triple
28725	ANKARTH	Arthrodesis; subtalar
28730	ANKARTH	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	ANKARTH	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	ANKARTH	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740		Arthrodesis, midtarsal or tarsometatarsal, single joint
28750		Arthrodesis, great toe; metatarsophalangeal joint
28755		Arthrodesis, great toe; interphalangeal joint
28760		Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)

Foot/Toes - Arthroscopy

CPT Code	Defined Ctgy	Description
29904		Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body
29905		Arthroscopy, subtalar joint, surgical; with synovectomy
29906		Arthroscopy, subtalar joint, surgical; with debridement
29907		Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis

Foot/Toes - Excision

CPT Code	Defined Ctgy	Description
28039		Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041		Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
28043		Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm
28045		Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm
28046		Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm
28047		Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater
28050		Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052		Arthrotomy with biopsy; metatarsophalangeal joint
28054		Arthrotomy with biopsy; interphalangeal joint
28060		Fasciectomy, plantar fascia; partial (separate procedure)
28062		Fasciectomy, plantar fascia; radical (separate procedure)
28070		Synovectomy; intertarsal or tarsometatarsal joint, each
28072		Synovectomy; metatarsophalangeal joint, each
28080		Excision, interdigital (Morton) neuroma, single, each
28086		Synovectomy, tendon sheath, foot; flexor
28088		Synovectomy, tendon sheath, foot; extensor
28090		Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092		Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100		Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102		Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103		Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104		Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106		Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107		Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108		Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110		Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111		Ostectomy, complete excision; first metatarsal head
28112		Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113		Ostectomy, complete excision; fifth metatarsal head
28114		Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116		Ostectomy, excision of tarsal coalition
28118		Ostectomy, calcaneus;
28119		Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120		Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus

28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28130	Talectomy (astragalectomy)
28140	Metatarsectomy
28150	Phalangectomy, toe, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	Radical resection of tumor; tarsal (except talus or calcaneus)
28173	Radical resection of tumor; metatarsal
28175	Radical resection of tumor; phalanx of toe

Foot/Toes - Fracture and/or Dislocation

CPT Code	Defined Ctg	Description
28400		Closed treatment of calcaneal fracture; without manipulation
28406		Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415		Open treatment of calcaneal fracture, includes internal fixation, when performed;
28420		Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)
28430		Closed treatment of talus fracture; without manipulation
28436		Percutaneous skeletal fixation of talus fracture, with manipulation
28445		Open treatment of talus fracture, includes internal fixation, when performed
28450		Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28456		Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465		Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470		Closed treatment of metatarsal fracture; without manipulation, each
28476		Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485		Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490		Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28496		Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505		Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed
28510		Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28525		Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each
28530		Closed treatment of sesamoid fracture
28531		Open treatment of sesamoid fracture, with or without internal fixation
28546		Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation

28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed

Foot/Toes - Incision

CPT Code	Defined Ctgy	Description
28001		Incision and drainage, bursa, foot
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
28005		Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008		Fasciotomy, foot and/or toe
28010		Tenotomy, percutaneous, toe; single tendon
28011		Tenotomy, percutaneous, toe; multiple tendons
28020		Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022		Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024		Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28035		Release, tarsal tunnel (posterior tibial nerve decompression)
28055		Neurectomy, intrinsic musculature of foot

Foot/Toes - Intro or Removal

CPT Code	Defined Ctgy	Description
28190		Removal of foreign body, foot; subcutaneous
28192		Removal of foreign body, foot; deep
28193		Removal of foreign body, foot; complicated

Foot/Toes - Manipulation

CPT Code	Defined Ctgy	Description
28405		Closed treatment of calcaneal fracture; with manipulation
28435		Closed treatment of talus fracture; with manipulation
28455		Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28475		Closed treatment of metatarsal fracture; with manipulation, each

28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28570	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia

Foot/Toes - Other

CPT Code Defined Ctgy Description

28899	Unlisted procedure, foot or toes
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Foot/Toes - Repair/Revision/Reconstruction

CPT Code Defined Ctgy Description

0335T	Extra-osseous subtalar joint implant for talotarsal stabilization
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
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28220	Tenolysis, flexor, foot; single tendon
28222	Tenolysis, flexor, foot; multiple tendons
28225	Tenolysis, extensor, foot; single tendon
28226	Tenolysis, extensor, foot; multiple tendons
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	Capsulotomy, midfoot; medial release only (separate procedure)

28261	Capsulotomy, midfoot; with tendon lengthening
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus-type procedure
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	Reconstruction, toe, macrodactyly; soft tissue resection

28341	Reconstruction, toe, macrodactyly; requiring bone resection
28344	Reconstruction, toe(s); polydactyly
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	Reconstruction, cleft foot

Other Musculoskeletal - Arthroscopy

CPT Code	Defined Ctgy	Description
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29999		Unlisted procedure, arthroscopy
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Other Musculoskeletal - Excision

