



INDIANA HEALTH COVERAGE PROGRAMS PROVIDER CODE SETS

Codes associated with [BR201507](#) – February 17, 2015

Table 1 – CPT Codes with ASC Pricing Indicators Assigned for DOS on or after July 1, 2014

Table 2 – CPT Codes Linked to Revenue Codes 360/490 for DOS on or after July 1, 2014

Table 3 – Procedure Codes with ASC Pricing Indicators Removed Effective April 1, 2015

Table 1 – CPT Codes with ASC Pricing Indicators Assigned for DOS on or after July 1, 2014

CPT Code	Description	ASC Indicator
11719	Trimming of nondystrophic nails, any number	F
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	A
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	A
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	7
19499	Unlisted procedure, breast	8
20999	Unlisted procedure, musculoskeletal system, general	8
21079	Impression and custom preparation; interim obturator prosthesis	G
21080	Impression and custom preparation; definitive obturator prosthesis	G
21081	Impression and custom preparation; mandibular resection prosthesis	G
21083	Impression and custom preparation; palatal lift prosthesis	G
21084	Impression and custom preparation; speech aid prosthesis	G
21085	Impression and custom preparation; oral surgical splint	4
21086	Impression and custom preparation; auricular prosthesis	G

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**Table 1 – CPT Codes with ASC Pricing Indicators Assigned
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CPT Code	Description	ASC Indicator
21087	Impression and custom preparation; nasal prosthesis	G
21137	Reduction forehead; contouring only	8
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	G
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	G
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	G
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	G
21299	Unlisted craniofacial and maxillofacial procedure	D
21499	Unlisted musculoskeletal procedure, head	D
21685	Hyoid myotomy and suspension	8
22999	Unlisted procedure, abdomen, musculoskeletal system	8
25999	Unlisted procedure, forearm or wrist	C
29799	Unlisted procedure, casting or strapping	D
34501	Valvuloplasty, femoral vein	H
34510	Venous valve transposition, any vein donor	H
34530	Saphenopopliteal vein anastomosis	H
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	H
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	H
36591	Collection of blood specimen from a completely implantable venous access device	E
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	E
38999	Unlisted procedure, hemic or lymphatic system	B
40799	Unlisted procedure, lips	D
40899	Unlisted procedure, vestibule of mouth	D



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CPT Code	Description	ASC Indicator
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	8
41850	Destruction of lesion (except excision), dentoalveolar structures	8
42999	Unlisted procedure, pharynx, adenoids, or tonsils	D
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	8
47399	Unlisted procedure, liver	2
47999	Unlisted procedure, biliary tract	8
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	7
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	H
55899	Unlisted procedure, male genital system	D
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	G
59070	Transabdominal amnioinfusion, including ultrasound guidance	2
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	C
59076	Fetal shunt placement, including ultrasound guidance	C
62252	Reprogramming of programmable cerebrospinal shunt	D
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	C
68899	Unlisted procedure, lacrimal system	B
92953	Temporary transcutaneous pacing	2
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	2
92977	Thrombolysis, coronary; by intravenous infusion	C
92986	Percutaneous balloon valvuloplasty; aortic valve	G
92987	Percutaneous balloon valvuloplasty; mitral valve	M



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CPT Code	Description	ASC Indicator
92990	Percutaneous balloon valvuloplasty; pulmonary valve	M
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	M
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	D
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	D
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	D
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	D

**Table 2: CPT Codes Linked to Revenue Codes 360/490
for DOS on or after July 1, 2014**

CPT Code	Description	Revenue Code Linkages
11719	Trimming of nondystrophic nails, any number	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	360 – Operating Room Services-General
21685	Hyoid myotomy and suspension	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	490 – Ambulatory Surgical Care-General



