

# คู่มือค่าธรรมเนียมแพทย์ พ.ศ. 2549





หนังสือ “คู่มือค่าธรรมเนียมแพทย์ พ.ศ. 2549”

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บรรณาธิการผู้พิมพ์ผู้โฆษณา

นายแพทย์สมศักดิ์ เจริญชัยปิยกุล

กองบรรณาธิการ

นายแพทย์สมศักดิ์ เจริญชัยปิยกุล

นางสาวอุมาพร กนกธร

พิมพ์ที่                      โรงพิมพ์โกสัดเด็น

แยกสี                      ยูนิคกราฟฟิค

สำนักพิมพ์                      ห้างหุ้นส่วนจำกัด เอ็ม เอส เอส เซอร์วิส

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แพทยสภาได้ประกาศใช้คู่มือค่าธรรมเนียมแพทย์ พ.ศ. 2544 เป็นครั้งแรกเมื่อปี 2544 เพื่อเป็นแนวทางการกำหนดค่าธรรมเนียมแพทย์ในสถานพยาบาลและมีกำหนดให้ปรับปรุงทุก 2 ปี เพื่อให้สอดคล้องกับความก้าวหน้าทางการแพทย์และสภาพเศรษฐกิจที่เปลี่ยนแปลงไป โดยมอบหมายให้คณะกรรมการพัฒนาคู่มือค่าธรรมเนียมแพทย์เป็นผู้ดำเนินการและเสนอผ่านความเห็นชอบจากคณะกรรมการแพทยสภา ซึ่งอนุมัติให้จัดพิมพ์เพื่อเผยแพร่คู่มือค่าธรรมเนียมแพทย์ 2549 ได้

ที่ผ่านมาคู่มือค่าธรรมเนียมแพทย์ 2544 ได้กำหนดอัตราค่าธรรมเนียมแพทย์สูงสุดเอาไว้อัตราเดียว ทำให้มีปัญหาที่ทุกคนจะใช้ราคาสูงสุดเหมือนกันหมดทั้งที่ความสามารถและประสบการณ์ไม่เท่ากันส่วนแพทย์ที่ดูแลชาวต่างประเทศก็ประสบปัญหาเพราะบริษัทประกันต่างประเทศจะใช้ค่าธรรมเนียมแพทย์ของไทยเป็นหลักไม่ยอมจ่ายสูงกว่าที่กำหนด ดังนั้นคู่มือค่าธรรมเนียมแพทย์ 2549 นี้ จึงกำหนดค่าเฉลี่ยสำหรับแพทย์ทั่วไปและกำหนดราคาที่เป็น 90 percentile ไว้ไม่ได้กำหนดราคาสูงสุดไว้เพื่อให้เกิดความยืดหยุ่นในกรณีที่หัตถการนั้นยุ่งยากกว่าปกติหรือเป็นชาวต่างประเทศที่ใช้มาตรฐานที่แตกต่างกัน อย่างไรก็ตามคู่มือเล่มนี้ยังคงไม่มีความสมบูรณ์ครบถ้วนทุกอย่าง หากสมาชิกแพทยสภาเห็นว่ามีส่วนเสนอแนะอันใดที่เป็นประโยชน์ โปรดแจ้งให้แพทยสภาทราบ เพื่อเป็นข้อมูลในการปรับปรุงในโอกาสต่อไป

ขอขอบคุณคณะกรรมการแพทยสภา คณะอนุกรรมการฯ และผู้ที่เกี่ยวข้องทุก ๆ ท่าน ที่มีส่วนร่วมในการจัดทำคู่มือค่าธรรมเนียมแพทย์ 2549 นี้

ศาสตราจารย์นายแพทย์สมศักดิ์ โล่ห์เลขา  
นายกแพทยสภา

๖  
๖

ฉบับที่

ได้

จ่ายค่า

แต่

แต่ยังมี

แล้ว

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## ข้อ ๒ ถ้อยแถลง



สืบเนื่องจาก แพทยสภาได้แต่งตั้งคณะกรรมการพัฒนาคู่มือค่าธรรมเนียมแพทย์ที่ได้ประกาศใช้ไปในฉบับที่ 1 ตั้งแต่ปี 2544 นั้น เนื่องจากขณะนี้เวลาได้ล่วงเลยไป 5 ปีแล้ว ตลอดจนการให้บริการสุขภาพของประชาชนได้มีการเปลี่ยนแปลงโดยสิ้นเชิง กล่าวคือ ประชาชนคนไทยทุก ๆ คนได้มีหลักประกันสุขภาพ (คือมีกองทุนจ่ายค่าบริการสุขภาพให้แล้ว) ไม่ว่าจะเป็น 1)ข้าราชการ & ครอบครัว : จ่ายโดยสำนักงานงบประมาณ, 2) นายจ้างและลูกจ้าง : จ่ายโดยกองทุนประกันสังคม, 3) ประชาชนที่เหลือ : จ่ายโดยกองทุนหลักประกันสุขภาพ (บัตรทอง) แต่ยังมีประชาชนกลุ่มหนึ่งที่เต็มใจที่จะไปใช้ทางเลือกอื่น ๆ นอกเหนือจากการใช้สิทธิของตนเองมีอยู่ กล่าวคือเลือกไปใช้บริการตามโรงพยาบาลเอกชน หรือ คลินิกแพทย์ต่าง ๆ ซึ่งมีกระจายอยู่ทั่วประเทศ ซึ่งเรียกชื่อรวมกันว่าสถานบริการ ที่อยู่ภายใต้กฎหมายพระราชบัญญัติสถานพยาบาล 2541 ซึ่งมีประกาศขออนุญาตให้สถานพยาบาลประกาศอัตราเรียกเก็บค่าบริการทุกประเภทรวมทั้งค่าบริการทางการแพทย์ด้วย ทั้งนี้เพื่อให้ประชาชนสอบถามได้ก่อนเข้ารับบริการ และสามารถที่จะตรวจสอบได้เมื่อรับบริการแล้วและถูกเรียกเก็บค่าบริการ

ค่าธรรมเนียมการให้บริการวิชาชีพแพทย์ เป็นอีกหมวดหนึ่งซึ่งจำเป็นที่จะประกาศให้ประชาชนผู้มาใช้บริการได้รับทราบดังกล่าวแล้ว คณะกรรมการฯ ซึ่งประกอบด้วยผู้แทนของราชวิทยาลัย สาขาต่าง ๆ ทั้ง 13 ราชวิทยาลัย จึงได้ร่วมกันสำรวจอัตราค่าบริการทางการแพทย์ของแพทย์ในสาขาต่าง ๆ ทั้งหมด และนำมากำหนดตามหัตถการฉบับประเทศไทย (ICD 10 TM) และเมื่อสำรวจได้ทั้งหมดแล้ว จึงได้กำหนดเป็น 2 ราคา ในแต่ละหัตถการ คือ ราคา *Mean* และราคาที่สูงกว่าคือ *ราคา 90 Percentile*

ราคาทั้ง 2 กลุ่มนั้น ไม่ได้เป็นการบังคับให้แพทย์แต่ละคนต้องกำหนดค่าบริการตามราคาทั้ง 2 กลุ่ม แต่เป็นแนวทางให้แพทย์สามารถกำหนดราคาค่าบริการทางการแพทย์ ซึ่งสถานพยาบาลแต่ละแห่งต้องประกาศตามข้อบังคับของสถานพยาบาลได้ ราคาค่าบริการทางการแพทย์ที่แพทย์แต่ละคนประกาศนั้น ก็จะสูงหรือต่ำกว่าก็ได้ ขึ้นอยู่กับสถานะการณ์และดุลยพินิจของแพทย์แต่ละคน ทั้งนี้อาจคำนึงถึงปัจจัยในเรื่อง เวลาและสถานที่ เช่น เวลาปกติหรือเวลาเร่งด่วนฉุกเฉิน โรงพยาบาลขนาดใหญ่หรือโรงพยาบาลขนาดเล็ก ปัจจัยในเรื่องความสามารถจากประสบการณ์ที่แตกต่างกัน และปัจจัยความสามารถในการใช้เครื่องมือพิเศษซึ่ง แต่ละคนมีไม่เท่ากันมาใช้ในการพิจารณาร่วมด้วย

คณะกรรมการฯ ใคร่ขอขอบคุณราชวิทยาลัยทุก ๆ ราชวิทยาลัยที่ร่วมให้ข้อมูลและส่งผู้แทนมาร่วมทำงาน ซึ่งมีรายละเอียดมากมายจนลุล่วงไปได้เป็นอย่างดี ตลอดจนใคร่ขอบพระคุณ คณะกรรมการแพทยสภาที่ได้พิจารณาให้ความเห็นชอบและอนุมัติให้เผยแพร่คู่มือค่าธรรมเนียมแพทย์ 2549 เพื่อเป็นแนวทางให้แพทย์แต่ละคนสามารถที่จะกำหนดค่าธรรมเนียมในการประกอบวิชาชีพเพื่อประกาศออกไปได้

ขอขอบคุณเจ้าหน้าที่แพทยสภาที่ได้ทำงานด้วยความยากลำบากในการรวบรวมข้อมูลเหล่านี้

นายแพทย์เอื้อชาติ กาญจนพิทักษ์

ประธานคณะกรรมการพัฒนาคู่มือค่าธรรมเนียมแพทย์

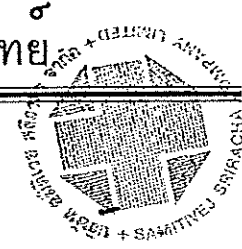
ตุลาคม 2549

กำหนด  
แพทย์  
นินการ  
2549

ทำให้  
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จัดทำ

# คณะกรรมการพัฒนาฝีมือค่าธรรมเนียมแพทย์



- |                                    |  |                        |
|------------------------------------|--|------------------------|
| 1. นายแพทย์เอื้อชาติ กาญจนพิทักษ์  |  | ประธานคณะกรรมการ       |
| 2. นายแพทย์สุรพจน์ สุวรรณพานิช     |  | อนุกรรมการ             |
| 3. นายแพทย์ประพุทธ ศิริบุญย์       | ผู้แทนราชวิทยาลัยกุมารแพทย์ฯ             | อนุกรรมการ             |
| 4. นายแพทย์ไพศาล พงศ์ชัยฤกษ์       | ผู้แทนราชวิทยาลัยศัลย์แพทย์ฯ             | อนุกรรมการ             |
| 5. นายแพทย์สมศักดิ์ จันทะศรี       | ผู้แทนราชวิทยาลัยโสต ศอ นาสิกแพทย์       | อนุกรรมการ             |
| 6. แพทย์หญิงจามรี เชื้อเพชรโสภณ    | ผู้แทนราชวิทยาลัยรังสีแพทย์ฯ             | อนุกรรมการ             |
| 7. แพทย์หญิงขวัญใจ วงศ์กิตติรักษ์  | ผู้แทนราชวิทยาลัยจักษุแพทย์ฯ             | อนุกรรมการ             |
| 8. นายแพทย์สมรัตน์ จารุลักษณะนันท์ | ผู้แทนราชวิทยาลัยวิสัญญีแพทย์ฯ           | อนุกรรมการ             |
| 9. นายแพทย์ฉกาจ ม่องอักษร          | ผู้แทนราชวิทยาลัยแพทย์เวชศาสตร์ฟื้นฟูฯ   | อนุกรรมการ             |
| 10. นายแพทย์วิชาญ เปี้ยะนัม        | ผู้แทนราชวิทยาลัยพยาธิแพทย์ฯ             | อนุกรรมการ             |
| 11. นายแพทย์จรงเจตน์ อวเจณพงษ์     | ผู้แทนราชวิทยาลัยสูตินรีแพทย์ฯ           | อนุกรรมการ             |
| 12. นายแพทย์กฤษณ์ กาญจนฤกษ์        | ผู้แทนราชวิทยาลัยแพทย์ออร์โธปิดิกส์ฯ     | อนุกรรมการ             |
| 13. นายแพทย์พนม เกตุมาน            | ผู้แทนราชวิทยาลัยจิตแพทย์ฯ               | อนุกรรมการ             |
| 14. นายแพทย์มานพ เงินวิวัฒน์กุล    | ผู้แทนราชวิทยาลัยแพทย์เวชศาสตร์ครอบครัวฯ | อนุกรรมการ             |
| 15. นายแพทย์วิทยา ศรีดามา          | ผู้แทนราชวิทยาลัยอายุรแพทย์ฯ             | อนุกรรมการและเลขานุการ |
| 16. นางสาวอุมาพร กนกธร             |  | ผู้ช่วยเลขานุการ       |



# สารบัญ



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### ด้อยแถลง

คณะกรรมการพัฒนาคู่มือค่าธรรมเนียมแพทย์

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# หลักเกณฑ์การเรียกเก็บค่าธรรมเนียมแพทย์



1. หลักเกณฑ์ทั่วไป การเรียกเก็บค่าธรรมเนียมแพทย์ ต้องตั้งอยู่บนพื้นฐานของความเป็นจริง และความบริสุทธิ์ใจ โดยปราศจากเจตนาที่จะให้ผู้ป่วยต้องเสียค่าใช้จ่ายซ้ำซ้อนและเกินความจำเป็น
2. ลักษณะค่าธรรมเนียมแพทย์ที่กำหนด แบ่งเป็น 2 ประเภท คือ
  - 2.1 90 Percentile หมายถึงอัตราที่แพทย์ส่วนใหญ่ เรียกเก็บกับผู้ป่วยไม่เกินค่านี้ แต่อาจเรียกเก็บสูงกว่าค่านี้ได้ ถ้ามีเหตุผลอันสมควร
  - 2.2 Mean หมายถึง อัตราค่าธรรมเนียมเฉลี่ย
3. ข้อมูลประกอบการเรียกเก็บค่าธรรมเนียมแพทย์ การเรียกเก็บค่าธรรมเนียมแพทย์สำหรับการผ่าตัด การทำหัตถการ หรือบริการตรวจรักษาใด ๆ (Evaluation & Management) ในการดูแลครั้งหนึ่ง ๆ แพทย์ต้องลงรายละเอียดของบริการเหล่านั้นในเวชระเบียน หรือเอกสารข้อมูลแพทย์อย่างครบถ้วนโดยครอบคลุมคำวินิจฉัยโรคหลัก (ที่ทำการตรวจรักษา) คำวินิจฉัยโรคร่วม (ถ้ามี) ชื่อการผ่าตัดหรือหัตถการหลัก ชื่อการ ผ่าตัดหรือหัตถการรอง (ถ้ามี) ชื่อแพทย์ผู้ทำการหลัก (ระบุสาขา) ชื่อแพทย์ผู้ทำการร่วม (ถ้ามี และระบุสาขา) ชื่อแพทย์ผู้ช่วยทำการ (ถ้ามี และระบุสาขา) ตลอดจน วัน เวลาที่ทำการ
4. ชื่อการผ่าตัด หรือหัตถการ หรือบริการการเรียกเก็บค่าธรรมเนียมแพทย์ ต้องอิงตามชื่อการผ่าตัด หรือชื่อหัตถการที่จำเพาะและครอบคลุมบริการที่เกิดขึ้นจริงในครั้งเดียวกันนั้นให้มากที่สุด เพื่อมิให้เกิดการเรียกเก็บค่าธรรมเนียมแบบแยกส่วน ตัวอย่าง การทำผ่าตัด Total Abdominal Hysterectomy with adnexal operation ให้เรียกเก็บค่าธรรมเนียมแพทย์ตามหัตถการดังกล่าว มิใช่เรียกเก็บแยกส่วนเป็น Total Abdominal Hysterectomy 1 หัตถการ และ Bilateral Salpingo-oophorectomy อีก 1 หัตถการหรือการทำหัตถการ right and left heart catheterization and coronary angiography ให้เรียกเก็บค่าธรรมเนียมแพทย์ตามหัตถการดังกล่าว มิใช่เรียกเก็บ แยกส่วนเป็น coronary angiography 1 หัตถการ right heart catheterization 1 หัตถการ และ left heart catheterization อีก 1 หัตถการ
5. ความครอบคลุมของค่าธรรมเนียม ค่าธรรมเนียมแพทย์ที่กำหนดสำหรับการผ่าตัดและวิสัญญี ถือเป็นอัตราเหมา ซึ่งรวมการดูแลภายหลังการผ่าตัดภายใน 24 ชั่วโมง แต่ทั้งนี้ไม่รวมถึงกรณีหัตถการเพื่อการวินิจฉัยเป็นหลัก (Diagnostic Procedure) หรือหัตถการที่ทำได้ในห้องผู้ป่วย (Bed Side Procedures) หรือที่ไม่จำเป็นต้องทำในห้องผ่าตัด (Non-Operating Room Procedures) ตัวอย่าง Needle Biopsy, Needle Aspiration, Arterial or Central Venous Catheterization
6. แพทย์ผู้ทำการมากกว่า 1 คน (Multiple Physicians) การเรียกเก็บค่าธรรมเนียมแพทย์สำหรับการผ่าตัด หรือการทำหัตถการที่ทำในครั้งเดียวกันและมีความจำเป็นต้องใช้แพทย์มากกว่า 1 คน ให้ใช้หลักเกณฑ์ดังนี้
  - 6.1 เป็นลักษณะแพทย์ผู้ทำการร่วม โดยแพทย์แต่ละคนต้องใช้ทักษะเฉพาะของตน ให้ระบุชื่อแพทย์เป็นแพทย์ผู้ทำการร่วม แล้วเรียกเก็บค่าธรรมเนียมแพทย์แต่ละคนได้ไม่เกิน 75 % ของอัตราที่กำหนด

ตัวอย่าง Resection of Acoustic Neuroma ที่ประสาทศัลยแพทย์ต้องทำร่วมกับ โสต ศอ นาสิกแพทย์



6.2 ลักษณะแพทย์ผู้ทำการหลักและแพทย์ผู้ช่วย ให้ระบุชื่อแพทย์ผู้ทำการหลักและชื่อแพทย์ผู้ช่วย โดยแพทย์ผู้ทำการหลัก เรียกเก็บค่าธรรมเนียมแพทย์ได้ไม่เกินอัตราที่กำหนดส่วนแพทย์ผู้ช่วยที่เหลือทั้งหมด เรียกเก็บค่าธรรมเนียมแพทย์เพิ่มเติมได้อีกไม่เกิน 30 % ของอัตราค่าธรรมเนียมแพทย์ที่กำหนดยกเว้นในกรณีที่จำเป็นซึ่งระบุว่าต้องใช้แพทย์ผู้ช่วยมากกว่า 1 คน ให้แพทย์ผู้ช่วยแต่ละคนเรียกเก็บค่าธรรมเนียมแพทย์เพิ่มเติมได้อีกไม่เกิน 30 % ของอัตราค่าธรรมเนียมแพทย์ที่กำหนด และให้ใช้หลักเกณฑ์เดียวกันนี้ในกรณีวิสัญญีแพทย์ผู้ช่วย (ถ้ามี)

7. การผ่าตัดมากกว่า 1 ประเภท (Multiple Surgery หรือ Multiple Procedures) การเรียกเก็บค่าธรรมเนียม

7.1 เป็นการผ่าตัด หรือหัตถการที่จำเป็นต้องขยายขอบเขตเพิ่มเติมเป็นอีกหัตถการหนึ่ง ในการทำการครั้งเดียวกัน (Extended Procedures) ให้ระบุชื่อหัตถการทั้งหมด แต่เรียกเก็บค่าธรรมเนียมแพทย์ได้เฉพาะหัตถการที่มีขอบเขตสูงสุด และไม่เกินอัตราที่กำหนด ตัวอย่าง การทำผ่าตัด Excision Biopsy แล้วต้องขยายขอบเขตเป็น Mastectomy เนื่องจากลักษณะชิ้นเนื้อ (ให้เรียกเก็บค่าธรรมเนียม จาก Mastectomy) หรือการทำหัตถการวินิจฉัย Proctoscopy แล้วต้องขยายขอบเขตเป็น Sigmoidoscopy (ให้เรียกเก็บค่าธรรมเนียมจาก Sigmoidoscopy)

7.2 เป็นการผ่าตัดหรือทำหัตถการมากกว่า 1 หัตถการ โดยแพทย์สาขาเดียวกันในส่วนร่างกายเดียวกัน สำหรับการดูแลครั้งหนึ่งๆ (Multiple Surgery in One Body Region) จะโดย Incision เดียวกันหรือไม่ก็ตาม ให้กำหนดหัตถการหลักและหัตถการรองแล้วเรียกเก็บค่าธรรมเนียมแพทย์ในหัตถการหลักไม่เกินอัตราที่กำหนด สำหรับหัตถการอื่นๆ ให้เรียกเก็บค่าธรรมเนียมแพทย์ได้ไม่เกิน 50 % ของอัตราที่กำหนด ตัวอย่าง ทำผ่าตัด Repair, 2 flexor muscles at forearm; primary กล้ามเนื้อแรกเรียกเก็บได้ไม่เกินอัตราที่กำหนด กล้ามเนื้อที่ 2 ไม่เกิน 50 % ของอัตราที่กำหนด ทั้งนี้ยกเว้นการผ่าตัดที่สามารถระบุชื่อที่ครอบคลุมหัตถการทั้งหมดได้อยู่แล้ว เช่น Open treatment of radius and ulna shaft fracture with internal fixation ให้เรียกเก็บค่าธรรมเนียมแพทย์ใน ชื่อหัตถการนั้นโดยตรง อนึ่งให้กำหนดส่วนของร่างกายเป็น 8 ส่วนดังนี้ Head, Neck, Chest&Thorax, Abdomen, Pelvis&Perineum, Upper limb, Lower limb, Spine&Back