CPT Code	Defined Ctgy	Description
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11045		Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11046		Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
11047		Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
20200		Biopsy, muscle; superficial
20205		Biopsy, muscle; deep
20206		Biopsy, muscle, percutaneous needle
20220		Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225		Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240		Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245		Biopsy, bone, open; deep (eg, humerus, ischium, femur)
20250		Biopsy, vertebral body, open; thoracic
20251		Biopsy, vertebral body, open; lumbar or cervical
21015		Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
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)
21030		Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031		Excision of torus mandibularis
21032		Excision of maxillary torus palatinus
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
21050		Condylectomy, temporomandibular joint (separate procedure)
21060		Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070		Coronoidectomy (separate procedure)
21550		Biopsy, soft tissue of neck or thorax

21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater
21600	Excision of rib, partial
21610	Costotransversectomy (separate procedure)
21615	Excision first and/or cervical rib;
21616	Excision first and/or cervical rib; with sympathectomy
21620	Ostectomy of sternum, partial
21627	Sternal debridement
21630	Radical resection of sternum;
21632	Radical resection of sternum; with mediastinal lymphadenectomy
21920	Biopsy, soft tissue of back or flank; superficial
21925	Biopsy, soft tissue of back or flank; deep
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater

Other Musculoskeletal - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
21310		Closed treatment of nasal bone fracture without manipulation
21315		Closed treatment of nasal bone fracture; without stabilization
21320		Closed treatment of nasal bone fracture; with stabilization
21325		Open treatment of nasal fracture; uncomplicated
21330		Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation

21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	Open treatment of nasoethmoid fracture; with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
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
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
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)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	Closed treatment of fracture of orbit, except blowout; with manipulation
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)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
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
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint

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)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	Closed treatment of mandibular fracture; with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
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
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture
21820	Closed treatment of sternum fracture
21825	Open treatment of sternum fracture with or without skeletal fixation

Other Musculoskeletal - Incision

CPT Code	Defined Ctgy	Description
20005		Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)
21010		Arthrotomy, temporomandibular joint
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

Other Musculoskeletal - Intro or Removal

CPT Code	Defined Ctgy	Description
20500		Injection of sinus tract; therapeutic (separate procedure)
20501		Injection of sinus tract; diagnostic (sinogram)
20520		Removal of foreign body in muscle or tendon sheath; simple

20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance
20615	Aspiration and injection for treatment of bone cyst
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	Application of halo, including removal; cranial
20662	Application of halo, including removal; pelvic
20663	Application of halo, including removal; femoral
20665	Removal of tongs or halo applied by another individual
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
20694	Removal, under anesthesia, of external fixation system
21076	Impression and custom preparation; surgical obturator prosthesis
21077	Impression and custom preparation; orbital prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21085	Impression and custom preparation; oral surgical splint
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21089	Unlisted maxillofacial prosthetic 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
21116	Injection procedure for temporomandibular joint arthrography

Other Musculoskeletal - Other

CPT Code	Defined Ctgy	Description
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
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
20912		Cartilage graft; nasal septum
20920		Fascia lata graft; by stripper
20922		Fascia lata graft; by incision and area exposure, complex or sheet
20924		Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
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)
20937		Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938		Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20950		Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955		Bone graft with microvascular anastomosis; fibula
20956		Bone graft with microvascular anastomosis; iliac crest
20957		Bone graft with microvascular anastomosis; metatarsal
20962		Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal

20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	Electrical stimulation to aid bone healing; invasive (operative)
20999	Unlisted procedure, musculoskeletal system, general
21299	Unlisted craniofacial and maxillofacial procedure
21499	Unlisted musculoskeletal procedure, head
21899	Unlisted procedure, neck or thorax
22999	Unlisted procedure, abdomen, musculoskeletal system
29000	Application of halo type body cast (see 20661-20663 for insertion)
29010	Application of Risser jacket, localizer, body; only
29015	Application of Risser jacket, localizer, body; including head
29035	Application of body cast, shoulder to hips;
29040	Application of body cast, shoulder to hips; including head, Minerva type
29044	Application of body cast, shoulder to hips; including 1 thigh
29046	Application of body cast, shoulder to hips; including both thighs
29049	Application, cast; figure-of-eight
29055	Application, cast; shoulder spica
29058	Application, cast; plaster Velpeau
29065	Application, cast; shoulder to hand (long arm)
29075	Application, cast; elbow to finger (short arm)
29085	Application, cast; hand and lower forearm (gauntlet)
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29200	Strapping; thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29305	Application of hip spica cast; 1 leg
29325	Application of hip spica cast; 1 and one-half spica or both legs
29345	Application of long leg cast (thigh to toes);
29355	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	Application of long leg cast brace
29365	Application of cylinder cast (thigh to ankle)
29405	Application of short leg cast (below knee to toes);
29425	Application of short leg cast (below knee to toes); walking or ambulatory type