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CPT Code	Description	Revenue Code Linkages
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	490 – Ambulatory Surgical Care-General
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	490 – Ambulatory Surgical Care-General
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	490 – Ambulatory Surgical Care-General
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	490 – Ambulatory Surgical Care-General
59070	Transabdominal amnioinfusion, including ultrasound guidance	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
59076	Fetal shunt placement, including ultrasound guidance	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
62252	Reprogramming of programmable cerebrospinal shunt	490 – Ambulatory Surgical Care-General
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
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	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	360 – Operating Room Services-General 490 – Ambulatory Surgical Care-General



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**Table 2: CPT Codes Linked to Revenue Codes 360/490
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CPT Code	Description	Revenue Code Linkages
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	360 – <i>Operating Room Services-General</i> 490 – <i>Ambulatory Surgical Care-General</i>

**Table 3: Procedure Codes with ASC Pricing Indicators Removed
Effective for DOS on or after April 1, 2015**

Procedure Code	Description
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
19364	Breast reconstruction with free flap
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
20661	Application of halo, including removal; cranial
20931	Allograft, structural, for spine surgery only (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)
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
21045	Excision of malignant tumor of mandible; radical resection
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; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
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)
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
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
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)
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)
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)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
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
21705	Division of scalenus anticus; with resection of cervical rib
21740	Reconstructive repair of pectus excavatum or carinatum; open
21750	Closure of median sternotomy separation with or without debridement (separate procedure)
21825	Open treatment of sternum fracture with or without skeletal fixation
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar

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Procedure Code	Description
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22830	Exploration of spinal fusion
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)

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Procedure Code	Description
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22849	Reinsertion of spinal fixation device
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22852	Removal of posterior segmental instrumentation
22855	Removal of anterior instrumentation
23200	Radical resection of tumor; clavicle
23210	Radical resection of tumor; scapula
23220	Radical resection of tumor, proximal humerus
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23900	Interthoracoscaphic amputation (forequarter)
23920	Disarticulation of shoulder;
24900	Amputation, arm through humerus; with primary closure
24920	Amputation, arm through humerus; open, circular (guillotine)
24930	Amputation, arm through humerus; re-amputation
24931	Amputation, arm through humerus; with implant
24940	Cineplasty, upper extremity, complete procedure
25900	Amputation, forearm, through radius and ulna
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25915	Krukenberg procedure
25920	Disarticulation through wrist;
25924	Disarticulation through wrist; re-amputation
25927	Transmetacarpal amputation;
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

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
26556	Transfer, free toe joint, with microvascular anastomosis
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27005	Tenotomy, hip flexor(s), open (separate procedure)
27025	Fasciotomy, hip or thigh, any type
27030	Arthrotomy, hip, with drainage (eg, infection)
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)
27054	Arthrotomy with synovectomy, hip joint
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
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
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
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
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
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



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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed
27253	Open treatment of hip dislocation, traumatic, without internal fixation
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed
27280	Arthrodesis, sacroiliac joint (including obtaining graft)
27282	Arthrodesis, symphysis pubis (including obtaining graft)
27284	Arthrodesis, hip joint (including obtaining graft);
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	Interpelviabdominal amputation (hindquarter amputation)
27295	Disarticulation of hip
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, femur or knee
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
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)
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
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



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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed
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
27580	Arthrodesis, knee, any technique
27590	Amputation, thigh, through femur, any level;
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)
27596	Amputation, thigh, through femur, any level; re-amputation
27598	Disarticulation at knee
27645	Radical resection of tumor; tibia
27646	Radical resection of tumor; fibula
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	Osteoplasty, tibia and fibula, lengthening or shortening
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
27727	Repair of congenital pseudarthrosis, tibia
27880	Amputation, leg, through tibia and fibula;

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
Effective for DOS on or after April 1, 2015**

Procedure Code	Description
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)
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
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)
31225	Maxillectomy; without orbital exenteration
31230	Maxillectomy; with orbital exenteration (en bloc)
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region
31360	Laryngectomy; total, without radical neck dissection
31365	Laryngectomy; total, with radical neck dissection
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection
31370	Partial laryngectomy (hemilaryngectomy); horizontal
31375	Partial laryngectomy (hemilaryngectomy); lateroververtical
31380	Partial laryngectomy (hemilaryngectomy); anterovertical
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction
31584	Laryngoplasty; with open reduction of fracture
31587	Laryngoplasty, cricoid split
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside
31760	Tracheoplasty; intrathoracic
31766	Carinal reconstruction
31770	Bronchoplasty; graft repair