7.3 เป็นการผ่าตัด หรือหัตถการที่ไม่เกี่ยวข้องกัน (Unrelated Procedures) ให้ระบุชื่อหัตถการที่ทำการทั้งหมด แล้วเรียกเก็บค่าธรรมเนียมแพทย์ไม่เกินอัตราที่กำหนดได้ทุกหัตถการ ตัวอย่างการทำ Gastroscopy แล้วมีสาเหตุต้องทำ Colonoscopy ในเวลาต่อมา

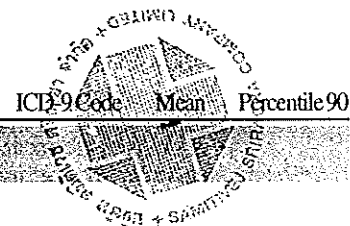
8. การเรียกเก็บค่าธรรมเนียม สำหรับการตรวจรักษากรณีผู้ป่วยนอกที่ตามด้วยการรับตัวผู้ป่วยไว้ในโรงพยาบาลโดยแพทย์คนเดียวกัน ให้เรียกเก็บค่าธรรมเนียมแพทย์ได้เฉพาะบริการผู้ป่วยในเท่านั้น เพื่อมิให้เกิดความซ้ำซ้อน ยกเว้นว่าการตรวจรักษาผู้ป่วยนอกนั้นต้องใช้กระบวนการและเวลาค่อนข้างมากและเป็นกระบวนการที่สามารถชี้แจงได้ว่าไม่ซ้ำซ้อนกับการดูแลผู้ป่วย

9. หัตถการใดที่มีได้ระบุไว้ในคู่มือฉบับนี้ หรือจะมีการเรียกเก็บค่าธรรมเนียมแพทย์สูงกว่าอัตราที่ ระบุ แนะนำให้แพทย์ผู้ทำหัตถการชี้แจงกับผู้ป่วยทราบในรายละเอียดก่อนการทำหัตถการ

10. กำหนดระยะเวลาในการปรับปรุงคู่มือค่าธรรมเนียมแพทย์ ทุก 2 ปี

# CHAPTER 1

## PROCEDURES OF THE HEAD AND MAXILLO-FACIAL AREA



### SCALP

Includes: scalp and subgaleal soft tissues

#### Diagnostic procedures

101-04-00	Biopsy of scalp	8611		
	shave biopsy		200	300
	punch biopsy		300	400
	incisional and excisional biopsies: lesion < 1 cm		800	1,100
	incisional and excisional biopsies: lesion 1-3 cm		2,000	2,600

#### Non-operative procedures

101-11-00	Removal of sutures on scalp	9738	200	700
101-11-01	Removal of foreign body from scalp	9822	600	3,000
101-17-00	Application of pressure dressing on scalp	9356	400	700

#### Operative procedures

101-22-00	Aspiration of scalp	8601	500	1,000
101-22-01	Drainage of scalp	8604	2,000	3,000
	Includes: Incision and drainage			
101-24-00	Release of scar on scalp	8684	5,000	8,000
101-26-00	Debridement of scalp	8622	1,000	3,000
101-26-01	Excision of lesion of scalp	863	5,000	8,000
101-26-02	Wide excision of scalp	864	6,000	10,000
101-28-00	Destruction of lesion of scalp	863	4,000	7,000
101-28-01	Epilation of hair	8692	2,000	3,000
101-39-00	Repair of laceration or wound of scalp	8659	6,000	9,000
101-43-00	Insertion of tissue expander into scalp	8693	17,000	29,000
101-48-00	Closure of wound of scalp by skin graft	8669	12,000	20,000
101-48-01	Closure of wound of scalp by flap	8674	13,000	22,000
101-48-02	Reconstruction of scalp	8689	25,000	41,000
101-50-00	Hair transplant	8664	7,000	12,000

#### Miscellaneous procedures

101-80-00	Wound dressing on scalp	9357	2,000	4,000
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#### Other procedures and operations



## SKULL

Note: During coding operations on skull, if coders can find more information of exact skull site (e.g. frontal, parietal etc.), the coder must change anatomical axis code (105=skull unspecified) into more specific code as specific anatomical code below.

102 = frontal skull; 103 = parietal or temporal skull; 104 = occipital scalp

NOTE :see chapter 18 for more codes on radiology services of skull

## Non-operative procedures

105-10-00	Insertion of skull tongs	0294	7,000	12,000
105-10-01	Insertion of halo traction device	0294	8,000	14,000
105-11-00	Removal of tongs or halo applied	0295	1,000	2,000
105-12-00	Replacement of skull tongs or halo traction device	0295	3,000	6,000
105-13-00	Skull traction	9341	7,000	12,000
	Gardner-Weil's skull traction			

## Operative procedures

105-21-00	Exploratory Burr hole	0124	12,000	20,000
105-21-01	Decompression craniotomy	0202	25,000	72,000
105-21-08	Other craniotomy	0124	25,000	72,000
	NOTE :This code should not be used as main operation code unless no further operation was performed in the patient.			
105-26-00	Debridement of skull	0202	20,000	43,000
105-26-01	Excision of lesion of skull	0125	30,000	85,000
	Removal of granulation tissue of cranium			
	Excision (Chiseling) of Osteoma of skull			
	Excludes : biopsy of skull(105-04-00)			
	sequestrectomy of skull(105-26-02)			
105-26-03	Opening of cranial suture	0201	30,000	78,000
	Linear craniectomy			
	Strip craniectomy			
105-36-00	Elevation of skull fracture fragments	0202	29,000	48,000
	Debridement of compound fracture of skull			
	Decompression of skull fracture			
	Reduction of skull fracture			
	Excludes : debridement of skull(105-26-00)			
	removal of granulation tissue of cranium(105-26-01)			
105-39-00	Formation of cranial bone flap	0203	20,000	33,000
	Repair of skull with flap			
105-39-01	Bone graft to skull	0204	28,000	47,000
	Cranial graft (autogenous)(heterogenous)			
105-47-00	Revision of bone flap of skull	0206	16,000	27,000
105-47-01	Reopening of craniotomy site	0123	14,000	24,000
105-48-08	Other cranial osteoplasty	0206	28,000	46,000

ICD-9 Code Mean Percentile 90

**CEREBRAL MENINGES***Diagnostic procedures*

108-04-00	Closed biopsy of cerebral meninges	0111	8,000	20,000
	Burr hole approach			

*Operative procedures*

108-26-00	Excision of lesion or tissue of cerebral meninges	0151	30,000	50,000
	Decortication of cerebral meninges			
	Resection of cerebral meninges			
	Stripping of subdural membrane			
	Excludes : biopsy of cerebral meninges(108-04-00, 108-04-01)			
108-39-01	Closure of fistula of cerebrospinal fluid	0212	43,000	72,000
108-39-04	Repair of encephalocele	0212	43,000	72,000
	Includes: synchronous cranioplasty			

**EPIDURAL SPACE***Operative procedures*

109-22-00	Drainage of epidural space	0124	25,000	72,000
	Includes : craniotomy with removal of epidural hematoma or abscess			

**SUBDURAL SPACE***Operative procedures*

110-22-00	Aspiration of subdural space	0109	2,000	4,000
	Subdural tap			
110-22-01	Drainage of subdural space	0124	30,000	72,000
	Includes : craniotomy with removal of subdural hematoma or abscess			
110-44-00	Implantation of subdural neurostimulator	0293	34,000	56,000
	Subdural grids			
	Subdural strips			
110-45-00	Operative removal of foreign body from subdural space	0131	17,000	28,000

**INTRACRANIAL SPACES**

Note : During coding operations on intracranial spaces, if coders can find more information of exact intracranial space site(e.g. epidural space, subdural space etc.), the coder must change anatomical axis code(112=intracranial space unspecified) into more specific code as specific anatomical code below.

109 = epidural space; 110 = subdural space; 111 = subarachnoid space

*Operative procedures*

111-22-00	Cisternal puncture	0109	3,000	6,000
	Cisternal tap			
112-22-08	Other cranial puncture	0124	2,000	4,000
	Cranial aspiration			
	Puncture of anterior fontanel			



## BRAIN

Note : During coding operations on brain, if coders can find more information of exact brain site (e.g. frontal lobe, temporal lobe, cerebellum etc.), the coder must change anatomical axis code (126=brain unspecified) into more specific code as specific anatomical code below.

113=Brain, frontal lobe; 114=Brain, parietal lobe; 115=Brain, temporal lobe;  
116=Brain, occipital lobe; 117=Brain, thalamus; 118=Brain, basal ganglion;  
119=Brain, hypothalamus; 120=Brain, corpus collosum; 121=Brain, cerebellum;  
122=Brain, cerebellopontine angle; 123=Brain, midbrain; 124=Brain, pons;  
125=Brain, medulla oblongata

*Diagnostic procedures*

126-02-00	Electroencepalogram (EEG)	8914	500	2,000
126-02-02	Polysonnogram	8917	1,500	3,600
	Sleep recording			
126-02-03	Other sleep disorder function tests	8918	500/hr	900/hr
	Multiple sleep latency test [MSLT]			
126-03-00	Video and radio-telemetered elctroenchaphalographic monitoring	8919	500/hr	900/hr
	Radiographic EEG monitoring			
	Video EEG monitoring			

*Diagnostic procedures(cont.)*

126-04-00	Closed biopsy of brain	0113	25,000	60,000
	Burr hole approach			
	Stereotactic method			
126-04-01	Open biopsy of brain	0114	30,000	72,000
	Note :see chapter 18 for more codes on radiology services of brain			

*Operative procedures*

126-21-00	Lobotomy and tractotomy	0132	35,000	60,000
	Division of brain tissue or cerebral tracts			
	Percutaneous (radio frequency) cingulotomy			
126-22-00	Drainage of intracerebral hematoma	0139	35,000	76,000
126-23-00	Internal cerebral decompression	0124	46,000	76,000
126-26-00	Excision of brain tumor, infratentorial or posterior fossa	0159	50,000	100,000
	Excision of meningioma, cerebellopontine angle tumor, or midline tumor			
	Includes: Craniectomy			
126-26-01	Excision of brain tumor, supratentorial	0159	50,000	84,000
	Excision of meningioma, cerebellopontine angle tumor, or midline tumor			
	Includes: Craniectomy			
126-26-02	Lobectomy of brain	0155	46,000	76,000
126-26-03	Hemispherectomy	0152	48,000	80,000

## BRAIN VENTRICLES OR CEREBRAL VENTRICLES

Note : During coding operations on brain ventricles, if coders can find more information of exact ventricle site (e.g. left ventricle, right ventricle, fourth ventricle etc.), the coder must change anatomical axis code (130=brain ventricles) into more specific code as specific anatomical code below.

127=Left ventricle; 128=Right ventricle; 129=Third and/or fourth ventricle;

### Diagnostic procedures

130-00-00	Ventriculoscapy	0299	18,000	30,000
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### Non-operative procedures

130-11-00	Removal of ventricular shunt	0243	11,000	18,000
130-12-00	Replacement of ventricular shunt	0242	22,000	36,000
	Reinsertion of Holter valve			
	Replacement of ventricular catheter			

### Operative procedures

130-22-00	Burr Hole(s) for ventricular puncture	0109	12,000	20,000
	Includes : Injection of gas ,contrast media,dye, or radioactive material			
130-22-01	Ventriculopuncture through previously implanted catheter	0102	4,000	6,000
	Puncture of ventricular shunt tubing			
130-22-02	Ventricular drainage	0239	13,000	22,000
	Cauterization of choroid plexus			
130-33-00	Ventriculostomy	022	36,000	60,000
	Anastomosis of ventricle to cervical arachnoid space or cisterna magna			
	Insertion of Holter valve			
	Ventriculocisternal intubation			
130-35-03	Ventricular shunt to abdominal cavity and organs	0234	29,000	48,000
	Ventriculocholecystostomy			
	Ventriculoperitoneostomy			

## PINEAL GLAND

### Diagnostic procedures

131-04-00	Biopsy of pineal gland (craniotomy)	0717	48,000	80,000
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### Operative procedures

131-26-00	Partial excision of pineal gland	0753	54,000	90,000
Excludes :	Biopsy of pineal gland(131-04-00)			
131-26-01	Total excision of pineal gland	0754	50,000	100,000
	Pinelectomy(complete)(total)			

## PITUITARY GLAND

### Diagnostic procedures

132-04-01	Biopsy of pituitary gland, transphenoidal approach	0714	22,500	25,000
132-21-00	Incision of pituitary gland	0771	22,500	25,000



tile 90

ICD-9 Code Mean Percentile 90

	Aspiration of:			
	craniobuccal pouch			
	craniopharyngioma			
	hypophysis			
	pituitary gland			
	Rathke's pouch			
132-26-00	Partial excision of pituitary gland, transfrontal approach	0761	40,000	80,000
	Cryohypophysectomy, partial			
	Division of hypophyseal stalk			
	Excision of lesion of pituitary [hypophysis]			
	Hypophysectomy, subtotal			
	Infundibulectomy, hypophyseal			
132-26-01	Partial excision of pituitary gland, transphenoidal approach	0762	40,000	76,000
	Excludes : Biopsy of pituitary gland, transphenoidal approach (132-04-01)			
132-26-10	Total excision of pituitary gland, transfrontal approach	0764	40,000	84,000
	Ablation of pituitary by implantation			
	(strontium-yttrium)(Y)			
	Cryohypophysectomy, complete			
132-26-11	Total excision of pituitary gland, transphenoidal approach	0765	40,000	80,000
132-26-18	Total excision of pituitary gland, other specified approach	0768	40,000	80,000
132-26-19	Total excision of pituitary gland, unspecified approach	0769	40,000	80,000
	Hypophysectomy			
	Pituitectomy			

## CEREBRAL ARTERIES

Note : During coding operations on cerebral arteries, if coders can find more information of exact cerebral artery site (e.g. anterior cerebral, middle cerebral, etc.), the coder must change anatomical axis code (138=cerebral arteries) into more specific code as specific anatomical code below.

133=anterior cerebral artery; 134=anterior communicating artery ;

135=middle cerebral artery; 136=posterior cerebral artery ;

137=posterior communicating artery

### Operative procedures

138-30-01	Clipping of aneurysm of cerebral artery	3881	60,000	120,000
138-30-02	Embolization of cerebral artery	3881	36,000	60,000
138-39-01	Repair of aneurysm of cerebral artery	3952	60,000	100,000
	Repair of aneurysm by:			
	coagulation			
	electrocoagulation			
	filipuncture			
	methyl methacrylate			
	suture			
	wiring			
	wrapping			

		ICD-9 Code	Mean	Percentile 90
138-39-06	Endoarterial repair of cerebral artery	3959	36,000	60,000
138-48-00	Angioplasty of cerebral artery	3950	36,000	60,000
	Percutaneous transluminal angioplasty (PTA) of cerebral artery			

## CRANIAL NERVES 5, TRIGEMINAL NERVE

### Operative procedures

145-24-00	Division of trigeminal nerve	0402	18,000	30,000
	Retrogasserian neurotomy			
145-23-00	Decompression of trigeminal nerve root	0441	48,000	80,000

## CRANIAL NERVES 7, FACIAL NERVE

### Operative procedures

147-23-00	Facial nerve decompression, mastoid segment	0442	30,000	80,000
147-23-01	Facial nerve decompression, labyrinthine segment	0442	30,000	80,000
147-23-02	Facial nerve decompression, IAC segment	0442	30,000	80,000

## CRANIAL NERVES 8, ACOUSTIC NERVE

### Operative procedures

148-26-01	Excision of acoustic neuroma, translabyrinthine or transcochlear approach	0401	50,000	100,000
148-26-02	Excision of acoustic neuroma, retrosigmoid approach	0401	50,000	100,000
148-26-08	Excision of acoustic neuroma, other approach	0401	50,000	100,000

## CRANIAL NERVES 11, ACCESSORY NERVE

### Operative procedures

151-38-00	Accessory-facial anastomosis	046	30,000	60,000
151-38-01	Accessory-hypoglossal anastomosis	0472	30,000	60,000

## CRANIAL NERVES 12, HYPOGLOSSAL NERVE

### Operative procedures

152-38-00	Hypoglossal-facial nerve anastomosis	046	30,000	60,000
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## CRANIAL NERVES

Note: During coding operations on cerebral arteries, if coders can find more information of exact cranial nerve site (e.g. trigeminal nerve, facial nerve, etc.), the coder must change anatomical axis code (153=unspecified cranial nerve) into more specific code as specific anatomical code below.

141=olfactory nerve; 142=optic nerve; 143=oculomotor nerve; 144=trochlear nerve;

145=trigeminal nerve; 146=abducens nerve; 147=facial nerve;

148=vestibulocochlear nerve; 149=glossopharyngeal nerve; 150=vagus nerve;

151=accessory nerve; 152=hypoglossal nerve



*Operative procedures*

153-38-00	Transposition of cranial nerves	046	18,000	27,000
153-39-00	Repair of cranial nerves	0479	18,000	27,000
153-39-01	Cranial nerves graft	045	18,000	27,000
153-39-02	Repair of old traumatic injury of cranial nerves	0476	25,000	30,000
153-47-00	Revision of previous repair of cranial nerves	0475	25,000	30,000
153-50-00	Transplantation of cranial nerves	046	25,000	30,000

*Other procedures and operations*

153-99-99	Other procedures and operations on cranial nerves	0499	25,000	30,000
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## FACE

Includes: Skin and subcutaneous tissue of face

Excludes: Ears

Eyes and orbits

Mouth and lips

Nose and nasal cavity

*Diagnostic procedures*

154-04-01	Biopsy of facial skin and subcutaneous tissue	8611		
	Shave biopsy		200	300
	punch biopsy		300	400
	Incision and excisional biopsies: lesion < 1 cm		800	1,100
	Incision and excisional biopsies: lesion 1-3 cm		2,000	2,600

*Non-operative procedures*

154-10-00	Insertion of tissue expander into facial skin	8693	10,000	29,000
154-11-00	Removal of foreign body from facial skin and subcutaneous tissue	9822	3,000	5,000

*Operative procedures*

154-21-00	Incision of pilonidal cyst or sinus of facial skin	8603	3,000	6,000
154-21-01	Other incision of facial skin and subcutaneous tissue	8604	3,000	6,000
154-22-00	Aspiration of facial skin and subcutaneous tissue	8601	1,000	2,000
154-22-01	Drainage of facial skin and subcutaneous tissue	8604	2,000	5,000
154-26-00	Excisional debridement of wound, infection or burn of facial skin	8622	3,000	7,000
154-26-01	Excision of pilonidal cyst or sinus of facial skin	8621	5,000	16,000
	Marsupialization of cyst			
154-26-05	Radical excision of facial skin lesion	864	8,000	14,000
	Wide excision of facial skin lesion			
154-26-06	Excision of facial skin for graft to other site	8691	5,000	23,000
154-26-08	Other local excision of lesion of facial skin and subcutaneous tissue	863	5,000	23,000
154-26-10	Cutting and preparation of pedical grafts of flaps of face	8671	5,000	23,000
154-28-00	Nonexcisional debridement of wound, infection or burn of facial skin	8628	4,000	7,000
154-28-01	Chemosurgery of facial skin	8624	4,500	11,000
	Chemical peel of skin			
154-28-02	Dermabrasion of facial skin	8625	10,000	13,000

		ICD-9 Code	Mean	Percentile 90
154-28-03	Ligation of dermal appendage of facial skin	8626	4,000	9,000
154-28-05	Electrolysis and other epilation of facial skin	8692	2,000	2,600
154-39-00	Suture of laceration of facial skin	8659	5,000	13,000
154-39-01	Repair for facial weakness	8681	27,000	86,000
	Repair of facial paralysis			
154-39-02	Facial rhytidectomy	8682	25,000	47,000
	Face lift			
154-39-08	Other repair of facial skin	8689	15,000	18,000
154-47-00	Revision of pedicle or flap graft of facial skin	8675	14,000	24,000
154-48-00	Advancement of pedicle graft of facial skin	8672	14,000	24,000
154-48-01	Attachment of pedicle or flap graft of facial skin	8674	14,000	24,000
154-48-02	Facial skin reduction plastic operation	8683	6,000	10,000
154-48-03	Relaxation of scar or web contracture of facial skin	8684	6,000	10,000
154-50-00	Split-thickness facial skin graft	8669	9,000	24,000
154-50-01	Full-thickness facial skin graft	8663	9,000	25,000
154-50-02	Heterograft to facial skin	8665	7,000	12,000
154-50-03	Homograft to facial skin	8666	7,000	12,000
	Artificial skin			
	Creation of neodermis			
	Decellularized allodermis			
	Integumentary matrix implants			
	Prosthetic implant of dermal layer of skin			
	Regenerative dermal layer of skin			

## MAXILLA

Note : During coding operations on maxilla, coders can use operation code structure in facial bones section (161-xx-xx) to code exact operations in that case in addition to codes below.