29435	Application of patellar tendon bearing (PTB) cast
29440	Adding walker to previously applied cast
29445	Application of rigid total contact leg cast
29450	Application of clubfoot cast with molding or manipulation, long or short leg
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
29580	Strapping; Unna boot
29700	Removal or bivalving; gauntlet, boot or body cast
29705	Removal or bivalving; full arm or full leg cast
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29720	Repair of spica, body cast or jacket
29730	Windowing of cast
29740	Wedging of cast (except clubfoot casts)
29750	Wedging of clubfoot cast
29799	Unlisted procedure, casting or strapping

Other Musculoskeletal - Repair/Revision/Reconstruction

CPT Code	Defined Ctgy	Description
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;
- 21206 Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
- 21208 Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
- 21209 Osteoplasty, facial bones; reduction
- 21210 Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
- 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
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21700	Division of scalenus anticus; without resection of cervical rib

Spine - Arthrodesis/Anterior

CPT Code	Defined Ctgy	Description
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, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2

22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy 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)

Spine - Arthrodesis/Deformity

CPT Code	Defined Ctg	Description
22800	SPINE	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	SPINE	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	SPINE	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

Spine - Arthrodesis/Posterior

CPT Code	Defined Ctg	Description
0309T		Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary procedure)
22586		Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
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 lateral transverse technique, when performed)
22612	SPINE	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22614		Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	SPINE	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)
22633		Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar

Spine - Decompression

CPT Code	Defined Ctg	Description
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	SPINE	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	SPINE	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	SPINE	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; 1 interspace, cervical
63030	SPINE	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63035		Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 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	SPINE	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	SPINE	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)
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
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)

Spine - Excision

CPT Code	Defined Ctgy	Description
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)
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)

Spine - Exploration

CPT Code	Defined Ctgy	Description
22830		Exploration of spinal fusion

Spine - Fracture and/or Dislocation

CPT Code	Defined Ctgy	Description
22305		Closed treatment of vertebral process fracture(s)
22310		Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
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
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)

Spine - Instrumentation

CPT Code	Defined Ctgy	Description
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)
22841		Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22842		Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral 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)
22851		Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
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 osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
22861		Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22864		Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical

Spine - Osteotomy

CPT Code	Defined Ctgy	Description
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

Spine - Other

CPT Code	Defined Ctgy	Description
0200T		Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
0201T		Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
0202T		Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
0219T		Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T		Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T		Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T		Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22899		Unlisted procedure, spine
62267		Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

Integumentary System - Flaps

CPT Code	Defined Ctgy	Description
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 (eg, abdomen to wrist, Walking tube), any location
15732		Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, 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 requiring identification and dissection of an anatomically named axial vessel
15750		Flap; neurovascular pedicle
15756		Free muscle or myocutaneous flap with microvascular anastomosis

15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	Graft; derma-fat-fascia
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts

Integumentary System - Incision/Excision

CPT Code	Defined Ctgy	Description
10040		Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060		Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10061		Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
10080		Incision and drainage of pilonidal cyst; simple
10081		Incision and drainage of pilonidal cyst; complicated
10120		Incision and removal of foreign body, subcutaneous tissues; simple
10121		Incision and removal of foreign body, subcutaneous tissues; complicated
10140		Incision and drainage of hematoma, seroma or fluid collection
10160		Puncture aspiration of abscess, hematoma, bulla, or cyst
10180		Incision and drainage, complex, postoperative wound infection
11000		Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001		Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately 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 (eg, 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 (eg, 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 (eg, 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
11100		Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101		Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
11200		Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201		Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)

- 11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
- 11301 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
- 11302 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
- 11303 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
- 11305 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
- 11306 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
- 11307 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
- 11308 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
- 11310 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
- 11311 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
- 11312 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
- 11313 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
- 11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
- 11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
- 11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
- 11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
- 11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
- 11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
- 11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
- 11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
- 11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
- 11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
- 11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
- 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
- 11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- 11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
- 11442 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm

- 11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
- 11444 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
- 11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
- 11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
- 11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
- 11463 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
- 11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
- 11471 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
- 11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
- 11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
- 11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
- 11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
- 11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
- 11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
- 11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
- 11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
- 11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
- 11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
- 11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
- 11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
- 11640 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less
- 11641 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
- 11642 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm
- 11643 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm
- 11644 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
- 11646 Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm

11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)
11740	Evacuation of subungual hematoma
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
11760	Repair of nail bed
11762	Reconstruction of nail bed with graft
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
11770	Excision of pilonidal cyst or sinus; simple
11771	Excision of pilonidal cyst or sinus; extensive
11772	Excision of pilonidal cyst or sinus; complicated
11900	Injection, intralesional; up to and including 7 lesions
11901	Injection, intralesional; more than 7 lesions
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
11976	Removal, implantable contraceptive capsules
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Integumentary System - Other