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
31775	Bronchoplasty; excision stenosis and anastomosis
31780	Excision tracheal stenosis and anastomosis; cervical
31781	Excision tracheal stenosis and anastomosis; cervicothoracic
31786	Excision of tracheal tumor or carcinoma; thoracic
31800	Suture of tracheal wound or injury; cervical
31805	Suture of tracheal wound or injury; intrathoracic
32035	Thoracostomy; with rib resection for empyema
32036	Thoracostomy; with open flap drainage for empyema
32100	Thoracotomy; with exploration
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear
32120	Thoracotomy; for postoperative complications
32124	Thoracotomy; with open intrapleural pneumonolysis
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit
32151	Thoracotomy; with removal of intrapulmonary foreign body
32160	Thoracotomy; with cardiac massage
32200	Pneumonostomy, with open drainage of abscess or cyst
32215	Pleural scarification for repeat pneumothorax
32220	Decortication, pulmonary (separate procedure); total
32225	Decortication, pulmonary (separate procedure); partial
32310	Pleurectomy, parietal (separate procedure)
32320	Decortication and parietal pleurectomy
32440	Removal of lung, pneumonectomy;
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	Removal of lung, pneumonectomy; extrapleural

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)
32540	Extrapleural enucleation of empyema (empyemectomy)
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)
32651	Thoracoscopy, surgical; with partial pulmonary decortication
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed
32656	Thoracoscopy, surgical; with parietal pleurectomy
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663	Thoracoscopy, surgical; with lobectomy (single lobe)
32664	Thoracoscopy, surgical; with thoracic sympathectomy
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32800	Repair lung hernia through chest wall

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)
32815	Open closure of major bronchial fistula
32820	Major reconstruction, chest wall (posttraumatic)
32900	Resection of ribs, extrapleural, all stages
32905	Thoracoplasty, Schede type or extrapleural (all stages)
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures
32997	Total lung lavage (unilateral)
33015	Tube pericardiostomy
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)
33025	Creation of pericardial window or partial resection for drainage
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass
33050	Resection of pericardial cyst or tumor
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass
33130	Resection of external cardiac tumor
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
33238	Removal of permanent transvenous electrode(s) by thoracotomy
33243	Removal of single or dual chamber pacing cardioverter-defibrillator electrode(s); by thoracotomy

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
33300	Repair of cardiac wound; without bypass
33305	Repair of cardiac wound; with cardiopulmonary bypass
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
33321	Suture repair of aorta or great vessels; with shunt bypass
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass
33401	Valvuloplasty, aortic valve; open, with inflow occlusion
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass
33404	Construction of apical-aortic conduit
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve
33406	Replacement, aortic valve, with cardiopulmonary bypass; with allograft valve (freehand)
33410	Replacement, aortic valve, with cardiopulmonary bypass; with stentless tissue valve
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)
33417	Aortoplasty (gusset) for supravalvular stenosis
33420	Valvotomy, mitral valve; closed heart
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring
33430	Replacement, mitral valve, with cardiopulmonary bypass
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass
33463	Valvuloplasty, tricuspid valve; without ring insertion
33464	Valvuloplasty, tricuspid valve; with ring insertion
33465	Replacement, tricuspid valve, with cardiopulmonary bypass
33468	Tricuspid valve repositioning and plication for Ebstein anomaly
33470	Valvotomy, pulmonary valve, closed heart; transventricular
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery
33474	Valvotomy, pulmonary valve, open heart; with cardiopulmonary bypass
33475	Replacement, pulmonary valve
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
Effective for DOS on or after April 1, 2015**