### Operative procedures

159-22-00	Marsupialization of maxilla	762	9,000	15,000
159-26-00	Excision of dental (odontogenic) lesion of maxilla	762	10,000	16,000
159-26-01	Excision of non-odontogenic lesion of maxilla	762	10,000	16,000
159-26-02	Sequestrectomy of maxilla	7601	5,000	9,000
159-26-10	Partial maxillectomy	7693	25,000	48,000
	Medial maxillectomy			
159-26-11	Total maxillectomy, unilateral	7645	29,000	48,000
	Excludes : Total maxillectomy with orbital exenteration (Radical orbitomaxillectomy 177-26-12)			
159-26-12	Total maxillectomy, bilateral	7645	40,000	50,000
159-26-18	Other resection operation of maxilla	7645	20,000	22,000
159-36-00	Closed reduction of maxillary fracture	7673	10,000	22,000
159-36-01	Open reduction of maxillary fracture	7674	20,000	40,000
159-36-02	Open reduction of maxillary alveolar fracture	7673	9,000	15,000
159-37-00	External fixation of maxillary fracture	7699	20,000	43,000
159-37-01	Internal fixation of maxillary fracture	7699	20,000	40,000



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		ICD-9 Code	Mean	Percentile 90
160-39-01	Open osteoplasty of mandibular ramus	7662	25,000	45,000
	Sagital split (ramus) osteotomy			
	Bilateral sagital split osteotomy			
	(Intra-oral) vertical ramus osteotomy			
160-39-02	Osteoplasty of body of mandible	7663	25,000	45,000
160-39-03	Other orthognathic surgery on mandible	7664	25,000	45,000
	Mandibular osteoplasty			
	Segmental or subapical osteotomy			
160-39-04	Reduction genioplasty	7667	14,000	23,000
	Reduction mentoplasty			
160-39-05	Alveoloplasty of mandible	245	5,000	20,000
	Alveolectomy of mandible			
160-39-06	Torectomy of mandible	7669	5,000	20,000
	Remove torus mandibularis			
160-44-00	Insertion of synthetic implant in mandible	7692	12,000	32,000
160-45-00	Removal of internal fixation device from mandible	7697	7,000	15,000
160-48-00	Augmentation genioplasty	7668	16,000	27,000
	Mentoplasty			
160-48-01	Ridge augmentation of mandible with alloplastic material	7668	20,000	39,000
160-48-02	Bone graft to mandible	7691	15,000	26,000
160-48-03	Bone and soft tissue reconstruction of mandible	7643	36,000	60,000

## FACIAL BONES

Note : During coding operations on facial bones, if coders can find more information of exact facial bone site (e.g. zygoma, ethmoid, etc.), the coder must change anatomical axis code (161=facial bones) into more specific code as specific anatomical code below.

155=zygoma bone; 156=ethmoid bone; 157=nasal bone; 158=sphenoid bone

Excludes : Mandible

Maxilla

Temporo-mandibular joint

### Diagnostic procedures

161-04-00	Biopsy of facial bone	7611	4,500	12,000
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### Non-operative procedures

161-10-00	Insertion of electrodes into facial bones	789	4,000	7,000
	Insertion of sphenoidal electrodes			

### Operative procedures

161-21-08	Other incision of facial bone	7609	4,000	7,500
	Reopening of osteotomy site of facial bone			
161-26-00	Debridement of lesion of facial bone	762	4,000	7,000
161-26-01	Local excision of lesion of facial bone	762	7,500	16,000
161-26-02	Partial ostectomy of facial bone	7639	10,000	37,000
161-26-03	Total ostectomy of facial bone with synchronous reconstruction	7601	25,000	41,000
	Total ostectomy of facial bone with simultaneous reconstruction			



		ICD-9 Code	Mean	Percentile 90
161-26-04	Sequestrectomy of facial bone	7601	15,000	20,000
	Removal of necrotic bone chip from facial bone			
161-28-00	Destruction of lesion of facial bone	762	10,000	20,000
161-36-00	Closed reduction of facial fracture	7678	5,000	15,000
161-36-01	Open reduction of facial fracture	7679	6,000	22,000
161-37-00	External fixation of facial fracture	7699	13,000	21,000
161-37-01	Internal fixation of facial fracture	7699	22,000	45,000
161-39-00	Repair of facial bone	7669	16,000	30,000
	Osteoplasty of facial bone			
161-44-00	Insertion of synthetic implant in facial bone	7692	16,000	26,000
161-45-00	Removal of internal fixation device from facial bone	7699	7,000	12,000
161-48-00	Bone graft to facial bone	7691	16,000	26,000
161-48-01	Bone and soft tissue reconstruction of facial bone	7646	25,000	41,000
161-48-10	Augmentation of facial bone with alloplastic material	7668	16,000	30,000
<i>Other procedures and operations</i>				
161-99-99	Other procedures and operations on facial bone	7699	20,000	25,000

## TEMPORO-MANDIBULAR JOINT

### *Diagnostic procedures*

162-00-00	Temporomandibular joint arthroscopy	7699	10,000	22,000
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### *Non-operative procedures*

162-11-00	Removal of internal fixation device from temporomandibular joint	7699	7,000	12,000
162-15-00	Manipulation of temporomandibular joint	7695	6,000	10,000

### *Operative procedures*

162-24-00	Arthroscopic lysis adhesion of temporomandibular joint	7699	10,000	23,000
162-26-00	Debridement of temporomandibular joint	7699	10,000	13,000
162-26-01	Condylar shave	7699	12,000	18,000
162-26-02	High condylectomy	7699	15,000	31,000
162-26-03	Temporomandibular joint eminectomy	7699	18,000	29,000
162-26-04	Temporomandibular joint meniscectomy	7699	18,000	29,000
162-26-05	Temporomandibular joint synovectomy	7699	18,000	29,000
162-26-06	Temporomandibular joint myotomy	7699	18,000	29,000
162-26-07	Temporomandibular joint discectomy	7699	18,000	29,000
162-26-10	Arthroscopic debridement of temporomandibular joint	7699	14,000	23,000
162-26-15	Arthroscopic synovectomy of temporomandibular joint	7699	14,000	23,000
162-26-17	Arthroscopic discectomy of temporomandibular joint	7699	14,000	23,000
162-26-20	Gap arthroplasty of temporomandibular joint	7699	22,000	36,000
162-26-21	Gap arthroplasty of temporomandibular joint with interposition material	7699	29,000	49,000
162-36-00	Closed reduction of temporomandibular dislocation	7693	6,000	10,000
162-36-01	Open reduction of temporomandibular dislocation	7694	17,000	28,000
162-38-10	Arthroscopic temporomandibular articular disc repositioning and stabilization	7699	14,000	23,000
162-39-00	Repair tempomandibular joint capsule	7699	20,000	36,000

ICD-9 Code Mean Percentile 90

162-39-01	Repair tempomandibular joint meniscus	7699	20,000	36,000
162-39-10	Temporomandibular joint disc repair		22,000	36,000
162-44-00	Operative insertion of articular disc of temporomandibular joint	7699	20,000	25,000
162-48-00	Temporomandibular arthroplasty	7699	20,000	36,000
162-48-01	Temporomandibular joint reconstruction with autogenous material	7699	20,000	36,000
162-48-02	Temporomandibular joint reconstruction with alloplastic material	7699	25,000	49,000

*Miscellaneous procedures*

162-81-01	Injection of therapeutic substance into temporomandibular joint	7696	1,000	2,000
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*Other procedures and operations*

162-99-10	Non-surgical treatments of temporomandibular joint	7699	1,000	2,500
	Acupuncture thermal	} of temporomandibular joint		
	Jaw exercise			
	Occlusal splint			
	Physiotherapy			
	Ultrasound and medication			



## CHAPTER 2 PROCEDURES OF THE EYE

### EYELIDS

ICD-9 Code Mean Percentile 90

Includes : Operations on the eyebrow

#### Diagnostic procedures

163-04-00	Biopsy of eyelid	0811	2,000	2,700
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#### Incision

163-21-00	Incision of lid margin	0801	3,400	4,500
163-21-99	Other incision of eyelid	0809	1,800	2,400
163-22-00	Blepharotomy, drainage of abscess, eyelid	0809	1,700	3,400
163-24-00	Canthotomy(separate procedure)	0851	1,900	3,200
	Enlargement of palpebral fissure			
163-24-01	Severing of tarsorrhaphy	0802	1,400	1,900
	Split of tarsorrhaphy			

#### Excision or destruction

163-26-00	Excision of chalazion; single or multiple, one eye	0821	2,600	3,500
163-26-01	Excision of chalazion; single or multiple, both eye	0821	3,100	4,100
163-26-02	Excision of chalazion; single or multiple, under general anesthesia and /or requiring hospitalization	0821	8,300	11,100
163-26-03	Excision of other minor lesion of eyelid	0822	2,800	3,800
	Excision of verruca or wart			
163-26-04	Excision of major lesion of eyelid, partial-thickness	0823	10,500	14,000
	Excision involving one-fourth or more of lid margin, partial thickness			
163-26-05	Excision of major lesion of eyelid, full-thickness	0824	11,400	15,100
	Excision involving one-fourth or more of lid margin, full thickness			
	Wedge resection of eyelid			
163-28-00	Correction of trichiasis; epilation, by forceps only	0893	1,200	2,200
	Manual epilation			
163-28-01	Cryosurgical epilation of eyelids	0892	2,300	3,000
163-28-02	Electrosurgical epilation of eyelids	0891	2,300	3,000
163-28-03	Correction of trichiasis by incision of lidmargin	0891	3,400	4,500
163-28-04	Correction of trichiasis by incision of lidmargin with free mucous membrane graft	0891	9,700	13,000
163-28-10	Destruction of lesion of eyelid by laser	0891	3,300	4,400
163-28-11	Destruction of lesion of eyelid	0825	3,300	4,400
	Includes: by cryotherapy, chemical			

#### Repair or reconstruction

163-38-00	Repair of ectropion or entropion by thermocauterization	0841	6,000	8,100
163-38-01	Repair of entropion or ectropion by suture technique	0842	7,000	9,400
163-38-02	Repair of ectropion or entropion with wedge resection	0844	10,900	14,500
	Fox procedure			

	ICD-9 Code	Mean	Percentile 90
163-38-03 Repair of ectropion or entropion with lid reconstruction	0844	11,200	15,000
Kuhnt-Szymanowski technique			
Sliding technique			
Wheeler's operation			
163-38-04 Repair of ectropion or entropion using flap or tissue transposition	0844	14,000	18,000
163-38-10 Repair of blepharoptosis by frontalis muscle technique with suture	0831	12,400	16,500
Frontalis sling with suture			
163-38-11 Repair of blepharoptosis; frontalis muscle or superior rectus technique			
with fascial sling	0832	12,500	16,700
Frontalis sling with fascia			
163-38-12 Repair of blepharoptosis by resection or advancement of levator muscle or			
aponeurosis, internal or external approach	0833	12,400	25,700
Levator resection			
163-38-13 Repair of blepharoptosis by other levator muscle techniques	0834	10,800	23,000
Levator tucking			
163-38-14 Repair of blepharoptosis by tarsal technique	0835	9,900	23,100
163-38-15 Repair of blepharoptosis; conjunctivo-tarso-Muller' muscle-levator			
resecton (eg. Fassanella-Sevart type)	0836	9,900	19,900
163-38-16 Correction of lid retraction	0838	10,400	21,100
Tarso Mullerectomy			
163-38-20 Repair of eyebrow ptosis by suture	0838	11,500	22,300
163-38-21 Repair of eyebrow ptosis by endoscope	0838	11,500	22,300
Supraciliary, mid-forehead or coronal approach			
163-39-00 Linear repair of laceration of eyelid or eyebrow	0881	4,500	8,000
163-39-10 Repair of laceration involving lid margin, partial-thickness	0882	6,100	13,400
163-39-20 Repair of laceration involving lid margin, full-thickness	0884	11,300	18,500
163-47-00 Reduction of overcorrection of ptosis	0837	10,600	21,300
163-48-00 Lower eyelid rhytidectomy	0886	13,700	22,800
Lower blepharoplasty			
163-48-01 Upper eyelid rhytidectomy	0887	11,500	19,200
Upper blepharoplasty			
163-48-10 Reconstruction of eyelid with skin flap or graft	0861	12,000	22,400
163-48-11 Reconstruction of eyelid with inucous membrane flap or graft	0862	12,000	39,600
163-48-12 Reconstruction of eyelid with hair follicle graft	0863	12,000	15,000
163-48-13 Reconstruction of eyelid, full thickness by transfer of	0864	15,800	39,600
tarsconjunctival flap from opposing eyelid; up to two thirds of eyelid, lower			
or upper, one stage or first stage			
163-48-14 Reconstruction of eyelid, full thickness by transfer of	0864	20,500	35,700
tarsconjunctival flap from opposing eyelid; total eyelid, lower or upper, one stage or first stage			
163-48-15 Reconstruction of eyelid, full thickness by transfer of	0864	14,900	28,900
tarsconjunctival flap from opposing eyelid; second stage			
163-48-16 Reconstruction of eyelid involving lid margin, tarsus,	0864	11,400	22,400
conjunctiva, canthus; full-thickness, may include preparation			
for skin graft or pedicle flap with adjacent tissue transfer or rearrangement			
163-48-20 Reconstruction of eyelid involving lid margin, partial-thickness	0871	6,100	22,400
163-48-30 Reconstruction of eyelid involving lid margin, full-thickness	0873	11,300	39,600



		ICD-9 Code	Mean	Percentile 90
<b>163-38-99</b>	<b>Other adjustment of lid position</b>	<b>0859</b>	<b>14,100</b>	<b>23,500</b>
	Canthoplasty NOS			
	Reconstruction of canthus			
	Repair of epicanthal fold			
<b>163-40-00</b>	<b>Temporary blepharorrhaphy</b>	<b>0852</b>	<b>3,700</b>	<b>9,900</b>
	Temporary canthorrhaphy			
	Temporary tarsorrhaphy			
<b>163-40-01</b>	<b>Permanent blepharorrhaphy</b>	<b>0852</b>	<b>7,300</b>	<b>12,200</b>
	Permanent canthorrhaphy			
	Permanent tarsorrhaphy			
<b>163-40-02</b>	<b>Tarsorrhaphy with transposition of tarsal plate</b>	<b>0852</b>	<b>9,700</b>	<b>17,200</b>
<i>Other operations</i>				
<b>163-81-00</b>	<b>Chemodenervation of blepharospasm</b>	<b>0899</b>	<b>4,500</b>	<b>6,000</b>

## LACRIMAL GLAND

### *Diagnostic procedures*

<b>164-04-00</b>	<b>Biopsy of lacrimal gland</b>	<b>0911</b>	<b>6,200</b>	<b>11,900</b>
<b>164-21-00</b>	<b>Incision of lacrimal gland</b>	<b>090</b>	<b>3,400</b>	<b>6,600</b>
	Incision of lacrimal cyst/abscess (with drainage)			
	Excision or destruction			
<b>164-26-00</b>	<b>Excision of lacrimal gland; partial, except tumor</b>	<b>0921</b>	<b>20,500</b>	<b>37,100</b>
	Excludes: Excision for tumor (164-26-01)			
<b>164-26-01</b>	<b>Excision of lacrimal gland; partial, for tumor</b>	<b>0921</b>	<b>23,200</b>	<b>41,500</b>
	Excludes: Biopsy of lacrimal gland (164-04-00)			
<b>164-26-02</b>	<b>Excision of lacrimal gland; total, except for tumor</b>	<b>0923</b>	<b>19,700</b>	<b>35,400</b>
	Total dacryoadenectomy			
<b>164-26-03</b>	<b>Excision of lacrimal gland tumor; total, frontal approach</b>	<b>0923</b>	<b>18,800</b>	<b>35,400</b>
<b>164-26-04</b>	<b>Excision of lacrimal gland tumor; total, osteotomy approach</b>	<b>0923</b>	<b>23,200</b>	<b>41,500</b>
	Include: involving osteotomy			

## LACRIMAL SAC AND PASSAGE REGION

### *Diagnostic procedures*

<b>165-04-00</b>	<b>Biopsy of lacrimal sac</b>	<b>0912</b>	<b>6,000</b>	<b>11,600</b>
<b>165-21-00</b>	<b>Incision of lacrimal punctum</b>	<b>0951</b>	<b>1,300</b>	<b>1,800</b>
	Snip incision of lacrimal punctum			
<b>165-21-02</b>	<b>Incision of lacrimal sac</b>	<b>0953</b>	<b>4,300</b>	<b>8,300</b>
	Incision of lacrimal sac (with drainage)			
	Dacryocystotomy			
	Dacryocystostomy			
<b>165-26-00</b>	<b>Excision of lacrimal sac and passage</b>	<b>096</b>	<b>14,100</b>	<b>26,000</b>
	Dacryocystectomy			
	Excludes: Biopsy of lacrimal sac (165-04-00)			

ICD-9Code Mean Percentile 90

*Repair or reconstruction*

165-33-00	Dacryocystorhinostomy (DCR) by laser	0981	15,900	29,600
165-33-01	Dacryocystorhinostomy (DCR)	0981	15,900	29,600
165-33-02	Dacryocystorhinostomy (DCR) using surgical microscope	0981	15,900	29,600
165-33-03	Dacryocystorhinostomy (DCR) using endoscope	0981	15,900	29,600
165-33-04	Conjunctivocystorhinostomy (CDCR)	0982	17,100	28,600
	Carunculothorhinostomy			
	Conjunctivodacryocystorhinostomy (CDCR)			
165-33-05	Conjunctivorhinostomy with insertion of tube or stent	0983	17,900	29,800
165-38-00	Correction of everted punctum	0971	2,900	3,800
165-39-00	Repair of canaliculus	0973	12,800	23,300
165-39-01	Closure of the lacrimal fistula	0999	12,700	17,000
165-47-00	Reoperation of fistulization of lacrimal sac to nasal cavity	0973	13,800	23,000

*Manipulation of lacrimal passage*

Includes : that with dilation

165-11-00	Removal of stent in nasolacrimal duct	0949	6,000	8,000
165-12-00	Replacement of stent in nasolacrimal duct	0949	12,800	17,100
165-15-00	Probing of lacrimal punctum, unilateral or bilateral	0941	1,400	2,700
165-15-01	Probing of lacrimal canaliculi, unilateral or bilateral	0942	2,000	3,900
165-15-02	Probing of nasolacrimal duct, unilateral or bilateral	0943	2,600	4,900
	Excludes : that with insertion of tube or stent (165-15-03)			
165-15-03	Intubation of nasolacrimal duct, unilateral or bilateral	0944	4,400	21,300
165-15-04	Probing of nasolacrimal duct, unilateral or bilateral, under general anesthesia	0944	4,300	8,300
165-15-05	Removal of foreign body or dacryolith from lacrimal passages	0944	6,000	11,900
165-30-00	Closure of the lacrimal punctum, by laser	0991	2,700	5,300
165-30-01	Closure of the lacrimal punctum, by thermocauterization	0991	2,700	5,300
165-30-02	Closure of the lacrimal punctum, by ligation	0991	2,700	5,300
165-30-03	Closure of the lacrimal punctum, by plug	0991	2,200	4,300

## CONJUNCTIVA

*Diagnostic procedures*

166-04-00	Biopsy of conjunctiva	1021	1,800	2,400
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*Incision*

166-21-00	Removal of embedded foreign body from conjunctival by incision	100	1,800	2,400
166-21-01	Incision of conjunctiva, drainage of cyst	101	1,900	2,500
166-21-02	Conjunctival peritomy/recession	101	3,200	4,300

*Excision or destruction*

166-26-00	Excision of tissue of conjunctiva	1031	3,200	4,300
	Excision of ring of conjunctiva around cornea			
166-26-01	Excision of lesion of conjunctiva, up to 1 cm	1031	2,900	3,900
166-26-02	Excision of lesion of conjunctiva, over 1 cm	1031	3,200	4,300
166-26-03	Excision of lesion of conjunctiva, with adjacent sclera	1031	8,500	11,300