CPT Code	Defined Ctgy	Description
15780		Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781		Dermabrasion; segmental, face
15782		Dermabrasion; regional, other than face
15783		Dermabrasion; superficial, any site (eg, tattoo removal)
15786		Abrasion; single lesion (eg, keratosis, scar)
15787		Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788		Chemical peel, facial; epidermal
15789		Chemical peel, facial; dermal
15792		Chemical peel, nonfacial; epidermal
15793		Chemical peel, nonfacial; dermal
15819		Cervicoplasty
15820		Blepharoplasty, lower eyelid;
15821		Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822		Blepharoplasty, upper eyelid;
15823		Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824		Rhytidectomy; forehead
15825		Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826		Rhytidectomy; glabellar frown lines
15828		Rhytidectomy; cheek, chin, and neck
15829		Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830		Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832		Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833		Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834		Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835		Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836		Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837		Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838		Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839		Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15840		Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841		Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842		Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845		Graft for facial nerve paralysis; regional muscle transfer
15847		Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15850		Removal of sutures under anesthesia (other than local), same surgeon
15851		Removal of sutures under anesthesia (other than local), other surgeon
15852		Dressing change (for other than burns) under anesthesia (other than local)

15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

Integumentary System - Repair (Closure)

CPT Code	Defined Ctgy	Description
12001		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12002		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007		Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12011		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018		Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020		Treatment of superficial wound dehiscence; simple closure
12021		Treatment of superficial wound dehiscence; with packing
12031		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037		Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042		Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm

12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm

14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14350	Filletted finger or toe flap, including preparation of recipient site

Integumentary System - Skin Grafts

CPT Code Defined Ctggy Description

15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (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
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
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)

Nervous System - Carpal Tunnel

CPT Code Defined Ctggy Description

29848	CARP	Endoscopy, wrist, surgical, with release of transverse carpal ligament
64721	CARP	Neuroplasty and/or transposition; median nerve at carpal tunnel

Nervous System - Incision/Excision

CPT Code	Defined Ctgy	Description
64774		Excision of neuroma; cutaneous nerve, surgically identifiable
64776		Excision of neuroma; digital nerve, 1 or both, same digit
64778		Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782		Excision of neuroma; hand or foot, except digital nerve
64783		Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784		Excision of neuroma; major peripheral nerve, except sciatic
64786		Excision of neuroma; sciatic nerve
64787		Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788		Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790		Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792		Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795		Biopsy of nerve
64802		Sympathectomy, cervical
64804		Sympathectomy, cervicothoracic
64809		Sympathectomy, thoracolumbar
64818		Sympathectomy, lumbar
64820		Sympathectomy; digital arteries, each digit

Nervous System - Neuroplasty

CPT Code	Defined Ctgy	Description
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
64716		Neuroplasty and/or transposition; cranial nerve (specify)
64718		Neuroplasty and/or transposition; ulnar nerve at elbow
64719		Neuroplasty and/or transposition; ulnar nerve at wrist
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)

Nervous System - Neurorrhaphy

CPT Code	Defined Ctgy	Description
64831		Suture of digital nerve, hand or foot; 1 nerve
64832		Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834		Suture of 1 nerve; hand or foot, common sensory nerve
64835		Suture of 1 nerve; median motor thenar

64836	Suture of 1 nerve; ulnar motor
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840	Suture of posterior tibial nerve
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	Suture of sciatic nerve
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	Suture of; brachial plexus
64862	Suture of; lumbar plexus
64864	Suture of facial nerve; extracranial
64865	Suture of facial nerve; infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	Anastomosis; facial-hypoglossal
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	Nerve pedicle transfer; first stage
64907	Nerve pedicle transfer; second stage

Nervous System - Other

CPT Code	Defined Ctg	Description
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64455		Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64632		Destruction by neurolytic agent; plantar common digital nerve

Nervous System - Transection or Avulsion

CPT Code	Defined Ctgy	Description
64732		Transection or avulsion of; supraorbital nerve
64734		Transection or avulsion of; infraorbital nerve
64736		Transection or avulsion of; mental nerve
64738		Transection or avulsion of; inferior alveolar nerve by osteotomy
64740		Transection or avulsion of; lingual nerve
64742		Transection or avulsion of; facial nerve, differential or complete
64744		Transection or avulsion of; greater occipital nerve
64746		Transection or avulsion of; phrenic nerve
64755		Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)
64760		Transection or avulsion of; vagus nerve (vagotomy), abdominal
64763		Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766		Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771		Transection or avulsion of other cranial nerve, extradural
64772		Transection or avulsion of other spinal nerve, extradural