Procedure Code	Description
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
33510	Coronary artery bypass, vein only; single coronary venous graft
33511	Coronary artery bypass, vein only; 2 coronary venous grafts
33512	Coronary artery bypass, vein only; 3 coronary venous grafts
33513	Coronary artery bypass, vein only; 4 coronary venous grafts
33514	Coronary artery bypass, vein only; 5 coronary venous grafts
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
33533	Coronary artery bypass, using arterial graft(s); single arterial graft
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
33542	Myocardial resection (eg, ventricular aneurysmectomy)
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch
33606	Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair
33670	Repair of complete atrioventricular canal, with or without prosthetic valve
33681	Closure of single ventricular septal defect, with or without patch;
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
33690	Banding of pulmonary artery
33692	Complete repair tetralogy of Fallot without pulmonary atresia;
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect
33722	Closure of aortico-left ventricular tunnel
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)
33732	Repair of cor triatriatum or supravalvular mitral ring by resection of left atrial membrane
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)
33764	Shunt; central, with prosthetic graft
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	Division of aberrant vessel (vascular ring);
33820	Repair of patent ductus arteriosus; by ligation
33822	Repair of patent ductus arteriosus; by division, younger than 18 years
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
33870	Transverse arch graft, with cardiopulmonary bypass
33875	Descending thoracic aorta graft, with or without bypass
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
33922	Transection of pulmonary artery with cardiopulmonary bypass
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
33940	Donor cardiectomy (including cold preservation)
33945	Heart transplant, with or without recipient cardiectomy
33967	Insertion of intra-aortic balloon assist device, percutaneous
33968	Removal of intra-aortic balloon assist device, percutaneous
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
33973	Insertion of intra-aortic balloon assist device through the ascending aorta
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
33975	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	Insertion of ventricular assist device; extracorporeal, biventricular
33977	Removal of ventricular assist device; extracorporeal, single ventricle
33978	Removal of ventricular assist device; extracorporeal, biventricular
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision
34502	Reconstruction of vena cava, any method
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
34833	Open iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
34834	Open brachial artery exposure to assist in the deployment of aortic or iliac endovascular prosthesis by arm incision, unilateral
34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery



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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery
35182	Repair, congenital arteriovenous fistula; thorax and abdomen
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen
35211	Repair blood vessel, direct; intrathoracic, with bypass
35216	Repair blood vessel, direct; intrathoracic, without bypass
35221	Repair blood vessel, direct; intra-abdominal
35241	Repair blood vessel with vein graft; intrathoracic, with bypass
35246	Repair blood vessel with vein graft; intrathoracic, without bypass
35251	Repair blood vessel with vein graft; intra-abdominal
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281	Repair blood vessel with graft other than vein; intra-abdominal
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal
35351	Thromboendarterectomy, including patch graft, if performed; iliac
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral
35371	Thromboendarterectomy, including patch graft, if performed; common femoral
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)
35450	Transluminal balloon angioplasty, open; renal or other visceral artery
35452	Transluminal balloon angioplasty, open; aortic
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid
35508	Bypass graft, with vein; carotid-vertebral
35509	Bypass graft, with vein; carotid-contralateral carotid
35510	Bypass graft, with vein; carotid-brachial
35511	Bypass graft, with vein; subclavian-subclavian
35512	Bypass graft, with vein; subclavian-brachial
35515	Bypass graft, with vein; subclavian-vertebral
35516	Bypass graft, with vein; subclavian-axillary