		ICD-9 Code	Mean	Percentile 90
166-28-00	Destruction of lesion, conjunctiva	1032	2,500	3,400
	Includes: by thermal or cryotherapy or chemical substance			
166-28-01	Removal of conjunctival follicles	1033	1,100	1,500
	Removal of trachoma follicles, concretions or lithiasis			
166-24-00	Lysis of adhesions of conjunctiva and eyelid	105	8,200	11,000
	Division of symblepharon (with or without insertion of conformer)			
166-39-00	Repair of laceration of conjunctiva	106	9,200	12,200
	Excludes: that with repair of sclera (168-39-00)			
166-48-00	Repair of symblepharon with free conjunctival graft	1041	12,900	17,200
	Includes: obtaining graft			
166-48-01	Repair of symblepharon; with free buccal mucosa graft	1041	12,400	16,500
	Includes: obtaining graft			
166-48-10	Reconstruction of conjunctiva cul-de-sac with conjunctival graft or extensive rearrangement	1042	12,400	16,500
	Excludes: revision of enucleation socket with graft (177-47-00)			
166-48-11	Reconstruction of conjunctiva cul-de-sac with buccal mucosal graft or extensive rearrangement	1042	12,700	16,900
	Excludes: revision of enucleation socket with graft (177-47-00)			
166-48-20	Conjunctivoplasty with amniotic membrane graft	1049	14,100	18,800
166-48-21	Conjunctival flap; bridge or partial (separate procedure)	1049	9,100	12,200
166-48-22	Conjunctival flap; total (Gunderson thin flap or purse string flap)	1049	13,900	18,500
166-81-00	Subconjunctival injection	1091	700	900

## CORNEA

### Diagnostic procedures

167-04-00	Scraping of cornea, diagnostic, for smear and/or culture	1121	2,000	2,600
167-04-01	Biopsy of cornea	1122	2,000	2,600

### Incision

167-21-00	Incision of cornea	111	1,100	1,500
	Include: removal of embedded foreign body from cornea by incision			

### Excision or destruction

167-26-00	Simple pterygium excision	1131	9,000	12,000
167-26-01	Transposition of pterygium	1131	9,000	12,000
167-26-02	Excision of pterygium with conjunctival graft	1132	12,000	14,400
167-26-03	Excision of pterygium with mucous membrane graft	1132	12,000	14,400
167-26-04	Excision of pterygium with corneal graft	1132	12,000	14,400
167-26-05	Excision of pterygium with amniotic membrane graft	1132	12,000	14,400
167-26-10	Excision of corneal lesion with lamellar or partial keratectomy	1149	12,400	16,600
	Excludes: Excision of pterygium (167-26-00 to 167-26-09)			
167-28-01	Mechanical removal of corneal epithelium	1141	8,600	11,500
	That by chemocauterization eg. alcohol, chelating agent (eg. EDTA)			
	Chelation of corneal calcium for band keratopathy			
	Excludes: that for smear or culture (167-04-00)			

167-28-02	Destruction of lesion of cornea by thermocauterization	1142	8,800	11,700
167-28-03	Destruction of lesion of cornea by cryotherapy	1143	8,800	11,700
167-39-00	Suture of corneal laceration	1151	23,300	31,100
	Includes: with removal of foreign body			
167-39-01	Repair of corneal laceration or wound with conjunctival flap	1153	11,900	15,900
167-39-02	Repair of corneal laceration or wound with application of tissue glue	1159	11,900	15,900
167-47-00	Repair of postoperative wound dehiscence of cornea	1152	11,500	15,300
167-48-00	Reconstruction of cornea with amniotic membrane eg. bullous keratopathy	1152	24,300	32,400
167-48-01	Thermokeratoplasty	1174	8,800	11,700
167-48-02	Keratoprosthesis	1173	29,400	39,200
167-48-11	Corneal relaxing incision for correction of surgically induced astigmatism	1175	9,900	13,100

## Repair or reconstruction(cont.)

167-48-12	Corneal wedge resection for correction of surgically induced astigmatism	1175	12,100	16,100
167-48-13	Keratophakia	1172	10,300	13,700

### Corneal transplantation

167-50-00	Lamellar keratoplasty with autograft	1161	22,700	30,300
167-50-01	Lamellar keratoplasty with homograft(LKP)	1162	22,700	30,300
167-50-02	Lamellar keratoplasty with patchgraft	1162	22,700	30,300
167-50-10	Penetrating keratoplasty with autograft in phakic eye	1163	24,100	32,100
167-50-11	Penetrating keratoplasty with autograft in aphakia	1163	26,100	34,800
167-50-12	Penetrating keratoplasty with autograft in pseudophakic eye	1163	25,900	34,600
167-50-13	Penetrating keratoplasty with homograft (PKP) in phakic eye	1164	24,100	32,100
167-50-14	Penetrating keratoplasty with homograft (PKP) in aphakia	1164	26,100	34,800
167-50-15	Penetrating keratoplasty with homograft (PKP) in pseudophakic eye	1164	25,900	34,600
167-50-16	Penetrating keratoplasty with patchgraft	1164	24,800	26,100
167-50-20	Limbal stem cell transplantation, from the other eye	1169	28,200	37,600
167-50-21	Limbal stem cell transplantation, from the donated cornea	1169	28,200	37,600

### Other operations

167-81-00	Multiple punctures of anterior cornea	1191	6,000	8,000
	Tattooing of cornea			

## SCLERA

### Excision or destruction

168-26-00	Excision of lesion of sclera	1284	13,500	18,000
168-28-00	Destruction of lesion of sclera	1284	4,500	6,000

### Repair or reconstruction

<b>168-39-00</b>	<b>Repair of laceration of sclera</b>	1281	23,300	31,100
	Include: with synchronous repair of conjunctival			
<b>168-39-01</b>	<b>Repair of scleral fistula</b>	1282	23,300	31,100
<b>168-48-00</b>	<b>Repair of scleral staphyloma with graft</b>	1285	18,800	25,100
<b>168-48-08</b>	<b>Other repair of scleral staphyloma</b>	1286	15,200	20,300

Percentile 90

ICD-9 Code Mean Percentile 90

11,700	168-48-10 Scleral reinforcement with graft	1287	18,200	24,300
11,700	168-48-18 Other scleral reinforcement	1288	17,500	23,300
31,100				
15,900	<i>Scleral fistulization</i>			
15,900	168-22-00 Trephination of sclera with iridectomy	1261	19,200	25,500
15,300	Sclerectomy with punch or scissors with iridectomy			
32,400	168-22-01 Thermocauterization of sclera with iridectomy	1262	16,600	22,200
11,700	168-22-02 Iridencleisis or iridotosis	1263	16,300	21,700
39,200	168-22-03 Trabeculectomy ab externo	1264	22,700	30,200
13,100	168-22-04 Trabeculectomy ab externo with scarring from previous ocular surgery or trauma	1264	27,800	37,000
	Include: injection of antifibrotic agents			
16,100	168-22-10 Aqueous shunt to extraocular reservoir	1269	24,100	32,100
13,700	(eg. Molteno, Schocket, Denver-krupin)			
	168-22-11 Glaucoma surgery with aqueous shunt to extra ocular reservoir eg. Moltino, Denver-Kupin	1269	39,900	53,000
30,300	168-47-00 Laser suture lysis	1266	1,200	1,500
30,300	168-47-01 Postoperative revision of scleral fistulization procedure	1266	15,000	20,100
30,300	Revision of filtering bleb			
32,100	168-47-02 Revision of aqueous shunt to extra ocular reservoir	1266	15,000	20,100

## IRIS

*Diagnostic procedures*

169-04-00 Biopsy of iris	1222	16,200	21,600
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*Incision*

169-21-00 Laser iridotomy (LPI)	1212	7,600	10,200
169-21-01 Iridotomy by stab incision (separate procedure): with transfixion as for iris bombe	1211	8,700	11,600
169-21-99 Other iridotomy	1211	8,100	10,800
Sphincterotomy /Correctomy/Discission of iris/Iridotomy NOS			

*Excision or destruction*

169-26-00 Excision of prolapsed iris	1213	9,000	12,000
169-26-01 Excision of lesion of iris	1242	16,200	21,600
169-26-08 Other iridectomy	1214	10,500	14,000
Iridectomy (basal) (peripheral) (total)			
169-28-00 Destruction of cyst or lesion of iris by photocoagulation	1241	9,100	12,600
169-28-01 Destruction of cyst or lesion iris (nonexcisional procedure)	1241	9,100	12,600
Destruction of lesion of iris by cauterization/cryotherapy			

*Repair or reconstruction*

169-24-00 Lysis of goniosynechiae	1231	11,100	14,800
Lysis of goniosynechiae by injection of air or liquid			
169-24-09 Lysis of other anterior synechiae	1232	12,300	16,400
Lysis of anterior synechiae by injection of air or liquid NOS			

		ICD-9 Code	Mean	Percentile 90
169-24-19	Lysis of posterior synechiae	1233	12,800	17,100
	Lysis of iris adhesions NOS			
169-24-20	Lysis of corneovitreal adhesions	1234	13,600	18,100
169-39-00	Repair of iris, (as for iridodialysis)	1297	10,500	14,100
169-39-01	Suture of iris(separate procedure) with retrieval of suture through small incision(eg. McCannel suture)	1297	12,500	16,700
169-48-00	Laser coreoplasty	1297	4,500	6,000
169-48-01	Coreoplasty	1235	6,500	8,500
	Needling of pupillary membrane			
169-48-10	Laser iridoplasty	1239	8,100	10,800

## CILIARY BODY

### Excision or destruction

170-26-00	Excision of lesion of ciliary body	1244	12,500	16,700
170-28-00	Destruction of lesion of ciliary body by photocoagulation	1243	8,000	10,600
170-28-01	Destruction of lesion of ciliary body, nonexcisional	1243	9,100	12,200
	Destruction of lesion of ciliary body by cauterization or cryotherapy			
170-28-10	Ciliary body destruction; cyclophotocoagulation	1273	8,000	10,600
170-28-11	Ciliary body destruction; cycloablation	1255	8,300	11,000
170-28-12	Ciliary body destruction; diathermy	1271	8,100	10,900
170-28-13	Ciliary body destruction; cryotherapy	1272	8,600	11,500

### Repair or reconstruction

170-39-00	Repair of ciliary body	1298	10,500	14,100
170-39-01	Suture of ciliary body (separate procedure) with retrieval of suture through small incision (eg. McCannel suture)	1298	12,500	16,700

## ANTERIOR CHAMBER

### Diagnostic procedures

171-04-00	Diagnostic aspiration of anterior chamber of eye	1221	13,500	18,000
	Anterior chamber tapping			

### Excision or destruction

171-45-00	Removal of epithelial downgrowth from anterior chamber	1291	14,000	18,600
171-45-10	Removal of intraocular foreign body from anterior segment of eye with use of magnet	1201	15,700	21,000
171-45-11	Removal of intraocular foreign body from anterior segment of eye without use of magnet	1202	15,700	21,000
171-47-99	Revision of operative wound of anterior segment, not elsewhere classified	1283	11,500	15,300
	Resuture of operative wound of anterior segment			

### Facilitation of intraocular circulation

171-22-00	Laser trabeculoplasty	1259	7,300	9,700
171-22-01	Nonpenetrating filtering surgery eg. viscocanalostomy	1259	22,700	30,200



		ICD-9 Code	Mean	Percentile 90
171-22-02	Goniopuncture without goniotomy	1251	17,200	23,000
171-22-03	Goniotomy without goniopuncture	1252	17,200	23,000
171-22-04	Goniotomy with goniopuncture	1253	17,200	23,000
171-22-05	Trabeculotomy ab externo	1254	18,300	24,400
171-22-09	Other facilitation of intraocular circulation			

*Other operations*

171-22-10	Paracentesis of anterior chamber for therapeutic release of aqueous	1291	2,900	3,800
171-45-00	Therapeutic evacuation of anterior chamber for removal of blood	1291	14,000	18,600
171-81-00	Injection into anterior chamber (separate procedure); air or liquid, medication	1292	2,900	3,900

**LENS***Intracapsular extraction of lens*

Code also any synchronous insertion of pseudophakos (172-44-00 to 172-44-09)

172-27-00	Intracapsular extraction of lens (ICCE)	1319	15,000	20,000
	Cryoextraction of lens			
	Eryosphere extraction of cataract			
172-27-01	Intracapsular cataract extraction (ICCE) by temporal inferior route	1311	15,500	20,500
172-27-02	Intracapsular cataract extraction (ICCE), for dislocated lens	1311	17,300	23,100
172-27-10	Extracapsular cataract extraction (ECCE) by linear extraction technique	132	12,600	16,800
172-27-11	Extracapsular extraction of lens by simple aspiration technique	133	12,000	16,000
	Irrigation of traumatic cataract			
	Lens aspiration			
172-27-12	Extracapsular extraction of lens by temporal inferior route	1351	14,000	19,000
172-27-13	Manual phacofragmentation of cataract	1359	16,500	22,000
172-27-20	Phacoemulsification and aspiration of cataract	1341	19,800	26,400
172-27-21	Mechanical phacofragmentation and aspiration of cataract			
	by posterior route	1342	15,000	19,700
	Par plana lensectomy (PPL)			
	Includes: with vitrectomy			
172-27-22	Mechanical phacofragmentation and aspiration of cataract by			
	anterior route	1343	16,500	22,000
	Anterior lensectomy			
172-27-30	Capsulectomy by laser (LC)	1369	5,700	7,600
172-27-31	Dissection of secondary membranous cataract (after cataract)	1364	10,100	13,500
172-27-32	Excision of secondary membranous cataract (after cataract)	1365	10,100	13,500
	Manual capsulectomy			
172-27-33	Mechanical fragmentation of secondary membrane (after cataract)	1366	11,000	15,000
	Capsulectomy by vitrectomy machine			

*Insertion of prosthetic lens (pseudophakos)*

172-38-00	Reposition of intraocular lens requiring an incision (separate procedure)	1370	17,000	22,500
172-38-01	Reposition of intraocular lens requiring scleral fixation of intraocular lens	1370	20,500	27,500
172-44-00	Insertion of pseudophakos at time of cataract extraction, one stage, rigid intraocular lens	1371	4,000	5,000



	ICD-9 Code	Mean	Percentile 90
172-44-01 Insertion of pseudophakos at time of cataract extraction, one stage, foldable intraocular lens	1371	4,000	5,000
172-44-02 Insertion of pseudophakos at time of cataract extraction, one stage by scleral fixation technique	1371	11,000	14,500
Code also any synchronous extraction of cataract (172-27-00 to 172-27-99)			
172-44-10 Secondary insertion of pseudophakos, rigid intraocular lens	1372	14,600	19,500
Secondary rigid intraocular lens(IOL) implantation			
172-44-11 Secondary insertion of pseudophakos, foldable intraocular lens	1372	14,600	19,500
Secondary foldable intraocular lens(IOL) implantation			
172-44-12 Secondary insertion of pseudophakos by scleral fixation technique	1372	18,000	24,000
Secondary intraocular lens(IOL) implantation by scleral fixation technique			
172-45-10 Removal of implanted lens	1301	16,000	21,500
Removal of intraocular lens(IOL)			
172-46-00 Replacement of intraocular lens	138	19,900	26,500
Exchange of intraocular lens(IOL)			

#### Other operations

172-45-00 Removal of foreign body from lens with use of magnet	1301	13,700	18,200
172-45-01 Removal of foreign body from lens without use of magnet	1302	13,700	18,200
172-45-09 Removal of foreign body from lens, not otherwise specified	1300	13,700	18,200
172-99-99 Other operation on lens	139	16,000	21,500

## VITREOUS

#### Diagnostic procedures

173-04-00 Diagnostic aspiration of vitreous	1411	13,500	18,000
Vitreous tapping			

#### Incision

173-21-00 Severing of vitreous strand, vitreous face adhesions, sheets, membranes or opacities			
by laser surgery (one or more stages)			
	1479	7,100	9,500
173-21-01 Discission of vitreous strand (without removal), par plana approach	1479	10,700	14,200

#### Excision or destruction

173-26-00 Removal of vitreous, anterior approach	1471	9,500	12,500
Open sky anterior vitrectomy			
Removal of vitreous, anterior approach (with replacement)			
173-26-01 Other removal of vitreous	1472	13,500	18,000
Aspiration of vitreous by posterior sclerotomy			
173-26-10 Mechanical vitrectomy by anterior approach	1473	10,900	14,500
Anterior vitrectomy by vitrectomy machine			
173-26-11 Vitrectomy, mechanical, pars plana approach; PPV	1474	19,600	26,100
173-26-12 Vitrectomy, mechanical, pars plana approach; with optic nerve decompression, or retinal vein occlusion surgery	1474	25,000	33,300



*Other operations*

173-81-00	Injection of vitreous substitute	1475	13,200	17,600
173-81-01	Intravitreal injection for medication	1475	3,400	4,500

**RETINA, CHOROID AND POSTERIOR SEGMENT***Diagnostic procedures*

174-22-00	Release of subretinal or choroidal fluid by posterior sclerotomy (separate procedure)	149	13,500	18,000
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*Excision or destruction*

174-28-00	Destruction of chorioretinal lesion, by xenon photocoagulation	1423	20,300	27,100
174-28-01	Destruction of chorioretinal lesion, by laser photocoagulation	1424	20,300	27,100
174-28-02	Destruction of chorioretinal lesion, by laser transpupillary thermotherapy(TTT)	1425	20,300	27,100
174-28-10	Destruction of chorioretinal lesion, by diathermy	1421	11,100	14,900
174-28-11	Destruction of chorioretinal lesion, by cryotherapy	1422	11,100	14,900
174-28-13	Destruction of chorioretinal lesion, by implantation of radiation source Includes: Acyclovir implantation	1427	29,900	39,900
174-39-00	Repair of retinal tear, by xenon arc photocoagulation Includes: with drainage of subretinal fluid	1433	9,500	13,000
174-39-01	Repair of retinal tear, by laser photocoagulation Includes: with drainage of subretinal fluid	1434	9,500	13,000
174-39-09	Repair of retinal tear, by photocoagulation of unspecified type Includes: with drainage of subretinal fluid	1435	9,500	13,000
174-39-10	Repair of retinal tear, by diathermy	1431	11,000	14,500
174-39-11	Repair of retinal tear, by cryotherapy Includes: with drainage of subretinal fluid	1432	11,000	14,500
174-47-00	Repair of retinal detachment by scleral buckling or vitrectomy on patient having previous retinal detachment repair(s) using scleral buckling or vitrectomy (reoperation)	1459	29,000	38,700
174-48-00	Photodynamic therapy (PDT) for macular diseases	1459	5,400	7,200
174-48-01	Macular surgery include for macular hole or submacular lesion or epiretinal membrane stripping	1459	34,200	45,700
174-48-02	Macular translocation	1459	37,000	49,500
174-49-00	Repair of retinal detachment, by xenon arc photocoagulation Includes: with drainage of subretinal fluid	1453	12,600	16,800
174-49-01	Repair of retinal detachment, by laser photocoagulation Includes: with drainage of subretinal fluid	1454	12,600	16,800
174-49-10	Repair of retinal detachment, by diathermy Includes: with drainage of subretinal fluid	1451	14,400	19,200
174-49-11	Repair of retinal detachment, by cryotherapy Includes: with drainage of subretinal fluid	1452	14,400	19,200
174-49-12	Repair of retinal detachment, by pneumatic retinopexy Includes: with drainage of subretinal fluid	1452	16,600	22,100

<b>174-49-13</b>	<b>Repair of retinal detachment; scleral buckling procedure (SBP)</b>	1441	25,500	34,000
	Includes: with drainage of subretinal fluid			
	with implant			
	with cryotherapy			
<b>174-49-14</b>	<b>Repair of retinal detachment; scleral buckling procedure (SBP)</b>	1441	27,000	36,000
	Includes: with drainage of subretinal fluid			
	with implant			
	with cryotherapy			
	with air or gas tamponade			
	with focal endolaser photocoagulation			
<b>174-49-15</b>	<b>Repair of retinal detachment; scleral buckling procedure (SBP)</b>			
	with vitrectomy (PPV)	1449	35,000	46,500
	Includes: with drainage of subretinal fluid			
	with implant			
	with cryotherapy			
	with air or gas tamponade			
	with focal endolaser photocoagulation			

*Other operations*

<b>174-45-00</b>	<b>Removal of foreign body, intraocular; from posterior segment,</b>			
	with use of magnet	1401	20,600	27,500
<b>174-45-01</b>	<b>Removal of foreign body, intraocular; from posterior segment,</b>			
	without use of magnet	1402	23,300	31,000
<b>174-45-10</b>	<b>Removal of implanted material, posterior segment; extraocular</b>	146	11,900	15,800
	Removal of scleral bucking implant/explant			
<b>174-45-11</b>	<b>Removal of implanted material, posterior segment; intraocular</b>	146	20,100	26,800
	Include: dropped Intraocular lens(IOL), acyclovir implant			