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
35518	Bypass graft, with vein; axillary-axillary
35521	Bypass graft, with vein; axillary-femoral
35522	Bypass graft, with vein; axillary-brachial
35523	Bypass graft, with vein; brachial-ulnar or –radial
35525	Bypass graft, with vein; brachial-brachial
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
35531	Bypass graft, with vein; aortoceliac or aortomesenteric
35533	Bypass graft, with vein; axillary-femoral-femoral
35535	Bypass graft, with vein; hepatorenal
35536	Bypass graft, with vein; splenorenal
35537	Bypass graft, with vein; aortoiliac
35538	Bypass graft, with vein; aortobi-iliac
35539	Bypass graft, with vein; aortofemoral
35540	Bypass graft, with vein; aortobifemoral
35556	Bypass graft, with vein; femoral-popliteal
35558	Bypass graft, with vein; femoral-femoral
35560	Bypass graft, with vein; aortorenal
35563	Bypass graft, with vein; ilioiliac
35565	Bypass graft, with vein; iliofemoral
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35583	In-situ vein bypass; femoral-popliteal
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587	In-situ vein bypass; popliteal-tibial, peroneal
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
35606	Bypass graft, with other than vein; carotid-subclavian
35612	Bypass graft, with other than vein; subclavian-subclavian
35616	Bypass graft, with other than vein; subclavian-axillary
35621	Bypass graft, with other than vein; axillary-femoral
35623	Bypass graft, with other than vein; axillary-popliteal or –tibial
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35632	Bypass graft, with other than vein; ilio-celiac
35633	Bypass graft, with other than vein; ilio-mesenteric
35634	Bypass graft, with other than vein; iliorenal
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35642	Bypass graft, with other than vein; carotid-vertebral
35645	Bypass graft, with other than vein; subclavian-vertebral
35646	Bypass graft, with other than vein; aortobifemoral
35647	Bypass graft, with other than vein; aortofemoral
35650	Bypass graft, with other than vein; axillary-axillary
35654	Bypass graft, with other than vein; axillary-femoral-femoral
35656	Bypass graft, with other than vein; femoral-popliteal
35661	Bypass graft, with other than vein; femoral-femoral
35663	Bypass graft, with other than vein; ilioiliac
35665	Bypass graft, with other than vein; iliofemoral
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)
35691	Transposition and/or reimplantation; vertebral to carotid artery

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
35693	Transposition and/or reimplantation; vertebral to subclavian artery
35694	Transposition and/or reimplantation; subclavian to carotid artery
35695	Transposition and/or reimplantation; carotid to subclavian artery
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen
35901	Excision of infected graft; neck
35905	Excision of infected graft; thorax
35907	Excision of infected graft; abdomen
36000	Introduction of needle or intracatheter, vein
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy
37140	Venous anastomosis, open; portocaval
37145	Venous anastomosis, open; renoportal
37160	Venous anastomosis, open; caval-mesenteric
37180	Venous anastomosis, open; splenorenal, proximal
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
37616	Ligation, major artery (eg, post-traumatic, rupture); chest
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity
38100	Splenectomy; total (separate procedure)
38101	Splenectomy; partial (separate procedure)
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38380	Suture and/or ligation of thoracic duct; cervical approach
38381	Suture and/or ligation of thoracic duct; thoracic approach
38382	Suture and/or ligation of thoracic duct; abdominal approach
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)
38724	Cervical lymphadenectomy (modified radical neck dissection)
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy
39200	Resection of mediastinal cyst
39220	Resection of mediastinal tumor
39501	Repair, laceration of diaphragm, any approach
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
39560	Resection, diaphragm; with simple repair (eg, primary suture)
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)
41130	Glossectomy; hemiglossectomy
41135	Glossectomy; partial, with unilateral radical neck dissection
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis
42953	Pharyngoesophageal repair

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization
43045	Esophagotomy, thoracic approach, with removal of foreign body
43100	Excision of lesion, esophagus, with primary repair; cervical approach
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty



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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
43330	Esophagomyotomy (Heller type); abdominal approach
43331	Esophagomyotomy (Heller type); thoracic approach
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
43352	Esophagostomy, fistulization of esophagus, external; cervical approach
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)
43400	Ligation, direct, esophageal varices
43401	Transection of esophagus with repair, for esophageal varices
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation
43410	Suture of esophageal wound or injury; cervical approach
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach
43460	Esophagogastric tamponade, with balloon (Sengstaken type)
43500	Gastrotomy; with exploration or foreign body removal
43501	Gastrotomy; with suture repair of bleeding ulcer
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43605	Biopsy of stomach, by laparotomy
43610	Excision, local; ulcer or benign tumor of stomach
43611	Excision, local; malignant tumor of stomach
43620	Gastrectomy, total; with esophagoenterostomy
43621	Gastrectomy, total; with Roux-en-Y reconstruction
43622	Gastrectomy, total; with formation of intestinal pouch, any type
43631	Gastrectomy, partial, distal; with gastroduodenostomy
43632	Gastrectomy, partial, distal; with gastrojejunostomy
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	Gastrectomy, partial, distal; with formation of intestinal pouch

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components
43800	Pyloroplasty
43810	Gastroduodenostomy
43820	Gastrojejunostomy; without vagotomy
43825	Gastrojejunostomy; with vagotomy, any type
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
43880	Closure of gastrocolic fistula
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)
44025	Colotomy, for exploration, biopsy(s), or foreign body removal
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44120	Enterectomy, resection of small intestine; single resection and anastomosis
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	Enterectomy, resection of small intestine; with enterostomy
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)
44140	Colectomy, partial; with anastomosis
44141	Colectomy, partial; with skin level cecostomy or colostomy
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
44147	Colectomy, partial; abdominal and transanal approach
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy



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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)
44310	Ileostomy or jejunostomy, non-tube
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)
44316	Continent ileostomy (Kock procedure) (separate procedure)
44320	Colostomy or skin level cecostomy;
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620	Closure of enterostomy, large or small intestine;
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44640	Closure of intestinal cutaneous fistula
44650	Closure of enteroenteric or enterocolic fistula
44660	Closure of enterovesical fistula; without intestinal or bladder resection
44661	Closure of enterovesical fistula; with intestine and/or bladder resection
44680	Intestinal plication (separate procedure)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820	Excision of lesion of mesentery (separate procedure)
44850	Suture of mesentery (separate procedure)
44900	Incision and drainage of appendiceal abscess, open
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
45110	Proctectomy; complete, combined abdominoperineal, with colostomy
45111	Proctectomy; partial resection of rectum, transabdominal approach
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45123	Proctectomy, partial, without anastomosis, perineal approach
45130	Excision of rectal procidentia, with anastomosis; perineal approach
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach
45136	Excision of ileoanal reservoir with ileostomy
45540	Proctopexy (eg, for prolapse); abdominal approach
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach
45562	Exploration, repair, and presacral drainage for rectal injury;
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy
45800	Closure of rectovesical fistula;

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
45805	Closure of rectovesical fistula; with colostomy
45820	Closure of rectourethral fistula;
45825	Closure of rectourethral fistula; with colostomy
46705	Anoplasty, plastic operation for stricture; infant
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
46751	Sphincteroplasty, anal, for incontinence or prolapse; child
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)
47100	Biopsy of liver, wedge
47120	Hepatectomy, resection of liver; partial lobectomy
47122	Hepatectomy, resection of liver; trisegmentectomy
47125	Hepatectomy, resection of liver; total left lobectomy
47130	Hepatectomy, resection of liver; total right lobectomy

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47300	Marsupialization of cyst or abscess of liver
47350	Management of liver hemorrhage; simple suture of liver wound or injury
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
47570	Laparoscopy, surgical; cholecystoenterostomy
47600	Cholecystectomy;
47605	Cholecystectomy; with cholangiography
47610	Cholecystectomy with exploration of common duct;

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
47612	Cholecystectomy with exploration of common duct; with choledochenterostomy
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography
47701	Portoenterostomy (eg, Kasai procedure)
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic
47715	Excision of choledochal cyst
47720	Cholecystoenterostomy; direct
47721	Cholecystoenterostomy; with gastroenterostomy
47740	Cholecystoenterostomy; Roux-en-Y
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis
47801	Placement of choledochal stent
47802	U-tube hepaticoenterostomy
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)
48000	Placement of drains, peripancreatic, for acute pancreatitis;
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy
48020	Removal of pancreatic calculus
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)
48120	Excision of lesion of pancreas (eg, cyst, adenoma)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48148	Excision of ampulla of Vater
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy
48155	Pancreatectomy, total
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)
48500	Marsupialization of pancreatic cyst
48510	External drainage, pseudocyst of pancreas, open
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545	Pancreatorrhaphy for injury
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	Reopening of recent laparotomy
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open
49040	Drainage of subdiaphragmatic or subphrenic abscess, open