**EXTRAOCULAR MUSCLE***Diagnostic procedures*

<b>175-04-00</b>	<b>Biopsy of extraocular muscle</b>	1501	4,400	5,900
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*Repair or reconstruction*

<b>175-39-00</b>	<b>Repair of injury of extraocular muscle</b>	157	13,500	18,000
	Freeing of entrapped extraocular muscle			
	Lysis of adhesions of extraocular muscle			
	Repair of laceration of extraocular muscle, tendon or Tenon's capsule			

*Strabismus surgery on one extraocular muscle*

<b>175-26-00</b>	<b>Resection of one extraocular muscle</b>	1513	12,100	16,100
<b>175-38-00</b>	<b>Recession of one extraocular muscle</b>	1511	13,600	18,200
<b>175-38-01</b>	<b>Advancement of one extraocular muscle</b>	1512	5,800	7,800
<b>175-38-02</b>	<b>Transposition procedure, any extraocular muscle</b>	155	5,800	7,800
	Hummelsheim procedure			
	Includes : for paretic extraocular muscle			



Percentile 90		ICD-9 Code	Mean	Percentile 90
34,000	175-38-03 Strabismus surgery, any procedure on superior oblique muscle	155	14,300	19,000
	175-42-00 Shortening procedures on one extraocular muscle	1522	5,800	7,800
	175-43-00 Lengthening procedures on one extraocular muscle	1521	5,800	7,800
36,000	175-48-10 Strabismus surgery, involving temporary detachment from globe, two or more extraocular muscles	153	16,500	22,000
	Recession-resection of extraocular muscle (R-R procedure)			
	175-47-00 Re-adjustment of adjustable sutures following previous surgery for correction of strabismus	156	3,400	4,500
	175-47-01 Extraocular muscle surgery on patient with previous eye surgery or injury that did not involve the extraocular muscle	156	5,600	7,400
46,500	175-47-02 Revision of extraocular muscle surgery on patient with prior ocular muscle surgery or injury	156	6,100	8,100
	Reoperation of extraocular muscle			
	Include: prior strabismus surgery, post surgery of RD, restrictive myopathy (eg. dysthyroid ophthalmopathy)			
	<i>Other operations</i>			
	175-11-00 Butox injection to extraocular muscle	159	3,600	3,600

## EYEBALL

*Diagnostic procedures*

176-04-00 Biopsy of eyeball	1623	4,400	5,900
176-39-00 Repair of rupture of eyeball	1682	23,300	31,100
Repair of multiple structures of eye			
176-26-10 Evisceration of ocular contents; without implant	1639	14,800	19,800
176-26-11 Evisceration of ocular contents; with implant	1631	15,600	20,700
176-26-20 Enucleation of eye; without implant	1649	16,200	21,600
176-26-21 Enucleation of eye; with synchronous implant into Tenon's capsule with attachment of muscles	1641	18,400	24,500
176-26-22 Enucleation of eye; with other synchronous implant	1642	16,900	22,500
Enucleation with implant without attachment of muscles			
176-11-00 Removal of superficial foreign body from eye without incision	9821	800	1,100
Removal of superficial foreign body from eyelid or conjunctiva or cornea without incision			
176-11-01 Removal of embedded foreign body from eye without incision	9822	1,000	1,100
Removal of embedded foreign body from eyelid or conjunctiva or cornea without incision			
176-11-02 Removal of sutures from eyeball	9738	1,200	1,500
176-81-00 Injection of therapeutic agent into Tenon's capsule	1699	800	1,100
176-83-00 Irrigation of eye	9651	750	1,000

## ORBIT

*Diagnostic procedures*

177-04-00 Diagnostic aspiration of orbit	1622	2,400	3,200
177-04-01 Biopsy of orbit	1622	27,000	36,000



		1997-2000	2001-2005	2006-2010
<b>177-21-00</b>	<b>Orbitotomy; transconjunctival approach for exploration</b>	1609	20,500	40,800
	Include: for biopsy, drainage of retrobulbar abscess			
	Optic nerve sheath decompression			
<b>177-21-01</b>	<b>Orbitotomy; transconjunctival approach for removal of lesion</b>	1609	23,100	44,000
	Include: for removal of foreign body			
	for decompression of orbit / optic nerve			
<b>177-21-02</b>	<b>Orbitotomy with insertion of orbital implant (implant outside muscle cone)</b>	1602	20,700	41,300
<b>177-21-09</b>	<b>Other orbitotomy without bone flap or window</b>	1602	27,000	48,500
<b>177-21-10</b>	<b>Orbitotomy with bone flap (lateral approach) for exploration</b>	1601	32,000	53,700
	Orbitotomy with lateral approach (Kroenlein operation)			
	Include: for biopsy, drainage of retrobulbar abscess			
<b>177-21-11</b>	<b>Orbitotomy with bone flap (lateral approach) for removal of lesion</b>	1601	35,800	70,900
	Orbitotomy with lateral approach (Kroenlein operation)			
	Include: for removal of foreign body			
	for decompression of orbit / optic nerve			
<b>177-21-12</b>	<b>Orbitotomy with bone flap (medial approach) for exploration</b>	1601	23,100	53,700
	Include: for biopsy, drainage of retrobulbar abscess			
<b>177-21-13</b>	<b>Orbitotomy with bone flap (medial approach) for removal of lesion</b>	1601	25,200	70,900
	Include: for removal of foreign body			
	for decompression of orbit / optic nerve			
<b>177-21-20</b>	<b>Orbitotomy for decompression of orbit 2 walls</b>	1601	32,000	77,000
	Orbitotomy for dysthyroid eye disease			
	Include: removal and replacement of bone			

### Excision or destruction

<b>177-26-00</b>	<b>Debridement of fracture of orbit</b>	762	15,100	25,200
<b>177-26-01</b>	<b>Excision of lesion of orbit</b>	1692	20,700	27,600

### *Repair or reconstruction*

<b>177-36-00</b>	<b>Reduction of fracture of orbit</b>	1651	24,400	40,660
<b>177-37-00</b>	<b>External fixation of fracture of orbit</b>	1651	16,100	26,990
<b>177-37-01</b>	<b>Internal fixation of fracture of orbit</b>	1651	24,400	40,660
<b>177-39-00</b>	<b>Repair of wound of orbit</b>	1681	15,100	25,200
Excludes: reduction of fracture of orbit (see chapter 1 for more codes on reconstruction of facial bone)				
repair of extraocular muscles (175-39-00)				
<b>177-39-99</b>	<b>Other repair of injury of orbit</b>	1681	14,600	19,500

### Exenteration of orbital contents

<b>177-26-10</b>	<b>Exenteration of orbit with removal of orbital content only</b>	1659	26,400	51,900
<b>177-26-11</b>	<b>Exenteration of orbit with removal of orbital bone</b>	1652	31,000	58,800
<b>177-26-12</b>	<b>Exenteration of orbit with removal of adjacent structures</b>	1651	34,000	69,200
	<b>Radical orbitomaxillectomy</b>			
<b>177-26-13</b>	<b>Exenteration of orbit with removal of orbital content with muscle or myocutaneous flap/temporalis muscle transplant</b>	1651	32,200	62,900
<b>177-47-00</b>	<b>Revision of anophthalmic socket with graft(any type)</b>	1663	21,100	34,000

Percentile 90

ICD-9 Code Mean Percentile 90

40,800	177-47-01	Revision of anophthalmic socket and insertion of ocular implant; without any graft	1661	17,300	34,000
44,000	177-47-02	Revision of anophthalmic socket and insertion of ocular implant; with any graft	1662	18,000	35,200
41,300	177-47-03	Revision of anophthalmic socket and insertion of ocular implant; with use of any material for reinforcement and/or attachment of muscle to implant	1664	19,000	35,200
48,500	177-47-10	Modification of ocular implant	1669	4,800	8,100
53,700	Includes: with placement or replacement of pegs				
		Drilling receptacle for prosthesis appendage			
70,900	177-47-11	Secondary graft to exenteration cavity	1665	9,000	25,500
	177-81-00	Retrobulbar injection of therapeutic agent	1691	900	1,200



# CHAPTER 3 PROCEDURES OF THE EAR, NOSE AND SINUSES

ICD-9 Code Mean Percentile 99

## EXTERNAL EAR

Includes: external auditory canal  
skin and cartilage of auricle and meatus

### Diagnostic procedure

178-00-00	Otoscopy	1811	300	500
178-04-00	Biopsy of external ear	1812	1,000	2,100
178-04-01	Biopsy of lesion of pinna	1812	1,000	2,100
178-04-02	Biopsy of external auditory canal lesion or tissue	1812	1,000	3,300

### Incision

178-21-00	Piercing of ear lobe	1801	1,000	1,500
	Piercing of pinna			
178-21-01	Incision of external auditory canal	1802	1,000	1,500
178-21-08	Other incision of pinna	1809	1,000	1,500
178-21-99	Other incision of external ear	1809	1,000	1,500
178-22-00	Drainage of seroma or hematoma of pinna	1802	1,500	4,500
	Includes: Incision and drainage			
178-22-01	Drainage of external auditory canal	1809	1,500	3,900
	Includes: Incision and drainage			

### Excision or destruction

178-26-00	Debridement of external ear	1839	3,000	6,000
178-26-01	Excision of preauricular remnant (appendage)	1829	5,000	6,000
178-26-02	Excision of preauricular sinus	1821	5,000	7,000
	Radical excision of preauricular sinus or cyst			
178-26-03	Excision of lesion of external ear	1829	5,000	6,000
178-26-04	Excision of lesion of pinna	1829	5,000	6,000
178-26-05	Excision of lesion of external auditory canal	1829	5,000	6,000
178-26-06	Excision of exostosis of external auditory canal	1829	6,000	7,500
178-26-10	Radical excision of external ear	1831	12,000	15,000
178-26-11	Radical excision of lesion of pinna	1831	10,000	12,000
178-26-12	Radical excision of lesion of external auditory canal	1831	12,000	15,000
178-26-99	Other excision of external ear	1829	7,500	10,000
178-28-00	Destruction of lesion of external ear	1829	7,000	7,500
	Cauterization			
	Coagulation			
	Cryosurgery			
	Curettage			
	Electrocoagulation			
178-29-00	Amputation of auricle	1839	9,200	15,400



		ICD-9 Code	Mean	Percentile 90
<i>Repair or reconstruction</i>				
178-39-00	Suture of laceration of external ear or pinna	184	7,000	17,000
178-39-01	Suture of laceration of external auditory canal	184	7,000	10,200
178-48-00	Surgical correction of prominent ear	185	12,000	15,000
	Ear pinning			
	Ear setback			
178-48-01	Construction of auricle of ear	187	35,000	70,000
	Prosthetic appliance for absent ear			
	Reconstruction of auricle			
178-48-02	Reconstruction of external auditory canal	186	20,000	25,000
	Canaloplasty of external auditory meatus			
	Construction [reconstruction] of external meatus of ear:			
	osseous portion			
	skin-lined portion (with skin graft)			
178-48-08	Other plastic repair of external ear	1879	15,000	19,000
	Otoplasty			
	Post auricular skin graft			
	Repair of lop ear			
178-49-00	Reattachment of amputated ear	1872	20,000	30,600
<i>Other operations</i>				
178-11-00	Removal of packing of external auditory canal	9637	500	1,000
178-11-01	Removal of cerumen from ear	9652	500	1,000
178-11-02	Removal of intraluminal foreign body from ear	9811	1,000	1,500
178-11-03	Removal of intraluminal foreign body from ear under general anesthesia	9811	1,500	2,000
178-11-04	Removal of keratosis obturan	9652	1,500	2,000
178-12-00	Replacement of external auditory canal packing	9729	500	1,000
178-17-00	Packing of external auditory canal	9611	500	1,000
178-80-00	Dressing wound of external ear	9357	500	1,000
178-83-00	Irrigation of external auditory canal	9652	500	1,000

## MIDDLE EAR

### *Diagnostic procedure*

180-04-00	Exploration of middle ear; examination	2039	15,000	20,000
180-04-01	Biopsy of middle ear	2032	15,000	20,000
180-04-02	Exploration of middle ear; biopsy	2032	15,000	20,000
180-04-99	Other diagnostic procedures on middle ear	2039	15,000	20,000

### *Incision*

180-21-00	Incision of middle ear	2023	15,000	20,000
	Atticotomy		15,000	20,000
180-22-00	Aspiration of middle ear	2009	1,500	2,000
180-22-01	Myringotomy with insertion of tube	2001	1,500	2,000
	Myringostomy		1,500	2,000
180-22-99	Other myringotomy	2009	1,500	2,000



		ICD-9 Code	Mean	Percentile 90
180-24-00	Lysis of adhesion of middle ear	2023	15,000	20,000
180-24-01	Division of tympanum	2023	15,000	20,000
<i>Excision or destruction</i>				
180-26-00	Excision of lesion of middle ear	2051	15,000	20,000
180-26-01	Excision of glomus tumor of middle ear	2051	25,000	30,000
	Excision of glomus tympanicum		25,000	30,000
	Excision of glomus jugulare		30,000	35,000
180-26-99	Other excision of middle ear	2059	25,000	30,000
	Apicectomy of petrous pyramid			
	Tympanectomy			
<i>Repair or reconstruction</i>				
180-39-99	Other repair of middle ear	199	20,000	25,000
<i>Other operations</i>				
180-40-00	Obliteration of tympanomastoid cavity	199	20,000	25,000
180-81-00	Injection of tympanum	2094	1,000	1,500
180-99-00	Operations on Eustachian tube	208	3,000	3,500
	Catheterization			
	Inflation			
	Injection (Teflon paste)			
	Insufflation (boric acid-salicylic acid)			
	Intubation			
	Politzerization			
	of Eustachian tube			
180-99-01	Tympanosympathectomy	2091	15,000	25,000
180-99-99	Other operation on middle ear	2099	15,000	25,000

## TYMPANIC MEMBRANE

### *Repair or reconstruction*

181-48-00	Tympanoplasty (type I)	194	15,000	20,000
	Epitympanic, type I			
	Myringoplasty			
181-48-01	Type II tympanoplasty	1952	15,000	20,000
	Closure of perforation with graft against incus or malleus			
181-48-02	Type III tympanoplasty	1953	15,000	20,000
	Graft placed in contact with mobile and intact stapes			
181-48-03	Type IV tympanoplasty	1954	15,000	20,000
	Mobile footplate left exposed with air pocket between round window and graft			
181-48-04	Type V tympanoplasty	1955	20,000	25,000
	Fenestra in horizontal semicircular canal covered by graft			
181-47-00	Revision of tympanoplasty	196	20,000	25,000

### *Other operations*

181-11-00	Removal of tympanostomy tube	201	500	1,000
181-12-00	Replacement of tympanostomy tube	9729	1,000	1,500



ICD-9 Code Mean Percentile 90

**AUDITORY OSSICLES***Incision*

182-21-00	Stapes mobilization	190	20,000	25,000
	Division, otosclerotic			
	Remobilization of stapes			
	Stapediolysis			
	Transcrral stapes mobilization			

*Excision or destruction*

182-26-00	Ossiculectomy	193	20,000	25,000
182-26-01	Incudectomy	193	20,000	25,000
182-26-02	Stapedectomy with incus replacement	1911	20,000	25,000
	Excludes : Stapes mobilization only(182-21-00)			
182-26-99	Other stapedectomy	1919	20,000	25,000
182-47-00	Revision of stapedectomy with incus replacement	1921	25,000	30,000
182-47-99	Other revision of stapedectomy	1929	25,000	30,000

*Repair or reconstruction*

182-48-00	Ossiculoplasty	193	20,000	25,000
182-48-99	Reconstruction of ossicle chains, second stage	193	20,000	25,000

*Other operations*

182-99-99	Other operation on ossicular chain	193	20,000	25,000
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**MASTOID***Incision*

183-21-00	Incision of mastoid	2021	2,500	3,000
183-21-01	Incision of petrous pyramid air cells	2022	15,000	20,000

*Excision or destruction*

183-26-00	Simple mastoidectomy	2041	20,000	25,000
183-26-01	Modified radical mastoidectomy	2049	20,000	25,000
183-26-02	Radical mastoidectomy	2042	20,000	25,000
183-26-99	Other mastoidectomy	2049	20,000	25,000
	Atticoantrotomy			
	Mastoidectomy, NOS			
183-47-00	Revision of mastoidectomy	2092	20,000	25,000

*Repair or reconstruction*

183-40-00	Closure of mastoid fistula	199	20,000	25,000
183-48-00	Mastoid myoplasty	199	20,000	25,000

**INNER EAR***Diagnostic procedure*

184-04-00	Biopsy of inner ear	2032	15,000	20,000
184-04-99	Other diagnostic procedures on inner ear	2039	15,000	20,000



*Incision*

184-21-00	Incision of endolymphatic sac	2079	25,000	30,000
184-21-99	Other incision of inner ear	2079	25,000	30,000
184-22-00	Drainage of inner ear	2079	25,000	30,000
184-22-01	Endolymphatic shunt	2071	25,000	30,000
184-23-00	Perilymphatic tap	2079	25,000	30,000
184-23-01	Decompression of labyrinth	2079	25,000	30,000
184-23-02	Fenestration of inner ear (initial)	2061	25,000	30,000
	Fenestration of:			
	labyrinth			
	semicircular canals			
	vestibule			
	with graft (skin) (vein)			
	Excludes : that with tympanoplasty type V(181-39-05)			
184-23-03	Fistulization of labyrinth or endolymphatic sac	2079	25,000	30,000
184-33-00	Opening of bony labyrinth	2079	25,000	30,000
184-47-00	Revision of fenestration of inner ear	2062	25,000	30,000
184-81-00	Injection into inner ear	2072	15,000	20,000
	Destruction by injection(alcohol):			
	Inner ear, semicircular canal, vestibule			

*Excision or destruction*

184-26-00	Chemical labyrinthectomy, transtympanic route	2079	10,000	15,000
184-26-01	Labyrinthectomy, trans (external auditory) canal approach	2079	25,000	30,000
184-26-02	Labyrinthectomy, transmastoid approach	2079	25,000	30,000
184-26-09	Labyrinthectomy, not otherwise specifies	2079	25,000	30,000
184-26-99	Other excision of inner ear	2079	25,000	30,000
184-28-99	Other destruction of inner ear	2079	25,000	30,000

*Repair or reconstruction*

184-39-00	Repair of oval and round windows	2093	25,000	30,000
	Closure of fistula:			
	oval window			
	perilymph			
	round window			

*Other operations*

184-44-00	Implantation of electromagnetic hearing device	2095	30,000	35,000
184-44-01	Implantation of cochlear prosthetic device, single channel	2097	30,000	35,000
184-44-02	Implantation of cochlear prosthetic device, multiple channel	2098	30,000	35,000
184-44-98	Other implantation of cochlear prosthetic device	2096	30,000	35,000
184-44-99	Implantation of cochlear prosthetic device, not otherwise specified	2096	30,000	35,000
184-45-00	Removal of cochlear prosthetic device	2099	30,000	35,000
184-46-00	Replacement of cochlear prosthetic device, single channel	2097	30,000	35,000
184-46-01	Replacement of cochlear prosthetic device, multiple channel	2098	30,000	35,000
184-46-98	Other replacement of cochlear prosthetic device	2096	30,000	35,000
184-46-99	Replacement of cochlear prosthetic device, not otherwise specifies	2096	30,000	35,000
184-99-99	Other operations of inner ear	2099	30,000	35,000



centile 90

ICD-9 Code Mean Percentile 90

## SPEECH, LANGUAGE, AUDITORY & VESTIBULAR SYSTEM

Diagnostic procedure, training and other procedures

See chapter 15 for details of other procedures on speech, language, auditory and vestibular system

### NOSE

Includes: skin and cartilage of nose

#### Diagnostic procedure

185-04-00	Biopsy of nose	2122	1,500	2,500
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#### Incision

185-21-00	Incision of nose	211	3,000	4,000
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#### Chondrotomy

185-21-01	Incision of skin of nose	211	1,000	1,500
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#### Excision or destruction

185-26-00	Excision of naso-alveolar cyst	2132	7,000	10,000
185-26-01	Resection of nose	214	10,000	15,000
185-26-98	Local excision of other lesion of nose	2132	7,000	10,000
185-26-99	Local excision of lesion of nose, not otherwise specified	2130	7,000	10,000
185-28-00	Destruction of lesion of nose	2130	10,000	12,500
185-28-08	Local destruction of other lesion of nose	2132	10,000	12,500
185-27-99	Local destruction of lesion of nose, not otherwise specified	2130	10,000	12,500
185-29-00	Amputation of nose	214	12,000	32,600

#### Repair or reconstruction

185-39-00	Suture of laceration of nose	2181	6,000	9,900
185-39-99	Other repair and plastic operation on nose	2189	13,000	17,000
185-40-00	Closure of nasal fistula	2182	10,000	19,800

Nasolabial

Nasopharyngeal

Oronasal

} istulectomy

185-48-00	Total nasal reconstruction	2183	30,000	37,600
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Reconstruction of nose with:

arm flap

forehead flap

185-49-00	Reattachment of amputated nose	2189	25,000	35,000
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#### Other operations

185-80-00	Dressing wound on nose	9357	500	1,000
185-99-99	Other operation on nose	2199	7,000	10,000

### NASAL CAVITY

#### Diagnostic procedure

186-00-00	Rhinocopy	2121	500	800
186-00-01	Rhinocopy using endoscope	2121	1,000	1,500



		ICD-9 Code	Mean	Percentile
186-04-00	Biopsy of intranasal lesion	2122	1,500	2,50
186-04-01	Biopsy of intranasal lesion using endoscope	2122	2,000	3,50
186-04-99	Other diagnostic procedures on nose	2129	2,000	3,50

#### *Incision*

186-24-00	Lysis of adhesions of nose	2191	3,000	4,50
	Posterior nasal scrub			

#### *Excision or destruction*

186-26-00	Nasal polypectomy	2131	10,000	15,00
186-26-01	Nasal polypectomy using microscope	213	15,000	17,00
186-26-02	Nasal polypectomy using endoscope	2131	15,000	17,00
186-26-03	Local excision of intranasal lesion	2131	10,000	15,00
186-26-04	Local excision of intranasal lesion using microscope	2131	15,000	17,00
186-26-05	Local excision of intranasal lesion using endoscope	2131	15,000	17,00
186-28-00	Local destruction of intranasal lesion	2131	15,000	17,00
186-28-01	Local destruction of intranasal lesion using endoscope	2131	15,000	17,00

#### *Other operations*

186-11-00	Removal of nasal packing	9732	1,000	1,50
186-11-01	Removal of intraluminal foreign body from nasal cavity	9812	1,000	1,50
186-11-02	Removal of intraluminal foreign body from nasal cavity under general anesthesia	9812	2,500	3,00
186-12-00	Replacement of nasal packing	9721	3,000	5,00
186-25-00	Control of epistaxis by anterior nasal packing	2101	3,000	4,00
186-25-01	Control of epistaxis by posterior (and anterior) nasal packing	2102	6,000	8,00
186-25-02	Control of epistaxis by cauterization (and packing)	2103	3,000	5,00
186-25-03	Control of epistaxis by ligation of ethmoid arteries	2104	15,000	20,00
186-25-04	Control of epistaxis by endoscopic ligation of the sphenopalatine artery	2109	15,000	20,00
186-25-05	Control of epistaxis by (transantral) ligation of the maxillary artery	2105	15,000	20,00
186-25-06	Control of epistaxis by ligation of the external carotid artery	2106	15,000	20,00
186-25-07	Control of epistaxis by excision of nasal mucosa and skin grafting of septum and lateral nasal wall	2107	15,000	20,00
186-25-08	Control of epistaxis by other means	2109	15,000	20,00
186-25-99	Control of epistaxis, not otherwise specified	2100	15,000	20,00
186-83-00	Irrigation of nasal passages	9653	500	1,00
186-99-99	Other operation on nasal cavity	2199	5,000	15,00

## NASAL TURBINATES

#### *Excision or destruction*

187-24-00	Fracture of the turbinates	2162	1,500	2,50
187-26-00	Turbinectomy by diathermy or cryosurgery	2161	3,000	5,00
187-26-01	Laser turbinectomy	2169	4,500	6,00
187-26-99	Other turbinectomy	2169	4,000	5,00

#### *Repair or reconstruction*

187-48-00	Turbinoplasty	2189	7,000	10,00
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Percentile		ICD-9 Code	Mean	Percentile 90
	<b>NASAL SEPTUM</b>			
2,50	<i>Incision</i>			
3,50	188-21-00	Nasal septotomy	211	3,500 10,000
3,50	188-22-00	Drainage of septal abscess	211	3,100 5,200
4,50	<i>Excision or destruction</i>			
	188-26-00	Submucous resection of septum of nose	215	15,000 20,000
15,00	<i>Repair or reconstruction</i>			
17,00	188-47-00	Revision rhinoplasty	2184	20,000 35,200
17,00		Rhinoseptoplasty		
15,00		Twisted nose rhinoplasty		
17,00	188-48-00	Limited rhinoplasty	2189	15,000 33,300
17,00		Plastic repair of nasolabial flaps		
17,00		Tip rhinoplasty		
17,00	188-48-01	Augmentation rhinoplasty	2189	20,000 41,700
17,00		Augmentation rhinoplasty with:		
		graft		
		synthetic implant		
1,50	188-48-19	Other rhinoplasty	2188	20,000 25,000
1,50	188-48-19	Other septoplasty	2188	1,500 20,000
3,00		Crushing of nasal septum		
5,00		Repair of septal perforation		
4,00		Excludes : septoplasty with synchronous submucous resection of septum		
8,00		(188-26-00)		

## FRONTAL NASAL SINUSES

	<i>Incision</i>			
20,00	189-22-10	Frontal sinusotomy	2241	15,000 20,000
20,00	189-22-11	Frontal sinusotomy using endoscope	2241	15,000 20,000
20,00	189-22-12	Frontal sinusotomy, external approach	2241	15,000 20,000
20,00	<i>Excision or destruction</i>			
20,00	189-26-00	Excision of lesion of frontal sinus	2242	15,000 22,500
1,00	189-26-01	Excision of lesion of frontal sinus using endoscope	2242	17,500 22,500
15,00	189-26-02	Excision of lesion of frontal sinus, external approach	2242	17,500 30,900
	189-26-03	Frontal sinusectomy	2242	20,000 36,300
	189-28-00	Obliteration of frontal sinus(with fat)	2242	25,000 45,100
2,50		Osteoplastic flap		
5,00	<i>Repair or reconstruction</i>			
6,00	189-31-00	Dilation of frontonasal duct	9621	1,500 2,000
5,00	189-48-00	Reconstruction of frontonasal duct	2279	15,000 20,000

ICD-9 Code Mean Percentile 90

**ETHMOID NASAL SINUSES***Incision*

190-22-10	Ethmoidotomy	2251	17,500	20,000
190-22-11	Ethmoidotomy using endoscope	2250	17,500	20,000

*Excision or destruction*

190-26-00	Ethmoidotomy	2263	20,000	22,500
	Anterior ethmoidectomy			
	Posterior ethmoidectomy			
190-26-01	Transantral ethmoidectomy	2263	20,000	22,500
190-26-02	External ethmoidectomy	2263	20,000	22,500
190-26-03	Ethmoidectomy using endoscope	2263	20,000	22,500

**SPHENOID NASAL SINUSES***Incision*

191-22-10	Sphenoidotomy	2252	20,000	25,000
191-22-11	Sphenoidotomy using endoscope	2252	20,000	25,000

*Excision or destruction*

191-26-00	Sphenoidectomy	2264	27,500	30,000
191-26-01	Sphenoidectomy using endoscope	2264	27,500	30,000
191-26-02	Transeptal sphenoidectomy	2264	27,500	30,000

**MAXILLARY NASAL SINUSES***Incision*

192-22-10	Intranasal antrotomy	2253	7,000	10,000
	Inferior antrostomy			
	Middle antrostomy			
192-22-11	Nasoantral window	222	7,000	10,000
192-22-12	Radical maxillary antrotomy	2231	15,000	20,000
	Removal of lining membrane of maxillary sinus using Caldwell-Luc approach			
	Antrectomy or classical Caldwell-Luc operation			
192-22-19	Other external maxillary antrotomy	2239	15,000	20,000
	Excision of lesion of maxillary sinus with Caldwell-Luc approach			

*Excision or destruction*

192-26-00	Excision of lesion of maxillary sinus with Caldwell-Luc approach	2261	15,000	20,000
192-26-01	Excision of lesion of maxillary sinus using endoscope	2262	15,000	20,000
192-26-08	Excision of lesion of maxillary sinus with other approach	2262	15,000	20,000

**PARANASAL SINUSES**

Note : During coding operations on paranasal sinuses, if coders can find more information of exact sinus site(e.g. frontal, maxillary etc.), the coder must change anatomical axis code(193=paranasal sinuses, unspecified) into more specific code as specific anatomical code below.

189 = frontal sinus; 190 = ethmoid sinus; 191 = sphenoid sinus; 192 = maxillary sinus

*Diagnostic procedure*

193-00-00	Transillumination of nasal sinus	8935	500	1,000
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		ICD-9 Code	Mean	Percentile 90
193-00-01	Endoscopy of nasal sinuses (without biopsy)	2219	1,800	2,500
193-04-00	Close (endoscopic) (needle) biopsy of nasal sinus	2211	1,800	2,500
193-04-01	Open biopsy of nasal sinus	2212	7,500	10,000

*Incision*

193-21-00	Incision of multiple nasal sinuses	2253	12,500	16,000
193-22-00	Aspiration and lavage of nasal sinus through natural ostium	2202	1,500	2,500
193-22-01	Puncture of nasal sinus for aspiration or lavage	2201	1,500	2,000
193-22-09	Aspiration and lavage of nasal sinus, not otherwise specified	2200	1,500	2,000
193-22-19	Sinusotomy, not otherwise specified	2250	7,000	10,000

*Excision or destruction*

193-26-00	Sinusectomy	2260	20,000	25,000
193-26-99	Sinusectomy, not otherwise specified	2260	20,000	25,000

*Repair or reconstruction*

193-39-99	Other repair of nasal sinus	2279	15,000	20,000
	Reconstruction of frontonasal duct			
	Repair of bone of accessory sinus			
193-40-00	Closure of nasal sinus fistula	2271	15,000	20,000
	Repair of oro-antral fistula			

*Other operations*

193-99-99	Other operation on nasal sinuses	229	15,000	20,000
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## NASOPHARYNX

*Diagnostic procedure*

194-00-00	Nasopharyngeal exam using mirror	2911	100	500
194-00-01	Nasopharyngeal exam using flexible or rigid endoscope	2911	1,000	1,500
194-04-01	Nasopharyngeal biopsy	2912	2,000	2,500
194-04-02	Nasopharyngeal biopsy using endoscope	2912	2,000	2,500
194-04-99	Other diagnostic procedures on nasopharynx	2919	2,000	2,500

*Incision*

194-24-00	Lysis of nasopharyngeal adhesion	2954	7,000	10,000
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*Excision or destruction*

194-26-00	Excision of benign non-vascular nasopharyngeal tumor	2939	15,000	20,000
194-26-01	Excision of nasopharyngeal angiofibroma	2939	30,000	35,000
194-26-04	Excision of malignant nasopharyngeal tumor	2939	30,000	35,000
194-26-99	Other excision of lesion or tissue of nasopharynx	2939	15,000	20,000
194-28-99	Other destruction of lesion or tissue of nasopharynx	2939	15,000	20,000

*Repair or reconstruction*

194-10-00	Insertion of nasopharyngeal airway	9601	1,000	1,500
194-31-00	Dilatation of nasopharynx	2991	2,000	5,000
194-48-00	Correction of nasopharyngeal atresia	294	20,000	30,000



*Other operations*

194-99-99	Other operation on nasopharynx	2999	15,000	25,000
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**PAROTID SALIVARY GLAND***Diagnostic procedure*

195-04-00	Closed (needle) biopsy of parotid gland or duct	2611	1,300	2,000
195-04-01	Open biopsy of parotid gland or duct	2612	7,400	15,000
195-04-99	Other diagnostic procedures on parotid gland or ducts	2619	12,500	15,000

*Incision*

195-22-01	Drainage of abscess of parotid area	2621	12,500	15,000
195-26-00	Superficial parotidectomy, partial parotidectomy	2631	25,000	30,000
195-26-01	Total parotidectomy	2632	30,000	35,000
195-26-98	Other excision of parotid gland lesion	2629	25,000	30,000
195-26-99	Parotidectomy, not otherwise specified	2630	25,000	30,000

*Repair or reconstruction*

195-31-00	Dilatation of parotid salivary duct	2649	1,500	2,100
195-39-00	Repair of parotid salivary duct	2649	17,500	21,500
195-39-01	Suture of laceration of parotid gland	2641	17,500	20,000
195-39-99	Other repair on parotid gland or duct	2649	15,000	20,000
	Fistulization of parotid gland			
195-40-00	Closure of parotid gland fistula	2642	17,500	18,300
195-11-00	Removal of calculus from parotid salivary duct	9822	3,500	10,200
195-45-00	Open removal of calculus from parotid salivary duct	2699	7,500	10,200

**SUBMANDIBULAR GLAND***Diagnostic procedure*

196-04-00	Closed (needle) biopsy of submandibular gland or duct	2611	1,500	2,000
196-04-01	Open biopsy of submandibular gland or duct	2612	7,000	10,000
196-04-99	Other diagnostic procedures on submandibular gland or ducts	2619	7,000	10,000

*Incision*

196-22-00	Drainage of abscess of submandibular gland	260	2,500	5,000
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*Excision or destruction*

196-26-00	Partial excision of submandibular gland	2631	12,500	15,000
196-26-01	Total excision of submandibular gland	2632	15,000	20,000
196-26-08	Other excision of submandibular gland	2629	12,500	15,000
196-26-99	Excision of submandibular gland, not otherwise specified	2630	15,000	20,000

*Repair or reconstruction*

196-31-00	Dilatation of submandibular duct	2649	1,500	2,000
196-39-00	Repair of submandibular duct	2649	12,500	15,000
196-39-01	Suture of laceration of submandibular salivary gland	2641	12,500	15,000
196-39-99	Other repair on submandibular gland or duct	2649		
	Fistulization of submandibular gland		7,500	10,000
196-40-00	Closure of submandibular gland fistula	2642	12,500	15,000
196-48-99	Other plastic operation on submandibular gland or duct	2649	12,500	15,000



*Other operations*

196-11-00	Removal of calculus from submandibular duct	9822	2,500	5,000
196-45-00	Open removal of calculus from submandibular duct	2699	7,500	10,000
196-99-99	Other operation of submandibular gland or duct	2699	7,500	10,000

**SALIVARY GLAND & DUCT**

Note : During coding operations on salivary gland, if coders can find more information of exact salivary gland location (e.g. parotid, submandibular gland etc.), the coder must change anatomical axis code (198= salivary gland & duct, unspecified) into more specific code as specific anatomical code below.

195 = Parotid salivary gland; 196 = Submandibular salivary gland;

197 = Sublingual & minor salivary

*Diagnostic procedure*

198-04-00	Closed (needle) biopsy of salivary gland	2611	1,500	2,000
198-04-01	Open biopsy of salivary gland	2611	7,000	10,000
198-04-99	Other diagnostic procedures on salivary gland or duct	2619	7,000	10,000

*Incision*

198-21-00	Incision of salivary gland or duct	260	7,000	10,000
198-22-00	Drainage of abscess of salivary gland	260	6,000	10,000
198-22-01	Marsupialization of salivary gland or duct	2621	6,000	10,000

*Excision or destruction*

198-26-00	Partial sialoadenectomy	2631	12,500	15,000
198-26-01	Complete sialoadenectomy	2632	12,500	20,000
198-26-99	Sialoadenectomy, not otherwise specified	2630	12,500	20,000

*Repair or reconstruction*

198-31-00	Dilatation of salivary duct	2649	1,500	2,000
198-39-00	Repair of salivary duct	2649	12,500	20,000
198-39-01	Suture of laceration of salivary gland	2641	12,500	20,000
198-39-99	Other repair on salivary gland or duct	2649	12,500	15,000
	Fistulization of salivary gland			
198-40-00	Closure of salivary gland fistula	2642	12,500	15,000
198-48-08	Other plastic operation on salivary gland or duct	2699	12,500	15,000
	Plastic repair of salivary gland			
	Transplantation of salivary gland			

*Other operations*

198-44-00	Probing of salivary duct	2691	500	1,000
198-11-00	Removal of calculus from salivary duct	9822	2,500	5,000
198-45-00	Open removal of calculus from salivary duct	2699	7,500	10,000
198-99-99	Other operation of salivary gland or duct	2699	7,500	10,000



# CHAPTER 4

## PROCEDURES OF THE NECK, MOUTH AND PHARYNX

ICD-9Code Mean Percentile 90

### NECK SKIN

#### Non-operative procedures

201-10-00	Insertion of totally implantable infusion pump into neck skin	8606	1,000	1,500
201-10-01	Insertion of totally implantable vascular access device into neck skin	8600	1,000	1,500
201-10-02	Insertion of tissue expander into neck skin	8693	7,500	36,600
201-11-00	Removal of foreign body from neck skin and subcutaneous tissue	9822	500	5,000

#### Operative procedures

201-21-00	Incision of pilonidal cyst or sinus of neck skin	8603	3,000	7,000
201-21-08	Other incision of neck skin and subcutaneous tissue	8604	6,500	8,000
	Exploration of sinus tract, skin			
	Exploration of superficial fossa			
201-22-00	Aspiration of neck skin and subcutaneous tissue	8601	1,000	1,500
	Aspiration of:			
	abscess			
	hematoma			
	seroma			
201-22-01	Drainage of neck skin and subcutaneous tissue	8604	2,000	4,400
	Include: Incision and drainage			
201-26-00	Excisional debridement of wound, infection or burn of neck skin	8622	2,000	4,100
	Removal by excision of:			
	devitalized tissue			
	necrosis			
	slough			
201-26-01	Excision of pilonidal cyst or sinus of neck skin	8621	7,500	20,600
	Marsupialization of cyst			
201-26-02	Excision of neck skin for graft to other site	8691	5,000	29,000
201-26-08	Other local excision of lesion of neck skin and subcutaneous tissue	863	5,000	7,000
201-26-10	Cutting and preparation of pedical grafts of flaps	8671	5,000	35,700
201-26-15	Radical excision of neck skin lesion	864	7,000	12,900
	Wide excision of skin lesion involving underlying or adjacent structure			
201-28-01	Chemosurgery of neck skin	8624	1,500	3,000
	Chemical peel of skin			
201-28-02	Dermabrasion of neck skin	8625	7,500	14,700
	Include: that with laser			
201-28-03	Ligation of dermal appendage of neck skin	8626	1,500	3,000
201-28-04	Electrolysis and other epilation of neck skin	8692	2,000	3,400
201-28-05	Nonexcisional debridement of wound, infection or burn of neck skin	8628	800	1,300
	Removal of devitalized tissue, necrosis and slough by:			
	irrigation (under pressure)			
	scrubbing			
	washing			



	ICD-9 Code	Mean	Percentile 90
<b>201-28-08 Other local destruction of lesion of neck skin and subcutaneous tissue</b>	<b>863</b>	<b>7,000</b>	<b>10,000</b>
Destruction of neck skin by:			
cauterization			
cryosurgery			
fulguration			
laser beam			
That with Z-plasty			
<b>201-39-00 Suture of laceration of neck skin</b>	<b>8659</b>	<b>7,000</b>	<b>9,000</b>
<b>201-39-08 Other repair of neck skin</b>	<b>8689</b>	<b>7,000</b>	<b>10,000</b>
<b>201-47-00 Revision of pedicle or flap graft of neck skin</b>	<b>8675</b>	<b>7,500</b>	<b>31,600</b>
<b>201-48-00 Advancement of pedicle graft of neck skin</b>	<b>8672</b>	<b>15,000</b>	<b>31,600</b>
<b>201-48-01 Attachment of pedicle or flap graft of neck skin</b>	<b>8674</b>	<b>15,000</b>	<b>31,600</b>
<b>201-48-02 Neck skin reduction plastic operation</b>	<b>8683</b>	<b>15,000</b>	<b>22,800</b>
<b>201-48-03 Relaxation of scar or web contracture of neck skin</b>	<b>8684</b>	<b>10,000</b>	<b>22,500</b>
<b>201-50-00 Hair transplant of neck skin</b>	<b>8664</b>	<b>25,000</b>	<b>30,000</b>
<b>201-50-01 Split-thickness neck skin graft</b>	<b>8669</b>	<b>9,000</b>	<b>30,000</b>
<b>201-50-02 Full-thickness neck skin graft</b>	<b>8663</b>	<b>9,000</b>	<b>29,000</b>
<b>201-50-03 Heterograft to neck skin</b>	<b>8665</b>	<b>9,000</b>	<b>15,800</b>
Pigskin graft			
Porcine graft			
<b>201-50-04 Homograft to neck skin</b>	<b>8666</b>	<b>9,000</b>	<b>14,700</b>
Graft to skin of:			
amniotic membrane	} from donor		
skin			
<b>201-50-05 Dermal regenerative graft of neck skin</b>	<b>8667</b>	<b>2,200</b>	<b>3,600</b>
Artificial skin			
Creation of neodermis			
Decellularization allodermis			
Integumentary matrix implants			
Prosthetic implant of dermal layer of skin			
Regenerate dermal layer of skin			
<i>Miscellaneous procedures</i>			
<b>201-80-00 Wound dressing at neck</b>	<b>9357</b>	<b>500</b>	<b>1,300</b>
<b>201-81-01 Injection or tattooing of neck skin lesion and defect</b>	<b>8602</b>	<b>10,000</b>	<b>15,000</b>
Injection	} of filling material		
Insertion			
Pigmentation			
<i>Other procedures and operations</i>			
<b>201-99-99 Other procedures and operations on neck skin</b>	<b>8699</b>	<b>4,500</b>	<b>9,000</b>