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
49060	Drainage of retroperitoneal abscess, open
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
49215	Excision of presacral or sacrococcygeal tumor
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)
49400	Injection of air or contrast into peritoneal cavity (separate procedure)
49425	Insertion of peritoneal-venous shunt
49428	Ligation of peritoneal-venous shunt
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	Repair of omphalocele (Gross type operation); second stage
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)
50010	Renal exploration, not necessitating other specific procedures
50040	Nephrostomy, nephrotomy with drainage
50045	Nephrotomy, with exploration
50060	Nephrolithotomy; removal of calculus
50065	Nephrolithotomy; secondary surgical operation for calculus

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
50070	Nephrolithotomy; complicated by congenital kidney abnormality
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anastrophic pyelolithotomy)
50100	Transection or repositioning of aberrant renal vessels (separate procedure)
50120	Pyelotomy; with exploration
50125	Pyelotomy; with drainage, pyelostomy
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50205	Renal biopsy; by surgical exposure of kidney
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision
50240	Nephrectomy, partial
50280	Excision or unroofing of cyst(s) of kidney
50290	Excision of perinephric cyst
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyco-plasty)
50500	Nephrorrhaphy, suture of kidney wound or injury
50520	Closure of nephrocutaneous or pyelocutaneous fistula
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy
50600	Ureterotomy with exploration or drainage (separate procedure)
50605	Ureterotomy for insertion of indwelling stent, all types
50610	Ureterolithotomy; upper one-third of ureter
50620	Ureterolithotomy; middle one-third of ureter
50630	Ureterolithotomy; lower one-third of ureter
50650	Ureterectomy, with bladder cuff (separate procedure)
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722	Ureterolysis for ovarian vein syndrome
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx
50760	Ureteroureterostomy
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
50783	Ureteroneocystostomy; with extensive ureteral tailoring
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine
50810	Uretersigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815	Ureterocolon conduit, including intestine anastomosis
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, uretersigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis
50845	Cutaneous appendico-vesicostomy
50860	Ureterostomy, transplantation of ureter to skin
50900	Ureterorrhaphy, suture of ureter (separate procedure)
50920	Closure of ureterocutaneous fistula
50930	Closure of ureterovisceral fistula (including visceral repair)
50940	Deligation of ureter
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)
51530	Cystotomy; for excision of bladder tumor
51550	Cystectomy, partial; simple
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	Cystectomy, complete; (separate procedure)
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	Cystectomy, complete, with uretersigmoidostomy or ureterocutaneous transplantations;

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated
51900	Closure of vesicovaginal fistula, abdominal approach
51920	Closure of vesicouterine fistula;
51925	Closure of vesicouterine fistula; with hysterectomy
51940	Closure, exstrophy of bladder
51960	Enterocystoplasty, including intestinal anastomosis
51980	Cutaneous vesicostomy
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue
54125	Amputation of penis; complete