ICD-9 Code    Mean    Percentile 90

**BRANCHIAL REMNANT***Operative procedures*

204-26-01	Excision of branchial cleft cyst or vestige	292	8,300	20,000
204-39-00	Closure of branchial cleft fistula	2952	15,000	20,000

*Other procedures and operations*

204-99-99	Other procedures and operations on branchial cleft cyst or fistula	8699	10,500	20,000
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**CAROTID ARTERY***Examination and Assessment*

205-04-00	Biopsy of carotid artery	3821	12,500	15,000
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Note :see chapter 18 for more codes on radiology services of neck

*Non-operative procedures*

205-10-01	Insertion of carotid artery stent	3990	22,500	25,000
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*Operative procedures*

205-21-00	Incision of carotid artery	3802	13,300	22,100
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Embolectomy

Thrombectomy

205-24-00	Freeing of carotid artery	3991	9,700	16,200
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205-25-00	Control of hemorrhage following arterial surgery of carotid artery	3941	11,200	18,700
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205-26-01	Endarterectomy of carotid artery	3812	20,400	34,000
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Endarterectomy with:

embolectomy

patch graft

temporary bypass during procedure

thrombectomy

205-26-02	Resection of carotid artery with anastomosis	3832	20,400	34,000
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Angiectomy

Excision of:

aneurysm (arteriovenous)

blood vessel (lesion)

with anastomosis

Resection of ruptured carotid aneurysm

3834    25,500    42,500

205-26-08	Other excision of carotid artery	3862	15,000	34,000
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Excision of infected graft

14,300    23,800

205-30-00	Ligation of carotid artery	3882	8,000	13,600
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- External carotid

- Internal carotid

205-30-01	Embolization of carotid artery	3882	22,500	25,000
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205-30-98	Other surgical occlusion of carotid artery	3882	10,200	20,000
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Clamping of carotid artery

Occlusion of carotid artery

205-39-00	Suture of carotid artery	3931	15,000	20,000
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	ICD-9 Code	Mean	Percentile 90
<b>205-39-01 Repair of aneurysm of carotid artery</b>	3952	28,600	47,600
Repair of aneurysm by:			
coagulation			
electrocoagulation			
filipuncture			
methyl methacrylate			
suture			
wiring, wrapping			
<b>205-39-02 Repair of arteriovenous fistula or arteriovenous malformation</b>			
of carotid artery	3953	22,400	37,400
Embolization of carotid cavernous fistula			
Repair of arteriovenous fistula or arteriovenous malformation by:			
clipping			
coagulation			
ligation and division			
<b>205-39-03 Repair of carotid artery with tissue patch graft</b>	3956	21,400	35,700
<b>205-39-04 Repair of carotid artery with synthetic patch graft</b>	3957	21,400	35,700
<b>205-39-05 Repair of carotid artery with unspecified patch graft</b>	3958	21,400	35,700
<b>205-47-00 Revision of arterial procedures of carotid artery</b>	3949	10,200	17,000
<b>205-48-00 Angioplasty of carotid artery</b>	3959	13,800	23,000
Percutaneous transluminal angioplasty (PTA) of carotid artery			

*Other procedures and operations*

<b>205-99-01 Operations on carotid body</b>	398	20,400	34,000
Chemodectomy			
Denervation of carotid body			
Glomectomy, carotid			
Implantation of electronic stimulator or pacemaker into carotid body			

## CERVICAL LYMPH NODES

Note : During coding operations on cervical lymph nodes, if coders can find more information of exact cervical lymph nodes(e.g. superficial, deep etc.), the coder must change anatomical axis code(214=cervical lymph nodes, unspecified) into more specific code as specific anatomical code below.

212 = superficial cervical lymph nodes; 213 = deep cervical lymph nodes

*Diagnostic procedure*

<b>214-04-00 Biopsy of lymphatic structure</b>	4011	3,000	5,000
<b>214-04-01 Biopsy of cervical lymph node</b>	4011	3,000	5,000
<b>214-04-08 Other diagnostic procedure on lymphatic structure</b>	4019	3,000	5,000

*Incision*

<b>214-21-00 Incision of lymphatic structure</b>	400	3,000	5,000
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*Excision or destruction*

214-26-00	Excision of cervical lymph node	4029	4,500	6,000
214-26-01	Simple excision of other neck lymphatic structures	4029	17,500	20,000
	Excision of:			
	cystic hygroma			
	lymphangioma			
214-26-02	Regional cervical lymph node excision	403	17,500	20,000
	Extended regional lymph node excision			
214-26-03	Radical neck dissection, unilateral	4041	25,000	31,500
214-26-04	Modified radical neck dissection, unilateral	4041	25,000	33,100
214-26-05	Radical neck dissection, bilateral	4042	30,000	35,000
214-26-06	Modified radical neck dissection, bilateral	4042	30,000	35,000
214-26-09	Radical neck dissection, not otherwise specified	4040	30,000	35,000

## NECK SPACES

*Incision*

216-22-10	Incision and drainage of submandibular space	270	6,000	9,000
217-22-10	Incision and drainage of other fascial space of head and neck	270	6,000	9,000

## THYROID GLANDS

*Diagnostic procedure*

219-04-00	Closed (percutaneous) (needle) biopsy of thyroid gland	0611		
	Fine needle aspiration biopsy of thyroid		1,200	2,000
219-04-01	Open biopsy of thyroid gland	0612	6,000	8,000

*Incision*

219-21-00	Incision of thyroid field	0609	900	1,500
	Thyroidotomy			
219-22-00	Aspiration of thyroid field	0601	1,200	2,000
	Percutaneous or needle drainage of thyroid field			
219-22-01	Drainage of hematoma of thyroid field	0609	900	1,500
219-24-00	Division of thyroid isthmus	0691	9,000	12,000

*Excision or destruction*

219-26-00	Excision of lesion of thyroid	0631	10,200	18,000
	Isthmectomy			
219-26-01	Unilateral thyroid lobectomy	062	15,000	27,000
	Complete removal of one lobe of thyroid (with removal of isthmus or portion of other lobe)			
	Hemithyroidectomy			
219-26-02	Subtotal thyroidectomy	0639	20,000	28,900
219-26-03	Excision of lingual thyroid	066	20,000	20,400
	Excision of thyroid by:			
	substernal route			
	transoral route			



	ICD-9 Code	Mean	Percentile 90
219-26-04 Near total thyroidectomy	0639	20,000	32,300
219-26-05 Complete thyroidectomy	064	20,000	35,700
219-26-10 Endoscopic assisted excision of thyroid lesion	0631	12,200	20,400
219-26-11 Endoscopic assisted thyroid lobectomy	062	17,300	28,900
219-26-12 Endoscopic assisted subtotal thyroidectomy	0639	18,400	30,600
219-26-21 Partial substernal thyroidectomy	0650	21,400	35,700
219-26-22 Complete substernal thyroidectomy	0651	22,400	37,400
219-26-29 Substernal thyroidectomy, not otherwise specified	0650	23,500	39,100
219-29-00 Ligation of thyroid vessels	0692	10,200	17,000
219-99-99 Other operation on thyroid glands			
Thyroidectomy with neck dissection, unilateral	0698	29,600	49,300

*Repair or reconstruction*

219-38-00 Transposition of lingual thyroid	0698	27,500	30,000
219-39-00 Suture of thyroid glands	0693	8,000	15,000

*Other procedures and operations*

219-47-00 Reopening of wound of thyroid field	0602	8,000	10,000
Reopening of wound of thyroid field for:			
examination			
exploration			
219-49-00 Thyroid tissue reimplantation	0694	15,000	25,000
Autotransplantation of thyroid tissue			

## PARATHYROID GLANDS

*Diagnostic procedure*

220-04-00 Biopsy of parathyroid gland	0613	6,000	9,000
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*Excision or destruction*

220-26-00 Complete parathyroidectomy	0681	18,700	31,100
220-26-08 Other parathyroidectomy	0689	18,700	31,100
Parathyroidectomy			
Partial parathyroidectomy			

*Repair or reconstruction*

220-49-00 Parathyroid tissue reimplantation	0695	6,600	11,100
Autotransplantation of parathyroid tissue			

## THYROGLOSSAL REMNANT

*Incision*

221-22-00 Drainage of thyroglossal tract by incision	0609	900	1,500
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*Excision or destruction*

221-26-00 Excision of thyroglossal duct or tract	067	12,200	20,400
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ICD-9 Code      Mean      Percentile 90

*Other procedures and operations*

221-99-99	Other procedures and operations on thyroglossal remnant	0609	12,200	20,400
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**LIP**

Note : During coding operations on lip, if coders can find more information of exact lip (e.g. upper, lower etc.), the coder must change anatomical axis code (225=lip, unspecified) into more specific code as specific anatomical code below.

222 = upper lip; 223 = lower lip; 224 = commissure

*Diagnostic procedure*

225-04-00	Biopsy of lip	2723	1,000	3,200
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*Incision*

225-21-00	Incision of lip	2792	1,000	1,500
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*Excision or destruction*

225-26-00	Wide excision of lesion of lip	2742	10,000	20,800
225-26-99	Other excision of lesion or tissue of lip	2743	10,000	15,000

*Repair or reconstruction*

225-39-00	Suture of laceration of lip	279	7,500	23,400
225-39-01	Repair of cleft lip	2754	15,000	54,200
	Cheiloplasty			
225-48-00	Full-thickness skin graft to lip	2755	9,000	31,300
225-48-10	Attachment of pedicle or flap graft to lip	2757	16,000	33,200

**LABIAL MUCOSA***Incision*

226-21-00	Labial frenotomy	2792	1,500	2,100
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*Excision or destruction*

226-26-00	Labial frenectomy	2741	3,000	6,200
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*Other procedures and operations*

226-99-99	Other procedures and operations on labial mucosa	2799	1,500	3,000
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**FLOOR OF MOUTH***Incision*

229-22-00	Drainage of floor of mouth	270	7,000	15,800
	Include: Incision and drainage			
	Drainage of Ludwig's angina			
229-22-01	Marsupialization of floor of mouth lesion	270	3,000	5,000



*Other procedures and operations*

<b>229-99-99 Other procedures and operations on floor of mouth</b>	2799	5,000	10,000
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## MOUTH

Note : During coding operations on mouth, if coders can find more information of exact mouth location(e.g. upper, lower etc.), the coder must change anatomical axis code(233=mouth, unspecified) into more specific code as specific anatomical code below.

226 = labial mucosa; 227 = upper arch of mouth; 228 = lower arch of mouth; 229 = floor of mouth; 230 = oral vestibule labial; 231 = oral vestibule buccal; 232 = oral frenulum; 234 = buccal mucosa

*Diagnostic procedure*

<b>233-04-00 Biopsy of mouth</b>	2724	1,500	2,000
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*Incision*

<b>233-21-00 Incision of mouth, unspecified structure</b>	2792	2,500	3,000
<b>233-22-00 Drainage of mouth</b>	270	4,800	7,500

Include: Incision and drainage

*Excision or destruction*

<b>233-26-00 Debridement of mouth</b>	279	3,700	6,200
<b>233-26-01 Wide excision of lesion of mouth</b>	2749	6,000	14,000

*Repair or reconstruction*

<b>233-39-00 Suture of laceration of mouth</b>	2752	6,500	8,000
<b>233-40-00 Closure of fistula of mouth</b>	2753	9,000	15,000

Oro-cutaneous fistula

Oro-nasal fistula

<b>233-48-00 Full-thickness skin graft to mouth</b>	2755	10,000	29,000
<b>233-48-01 Mucosal graft to the mouth</b>	2759	10,000	29,000
<b>233-48-10 Attachment of pedicle or flap to mouth</b>	2757	10,000	30,500
<b>233-48-20 Extension of deepening of buccolabial or lingual sulcus</b>	2491	18,000	32,900

Vestibuloplasty of mouth

<b>233-48-99 Other plastic repair of mouth</b>	2759	12,000	15,000
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*Miscellaneous procedures*

<b>233-11-00 Removal of foreign body from mouth without incision</b>	9801	1,000	1,200
<b>233-80-00 Wound dressing at mouth</b>	9357	300	500
<b>233-83-00 Irrigation of mouth</b>	2799	300	500

*Other procedures and operations*

<b>233-99-99 Other procedures and operations on oral cavity</b>	2799	9,000	13,000
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ICD-9 Code    Mean    Percentile 90

**TONGUE***Diagnostic procedure*

235-04-00	Closed (needle) biopsy of tongue	2501	1,500	2,000
235-04-01	Open biopsy of tongue	2502	2,500	4,500
	Wedge biopsy of tongue			
235-04-99	Other diagnostic procedures on tongue	2509	2,500	3,000

*Incision*

235-21-00	Lingual frenulotomy	2591	3,000	4,800
235-21-99	Other glossotomy	2594	3,000	5,000
235-24-00	Lysis of adhesions of tongue	2593	3,500	5,000

*Excision or destruction*

235-26-00	Lingual frenectomy	2592	3,000	7,500
	Excision of tongue tie			
	Excision of ankyloglossia			
235-26-01	Excision of lesion or tissue of tongue	251	3,500	8,200
235-26-02	Partial glossectomy	252	20,000	33,300
235-26-03	Complete glossectomy	253	30,000	45,600
	Glossectomy			
235-26-04	Radical glossectomy	254	37,500	43,200
235-28-00	Destruction of lesion or tissue of tongue	251	32,500	37,500

*Repair or reconstruction*

235-39-00	Suture of laceration of tongue	2551	5,100	8,600
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*Other procedures and operations*

235-99-99	Other procedures and operations on tongue	2599	9,000	13,000
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**GINGIVA, GUM***Diagnostic procedure*

236-04-00	Biopsy of gum	2411	1,000	1,500
236-04-01	Biopsy of alveoli	2412	1,000	1,500
236-04-99	Other diagnostic procedures on gums and alveoli	2419	1,000	1,500

*Incision*

236-21-00	Incision of gum or alveolar bone	240	2,500	3,500
	Apical alveolotomy			

*Excision or destruction*

236-26-00	Excision of lesion or tissue of gum	2431	5,000	7,000
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*Repair or*

236-3 00

236-4 00

*Other pro*

236-99-99

*Gene...*

238-14-00

238-1 01

238-31-00

*Diagn...*

240-0 00

*Incis*

240-21-00

*Excis...*

240-26-00

240-21 01

*Other pro*

240-99-99

*Diagn...*

241-04-00

*Incision*

241-21-00



	ICD-9 Code	Mean	Percentile 90
<i>Repair or reconstruction</i>			
236-39-00 Suture of laceration of gum	2432	3,000	4,000
236-48-00 Gingivoplasty	242	5,800	9,700
Gingivoplasty with bone or soft tissue graft			
<i>Other procedures and operations</i>			
236-99-99 Other procedures and operation on gum	2439	6,000	9,000

## PERMANENT TEETH

Note: Codes included in this chapter are surgical procedure codes on teeth only. Please see chapter 5 for more codes on dental procedures of deciduous teeth

<i>General procedures</i>			
238-14-00 Removal of dental packing	2499	2,000	2,500
238-14-01 Removal of dental wiring	2499	3,000	4,500
238-37-00 Dental wiring	2499	7,500	9,000

## HARD PALATE

<i>Diagnostic procedure</i>			
240-04-00 Biopsy of bony palate	2721	2,000	2,500
<i>Incision</i>			
240-21-00 Incision of palate	271	1,000	2,000
<i>Excision or destruction</i>			
240-26-00 Local excision of lesion or tissue of bony palate	2731	6,000	9,000
Local excision or destruction of palate by:			
cautery			
chemotherapy			
cryotherapy			
240-26-01 Wide excision of lesion or tissue of bony palate	2732	12,000	16,000
En bloc resection of alveolar process and palate			
<i>Other procedures and operations</i>			
240-99-99 Other procedures and operation on hard palate	2799	12,000	16,000

## SOFT PALATE

<i>Diagnostic procedure</i>			
241-04-00 Biopsy of soft palate	2722	1,500	4,000
<i>Incision</i>			
241-21-00 Incision of soft palate	2792	2,000	3,900



*Repair or reconstruction*

241-39-00	Suture of laceration of palate	2761	6,000	12,200
241-47-00	Revision of cleft palate repair	2763	18,000	33,200
	Secondary:			
	attachment of pharyngeal flap			
	lengthening of palate			
241-48-00	Correction of cleft palate	2762	18,000	38,700
	Correction of cleft palate by push-back operation			
241-48-01	Palatoplasty reconstruction of palate	2769	18,000	46,300
241-48-02	Uvulopalatoplasty (UPP)	2769	18,000	20,000
241-48-03	Uvulopalatopharyngoplasty (UPPP)	2769	18,000	20,000
241-48-04	Laser-assisted uvulopalatoplasty (LAUP)	2769	18,000	20,000
241-48-05	Cautery assisted palatal strefen operation (CAPSO)	2769	10,000	15,000
241-48-10	Radiofrequency of soft palate	2769	10,000	15,000
241-48-99	Other plastic repair of palate	2769	18,000	20,000

## UVULA

*Diagnostic procedure*

242-04-00	Biopsy of uvula	2724	1,500	2,000
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*Incision*

242-21-00	Incision of uvula	2771	2,000	2,500
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*Excision or destruction*

242-26-00	Excision of uvula	2772	3,500	5,000
242-26-01	Excision of uvula using laser	2772	3,500	5,000

*Repair or reconstruction*

242-39-00	Repair of uvula	2773	5,000	9,000
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*Other procedures and operations*

242-99-99	Other procedures and operations on uvula	2779	5,000	9,000
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## PHARYNX

Include: oropharynx, hypopharynx

*Diagnostic procedure*

244-00-00	Pharyngoscopy	2911	500	1,000
244-04-00	Pharyngeal biopsy	2912	5,000	9,000
	Biopsy of supraglottic mass			
244-04-99	Other diagnostic procedures on pharynx	2919	3,000	5,000



	ICD-9Code	Mean	Percentile 90
<i>Incision</i>			
244-22-00 Pharyngotomy	290	8,000	12,500
Drainage of pharyngeal bursa			
Incision and drainage (oral) (transcervical) of parapharyngeal, Retropharyngeal			
244-22-01 abscess	280	10,000	15,000
244-44-00 Lysis of pharyngeal adhesions	2954	5,000	7,500
<i>Excision or destruction</i>			
244-26-00 Cricopharyngeal myotomy	2931	13,000	15,000
244-26-01 Pharyngeal diverticulectomy	2932	13,000	15,000
244-26-02 Pharyngectomy(partial)	2933	17,000	20,000
244-26-99 Other excision of lesion or tissue of pharynx	2939	15,000	18,000
244-28-99 Other destruction of lesion or tissue of pharynx	2939	15,000	18,000
<i>Repair or reconstruction</i>			
244-31-00 Dilation of pharynx	2991	6,500	8,500
244-39-00 Suture of laceration of pharynx	2951	10,000	12,500
244-39-99 Other repair of pharynx	2959	10,000	12,500
244-40-00 Closure of other fistula of pharynx	2953	12,000	15,000
Pharyngoesophageal fistulectomy			
244-48-00 Plastic operation on pharynx	2959	17,500	20,000
<i>Miscellaneous procedures</i>			
244-10-00 Insertion of oropharyngeal airway	9602	300	500
244-11-00 Removal of foreign body from pharynx without incision	9813	3,500	5,000

## TONSILS AND ADENOIDS

<i>Diagnostic procedure</i>			
245-04-00 Biopsy of tonsils and adenoids	2811	1,500	2,500
245-04-99 Other diagnostic procedures on tonsils and adenoids	2819	1,500	2,500
<i>Incision</i>			
245-22-00 Incision and drainage of tonsil and peritonsillar structures	280	2,500	3,000
Drainage of peritonsillar abscess, tonsillar abscess			
<i>Excision or destruction</i>			
245-26-00 Excision of lesion of tonsils and adenoid	2892	10,000	12,500
245-26-01 Excision of tonsil tag	284	10,000	12,500
245-26-02 Excision of lingual tonsil	285	12,000	15,000
245-26-03 Tonsillectomy without adenoidectomy	282	10,000	12,500
245-26-04 Adenoidectomy without tonsillectomy	286	10,000	12,500
Excision of adenoid tag			
245-26-05 Tonsillectomy with adenoidectomy	283	15,000	17,500