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
54130	Amputation of penis, radical; with bilateral inguinothoracic lymphadenectomy
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral
55605	Vesiculotomy; complicated
55650	Vesiculectomy, any approach
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)
55810	Prostatectomy, perineal radical;
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal
55840	Prostatectomy, retropubic radical, with or without nerve sparing;
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
56630	Vulvectomy, radical, partial;
56631	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy
56633	Vulvectomy, radical, complete;
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy
56640	Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy
57110	Vaginectomy, complete removal of vaginal wall;
57270	Repair of enterocele, abdominal approach (separate procedure)
57280	Colpopexy, abdominal approach
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach
57305	Closure of rectovaginal fistula; abdominal approach
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant
57540	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)
57545	Excision of cervical stump, abdominal approach;
58140	Excision of cervical stump, abdominal approach; with pelvic floor repair
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach
58150	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
58180	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58200	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58210	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58240	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58267	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58275	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58280	Vaginal hysterectomy, with total or partial vaginectomy;
58285	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58293	Vaginal hysterectomy, radical (Schauta type operation)
58400	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)
58520	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy
58540	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)
58605	Hysteroplasty, repair of uterine anomaly (Strassman type)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
58740	Lysis of adhesions (salpingolysis, ovariolysis)
58822	Drainage of ovarian abscess; abdominal approach
58825	Transposition, ovary(s)
58940	Oophorectomy, partial or total, unilateral or bilateral;
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation
59325	Cerclage of cervix, during pregnancy; abdominal
59350	Hysterorrhaphy of ruptured uterus
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only;
59515	Cesarean delivery only; including postpartum care
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care
59830	Treatment of septic abortion, completed surgically
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor
60600	Excision of carotid body tumor; without excision of carotid artery
60605	Excision of carotid body tumor; with excision of carotid artery
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal
61105	Twist drill hole for subdural or ventricular puncture
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61304	Craniectomy or craniotomy, exploratory; supratentorial

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
61332	Exploration of orbit (transcranial approach); with biopsy
61333	Exploration of orbit (transcranial approach); with removal of lesion
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)
61345	Other cranial decompression, posterior fossa
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy
61500	Craniectomy; with excision of tumor or other bone lesion of skull
61501	Craniectomy; for osteomyelitis
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550	Craniectomy for craniosynostosis; single cranial suture
61552	Craniectomy for craniosynostosis; multiple cranial sutures
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	Craniotomy for craniosynostosis; bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61570	Craniectomy or craniotomy; with excision of foreign body from brain
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61610	Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)



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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690	Surgery of intracranial arteriovenous malformation; dural, simple
61692	Surgery of intracranial arteriovenous malformation; dural, complex
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical
62005	Elevation of depressed skull fracture; compound or comminuted, extradural
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea
62120	Repair of encephalocele, skull vault, including cranioplasty
62121	Craniotomy for repair of encephalocele, skull base
62140	Cranioplasty for skull defect; up to 5 cm diameter
62141	Cranioplasty for skull defect; larger than 5 cm diameter
62142	Removal of bone flap or prosthetic plate of skull
62143	Replacement of bone flap or prosthetic plate of skull
62145	Cranioplasty for skull defect with reparative brain surgery
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163	Neuroendoscopy, intracranial; with retrieval of foreign body
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage



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Procedure Code	Description
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62180	Ventriculocisternostomy (Torkildsen type operation)
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62200	Ventriculocisternostomy, third ventricle;
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62256	Removal of complete cerebrospinal fluid shunt system; without replacement
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
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)
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

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
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)
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical

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Procedure Code	Description
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic
63200	Laminectomy, with release of tethered spinal cord, lumbar
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar

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**Table 3: Procedure Codes with ASC Pricing Indicators Removed
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Procedure Code	Description
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)
63700	Repair of meningocele; less than 5 cm diameter
63702	Repair of meningocele; larger than 5 cm diameter
63706	Repair of myelomeningocele; larger than 5 cm diameter
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	Dural graft, spinal
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy

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Procedure Code	Description
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
64809	Sympathectomy, thoracolumbar
64818	Sympathectomy, lumbar
64866	Anastomosis; facial-spinal accessory
64868	Anastomosis; facial-hypoglossal
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization
65767	Epikeratoplasty
69155	Radical excision external auditory canal lesion; with neck dissection
69535	Resection temporal bone, external approach
69554	Excision aural glomus tumor; extended (extratemporal)
69950	Vestibular nerve section, transcranial approach
73030	Radiologic examination, shoulder; complete, minimum of 2 views
0169T	Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
G0166	External counterpulsation, per treatment session
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)