*Miscellaneous procedures*

245-11-00	Removal of foreign body from tonsil and adenoid without incision	9813	3,000	3,500
245-25-00	Control of hemorrhage after tonsillectomy and adenoidectomy	287	6,000	8,000
245-45-00	Removal of foreign body from tonsil and adenoid by incision	2891	3,000	4,500

*Other procedures and operations*

245-99-99	Other procedures and operations on tonsils and adenoid	2899	10,000	12,500
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**LARYNX**

Include : Supraglottic, subglottic and larynx

*Diagnostic procedure*

247-04-00	Fiberoptic laryngoscopy	3143	4,000	5,000
247-04-01	Closed (endoscopic) biopsy of larynx	3143	4,000	6,500
247-04-02	Open biopsy of larynx	3145	7,500	10,000
247-04-99	Other diagnostic procedures on larynx	3148	6,500	8,000

*Incision*

247-21-00	Laryngofissure	313	13,000	15,000
247-21-99	Other incision of larynx	313	13,000	15,000
247-22-00	Marsupialization of laryngeal cyst	3001	13,000	15,000
247-24-00	Lysis of adhesions of larynx	3192	16,000	17,500
247-24-01	Lysis of adhesions of larynx using laser	3192	16,000	17,500
247-24-02	Division of congenital web of larynx	3198	13,000	17,500
247-24-03	Division of congenital web of larynx using laser	3198	13,000	17,500

*Excision or destruction*

247-26-00	Excision of lesion or tissue of larynx	3009	12,500	15,000
247-26-01	Excision of lesion or tissue of larynx, using laser	3009	12,500	15,000
247-26-02	Epiglottidectomy	3021	20,000	25,000
247-26-03	Hemilaryngectomy	301	27,500	30,000
247-26-08	Other partial laryngectomy	3029	27,500	30,000
	Excision of laryngeal cartilage			
	Supraglottic laryngectomy			
	Supracricoid laryngectomy			
	Near total laryngectomy			
247-26-10	Complete laryngectomy	303	35,000	40,000
	Block dissection of larynx (with thyroidectomy) (with synchronous tracheostomy)			
	Total laryngectomy			
	Laryngopharyngectomy			
247-26-11	Radical laryngectomy	304	55,000	60,000
	Complete laryngectomy with radical neck dissection (with thyroidectomy) (with synchronous tracheostomy)			
247-26-99	Other excision of lesion or tissue of larynx	3009	13,000	20,000
247-28-99	Other destruction of lesion or tissue of larynx	3009	13,000	20,000



		ICD-9 Code	Mean	Percentile 90
<i>Repair or reconstruction</i>				
247-39-00	Suture of laceration of larynx	3161	10,000	15,000
247-39-01	Repair of laryngeal fracture	3164	15,000	17,500
247-39-99	Other repair of larynx	3169	12,000	20,000
	Graft of larynx			
247-40-00	Closure of fistula of larynx	3162	12,000	20,000
	Laryngotracheal fistulectomy			
	Take-down of laryngostomy			
247-47-00	Revision of laryngostomy	3163	12,500	17,500
<i>Miscellaneous procedures</i>				
247-10-00	Closed (endoscopic) insertion of laryngeal stent	3198	10,000	12,000
247-11-00	Removal of keel or stent from larynx	3198	8,000	10,000
247-11-01	Removal of intraluminal foreign body from larynx	9814	8,000	10,000
247-12-00	Closed (endoscopic) replacement of laryngeal stent	3193	8,000	12,000
247-31-00	Dilation of larynx	3198	8,000	10,000
247-44-00	Open insertion of laryngeal stent	3198	12,000	15,000
247-46-00	Open replacement of laryngeal stent	3193	13,000	17,500
247-81-00	Injection of larynx	310	13,000	15,000
	Injection of inert material into larynx			
	Excludes : Medialization of vocal cord (248-81-00)			
<i>Other procedures and operations</i>				
247-99-99	Other procedures and operation on larynx	3198	13,000	18,000

## VOCAL CORD

<i>Excision or destruction</i>				
248-26-00	Vocal cord stripping	3009	12,000	15,000
248-26-01	Vocal cordectomy	3022	18,000	20,000
	Excision of vocal cord			
248-26-02	Vocal cordectomy using laser	3022	18,000	20,000
248-26-03	Arytenoidectomy	3009	20,000	22,500
248-26-04	Laser arytenoidectomy	3009	20,000	22,500
<i>Repair or reconstruction</i>				
248-34-00	Arytenoidopexy	3169	22,500	25,000
248-38-00	Medialization of vocal cord	3169	15,000	20,000
	Injection of inert material into vocal cord			
248-38-01	Medialization of vocal cord, external approach	3169	15,000	20,000
248-38-02	Lateralization of vocal cord	3169	15,000	20,000
248-38-03	Transposition of vocal cord	3169	15,000	20,000
248-38-99	Other repair of vocal cord	3169	15,000	20,000
<i>Other procedures and operations</i>				
248-99-99	Other procedures and operations on larynx	3198	15,000	20,000

ICD-9 Code Mean Percentile 90

## LARYNGEAL NERVE

*Excision or destruction*

249-24-00	Division of laryngeal nerve	3191	10,000	13,000
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*Repair or reconstruction*

249-39-00	Repair of laryngeal nerve	043	15,000	25,000
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*Other procedures and operations*

249-99-99	Other procedures and operations of laryngeal nerve	3198	15,000	25,000
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## TRACHEA

*Diagnostic procedure*

250-00-00	Tracheoscopy through artificial stoma	3141	2,500	3,000
250-00-01	Fiberoptic laryngotracheoscopy	3142	2,500	3,000
250-00-02	Tracheoscopy using rigid endoscope	3142	8,000	10,000
250-04-00	Closed (endoscopic) biopsy of trachea	3144	8,000	10,000
250-04-01	Open biopsy of trachea	3145	10,000	13,000
250-04-99	Other diagnostic procedures on trachea	3149	10,000	13,000

*Incision*

250-21-99	Other incision of trachea	313	8,000	10,000
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*Excision or destruction*

250-26-00	Local excision or destruction of lesion or tissue of trachea	315	10,000	12,500
250-26-01	Local excision or destruction of lesion of tissue of trachea using laser	315	18,000	20,000

*Repair or reconstruction*

250-39-00	Suture of laceration of trachea	3171	13,000	18,000
250-39-99	Other repair operations on trachea	3179	13,000	18,000
250-40-00	Closure of external fistula of trachea	3172	12,000	13,000
	Closure of tracheostomy stoma		2,000	3,000
250-40-01	Closure of other fistula of trachea	3173	13,000	15,000
	Tracheoesophageal fistulectomy			
250-47-00	Revision of tracheostomy	3174	7,500	10,000
250-48-00	Tracheal resection and end to end anastomosis	3179	35,000	40,000
250-48-01	Tracheal resection and cricotracheal anastomosis	3179	35,000	40,000
250-48-02	Tracheal resection and thyrotracheal anastomosis	3179	35,000	40,000
250-48-03	Reconstruction of trachea and construction of artificial larynx	3175	35,000	40,000
	Tracheoplasty with artificial larynx			
250-48-99	Other plastic operations on trachea	3179	25,000	30,000

*Miscellaneous procedures*

250-10-00	Endotracheal intubation	9604	1,500	2,000
	Insertion of endotracheal tube			
250-10-01	Insertion tracheal or tracheobronchial stent	3199	9,000	10,000
250-11-00	Removal of tracheostomy tube	9737	1,500	2,000



		ICD-9 Code	Mean	Percentile 90
250-11-01	Removal of intraluminal foreign body from trachea	9815	8,000	13,000
250-11-02	Removal of tracheal or tracheobronchial stent	3199	8,000	10,000
250-12-00	Replacement of tracheostomy tube	9721	1,800	2,000
250-12-01	Replacement of tracheal stent	3193	8,000	12,000
250-22-00	Tracheostomy toilette	9655	1,000	1,500
250-22-08	Other lavage of trachea	9655	500	800
250-24-00	Lysis of adhesion of trachea	3192	10,000	12,500
250-24-01	Lysis of adhesion of trachea using laser	3192	10,000	12,500
250-31-00	Dilatation of trachea	3199	8,000	12,500
250-33-00	Temporary tracheostomy	311	5,000	7,500
	Tracheostomy for assistance of breathing			
250-33-01	Mediastinal tracheostomy	3121	10,000	15,000
250-33-09	Other permanent tracheostomy	3129	10,000	15,000
250-33-10	Tracheoesophageal fistulization	3195	17,500	20,000
250-81-00	Injection of locally-acting therapeutic substance into trachea	3194	2,000	4,000
<i>Other procedures and operations</i>				
250-99-99	Other procedures and operation on trachea	3199	16,000	18,000

## CHAPTER 5

### PROCEDURES OF THE THORAX

ICD-9 Code Mean Percentile 90

#### CHEST

Includes: Chest wall and thoracic cavity  
Diagnostic procedures

##### Non-operative procedures

300-11-00	Removal of sutures from thorax	9723	100	150
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##### Operative procedures

300-22-00	Thoracentesis	3491	800	1,500
300-26-02	Wide excision of lesion of chest wall	864	2,000	2,600
300-48-01	Repair of pectus deformity	3474	29,000	48,000
	Repair of:			
	pectus carinatum	(with implant)		
	pectus excavatum			

##### Miscellaneous procedures

300-81-00	Injection into thoracic cavity	3492	800	1,000
	Chemical pleurodesis			
	Injection of cytotoxic agent or tetracycline			

#### SKIN AND SUBCUTANEOUS TISSUE OF CHEST

##### Diagnostic procedures

301-04-00	Biopsy of chest skin and subcutaneous tissue	8611		
	shave biopsy		200	300
	punch biopsy		300	400
	incisional and excisional biopsies: lesion < 1 cm		800	1,100
	incisional and excisional biopsies: lesion 1 - 3 cm		2,000	2,600

##### Operative procedures

301-21-00	Incision of pilonidal cyst or sinus of chest skin	8603	300	400
301-22-01	Drainage of chest skin and subcutaneous tissue	8604	300	400
	Include: Incision and drainage			
301-26-06	Excision of chest skin for graft to other site	8691	2,000	2,600
301-26-08	Other local excision of lesion of chest skin and subcutaneous tissue	863	800	1,100
301-28-02	Dermabrasion of chest skin	8625	10,000	13,000
	Include: that with laser			
301-28-04	Electrolysis and other epilation of chest skin	8692	5,000	6,500



<b>301-28-08</b>	<b>Other local destruction of lesion of chest skin and subcutaneous tissue</b>	<b>863</b>		
	Destruction of chest skin by:			
	cauterization		1,200	1,600
	cryosurgery		1,000	1,300
	fulguration		600	800
	laser beam		2,500	3,250
	trichoroacetic acid		500	650

## BREAST

Note : During coding operations on breast, if coders can find more information of exact breast side(e.g. right, left etc.), the coder must change anatomical axis code(302=breast unspecified) into more specific code as specific anatomical code below.

303 = right breast; 304 = left breast

### *Diagnostic procedures*

<b>302-04-00</b>	<b>Closed biopsy of breast</b>	<b>8511</b>	<b>1,000</b>	<b>2,000</b>
	Fine needle aspiration of breast			
<b>302-04-01</b>	<b>Open biopsy of breast</b>	<b>8512</b>	<b>6,000</b>	<b>10,000</b>

### *Operative procedures*

<b>302-21-00</b>	<b>Mastotomy</b>	<b>850</b>	<b>4,000</b>	<b>6,000</b>
	Incision of breast			
	Mammotomy			
<b>302-22-00</b>	<b>Aspiration of breast</b>	<b>8591</b>	<b>1,000</b>	<b>2,000</b>
<b>302-22-01</b>	<b>Drainage of breast</b>	<b>850</b>	<b>4,000</b>	<b>6,000</b>
	Include: incision and drainage of breast			
<b>302-26-00</b>	<b>Local excision of lesion of breast</b>	<b>8521</b>	<b>6,000</b>	<b>10,000</b>
	Lumpectomy			
	Removal of area of fibrosis from breast			
<b>302-26-01</b>	<b>Resection of quadrant of breast</b>	<b>8522</b>	<b>7,000</b>	<b>12,000</b>
	Quadrantectomy of breast			
<b>302-26-02</b>	<b>Subtotal mastectomy</b>	<b>8523</b>	<b>7,000</b>	<b>12,000</b>
<b>302-26-03</b>	<b>Excision of ectopic breast tissue</b>	<b>8524</b>	<b>6,000</b>	<b>10,000</b>
	Excision of accessory breast			
	Excision of accessory nipple			
<b>302-26-09</b>	<b>Excision or destruction of breast tissue, not otherwise specified</b>	<b>8520</b>	<b>7,000</b>	<b>12,000</b>
<b>302-26-10</b>	<b>Unilateral simple mastectomy</b>	<b>8541</b>	<b>12,000</b>	<b>21,000</b>
	Simple mastectomy			
<b>302-26-11</b>	<b>Bilateral simple mastectomy</b>	<b>8542</b>	<b>23,000</b>	<b>38,000</b>
<b>302-26-12</b>	<b>Unilateral extended simple mastectomy</b>	<b>8543</b>	<b>23,000</b>	<b>38,000</b>
	Modified radical mastectomy			
<b>302-26-13</b>	<b>Bilateral extended simple mastectomy</b>	<b>8544</b>	<b>43,000</b>	<b>72,000</b>
<b>302-26-14</b>	<b>Unilateral radical mastectomy</b>	<b>8545</b>	<b>23,000</b>	<b>38,000</b>
	Radical mastectomy			
<b>302-26-15</b>	<b>Bilateral radical mastectomy</b>	<b>8546</b>	<b>43,000</b>	<b>72,000</b>

		ICD-9 Code	Mean	Percentile 90
302-26-16	Unilateral extended radical mastectomy	8547	31,000	50,000
	Extended radical mastectomy			
302-26-17	Bilateral extended radical mastectomy	8548	60,000	100,000
302-37-00	Mastopexy	856	16,000	26,000
302-39-00	Suture of laceration of breast	8581	17,000	28,000
302-39-10	Pedicle graft to breast	8584	53,000	89,000
302-39-11	Muscle flap graft to breast	8585	66,000	110,000
302-44-00	Insertion of breast tissue expander	8595	41,000	69,000
302-44-10	Unilateral breast implant	8553	12,000	21,000
302-44-11	Bilateral breast implant	8554	20,000	33,000
302-45-00	Removal of breast tissue expander	8596	17,000	28,000
302-45-01	Removal of implant of breast	8594	17,000	28,000
302-47-00	Revision of implant of breast	8593	21,000	35,000
302-48-00	Unilateral reduction mammoplasty	8531	34,000	56,000
	Unilateral :			
	amputative mammoplasty			
	size reduction mammoplasty			
302-48-01	Bilateral reduction mammoplasty	8532	34,000	56,000
	Amputative mammoplasty			
	Reduction mammoplasty			
302-48-03	Other unilateral subcutaneous mamnectomy	8534	16,000	27,000
	Removal of breast tissue with preservation of skin and nipple			
	Subcutaneous mastectomy			
302-48-05	Other bilateral subcutaneous mamnectomy	8536	23,000	38,000

## NIPPLES

### General procedures

305-26-00	Excision of nipple	8525	4,000	7,000
305-39-00	Other repair or reconstruction of nipple	8587	29,000	49,000

## AXILLA

### General procedures

306-04-00	Biopsy of axillary lymph node	4011	5,000	8,000
306-26-00	Excision of axillary lymph node	4023	5,000	8,000
306-26-03	Radical excision of axillary lymph nodes	4051	12,000	20,000
306-92-20	Teleradiotherapy of axillary lymph nodes	9229	20,000	30,000

## CHEST WALL

Note : During coding operations on chest wall, if coders can find more information of exact chest wall site (e.g. anterior, posterior etc.), the coder must change anatomical axis code (310=chest wall, unspecified) into more specific code as specific anatomical code below.

307 = anterior chest wall; 308 = lateral chest wall; 309 = posterior chest wall

310-92-20	Teleradiotherapy of chest wall	9229	20,000	30,000
	Radiotherapy for treatment of cancer of breast			



**THORACIC AORTA**

Note : During coding operations on thoracic aorta, if coders can find more information of exact aorta site(e.g. ascending, descending etc.), the coder must change anatomical axis code(314=thoracic aorta unspecified) into more specific code as specific anatomical code below.

311 = ascending aorta; 312 = arch of aorta; 313 = descending aorta

*General procedures*

314-10-01	Intraaortic balloon pump insertion	3761	4,000	6,000
314-46-00	Resection of aorta	3845	66,000	110,000
	Angiectomy			
	Excision of:			
	aneurysm			
	aortic			
	with replacement			

**PULMONARY ARTERY***Diagnostic procedures*

316-03-01	Pulmonary artery wedge pressure monitoring	8964	2,500	3,000
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*General procedures*

316-10-00	Arterial catheterization of pulmonary artery	8964	2,000	3,000
316-10-01	Insertion of pulmonary artery stent	3990	20,000	30,000
316-48-00	Angioplasty of pulmonary artery	3950	15,000	25,000

**INTRATHORACIC ARTERY**

Note : During coding operations on intrathoracic artery, if coders can find more information of exact artery site(e.g. internal mammary, intercostal etc.), the coder must change anatomical axis code(320=intrathoracic artery unspecified) into more specific code as specific anatomical code below.

315 = subclavian artery; 316 = pulmonary artery; 317 = innominate artery;

318 = internal mammary artery; 319 = intercostal artery

*General procedures*

320-10-01	Percutaneous insertion of intrathoracic artery stent	3990	20,000	30,000
320-31-00	Dilation of intrathoracic artery	3959	15,000	25,000
320-31-50	Percutaneous transluminal angioplasty of intrathoracic artery	3950	15,000	25,000
	Percutaneous transluminal angioplasty (PTA) of intrathoracic artery			

**DUCTUS ARTERIOSUS**

330-40-00	Closure of patent ductus arteriosus	3885	54,000	90,000
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**TRUNCUS ARTERIOSUS**

331-39-00	Total repair of truncus arteriosus	3583	60,000	100,000
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## CORONARY ARTERY

*Diagnostic procedures*

336-03-00	Monitoring of coronary blood flow	8969	8,000	10,000
Note : see chapter 18 for more codes on radiology services of coronary artery				

*General procedures*

336-10-00	Insertion of coronary artery stent	3606	20,000	30,000
	Stent graft			
336-31-50	Single vessel percutaneous transluminal coronary angioplasty or coronary atherectomy without mention of thrombolytic agent	3601	15,000	25,000
	Ballon angioplasty of coronary artery			
	Percutaneous coronary angioplasty			
	PTCA			
Note : For PTCA with stent placement use 2 codes, add one more code for stent placement)				
336-31-52	Multiple vessel percutaneous transluminal coronary angioplasty or coronary atherectomy performed during the same operation, with or without mention of thrombolytic agent	3605	20,000	30,000
	Balloon angioplasty of multiple coronary arteries			
	Coronary atherectomy			
336-35-00	Coronary artery bypass graft one artery	3611	53,000	88,000
336-35-01	Coronary artery bypass graft two arteries	3612	56,000	94,000
336-35-02	Coronary artery bypass graft three arteries	3613	60,000	100,000
336-35-03	Coronary artery bypass graft four or more arteries	3614	64,000	106,000
336-35-11	Single internal mammary-coronary artery bypass	3615	53,000	88,000
	Anastomosis(single):			
	mammary artery to coronary artery			
	thoracic artery to coronary artery			
336-48-00	Open chest coronary artery angioplasty	3603	8,000	14,000
	Coronary (artery):			
	endarterectomy (with patch graft)			
	thromboendarterectomy (with patch graft)			
	Open surgery for direct relief of coronary artery obstruction			

## HEART

*Diagnostic procedures*

338-01-00	Electrocardiogram	8952	100	150
	ECG			
	EKG			
338-02-00	Cardiovascular stress test using treadmill	8943	800	1,200
338-03-00	Ambulatory cardiac monitoring	8950	800	1,200

*General procedures*

338-10-00	Right heart cardiac catheterization	3721	5,000	8,000
338-10-01	Left heart cardiac catheterization	3722	5,000	8,000
338-10-02	Combined right and left heart cardiac catheterization	3723	10,000	15,000
338-15-00	Cardiac massage	9963	1,000	1,500



		ICD-9 Code	Mean	Percentile 90
338-15-09	Cardiopulmonary resuscitation, not otherwise specified	9960	1,000	1,500
338-26-10	Excision of aneurysm of heart	3732	55,000	92,000
338-28-01	Catheter ablation of lesion or tissue of heart	3734	25,000	35,000
	Cryoablation } of lesion or tissue of heart			
	Electrocurrent }			
338-39-01	Repair of aneurysm of heart	3732	55,000	92,000
338-39-10	Total repair of tetralogy of Fallot	3581	53,000	88,000
338-39-11	Total repair of total anomalous pulmonary venous connection	3582	49,000	82,000
338-48-00	Total correction of transposition of great vessels, not elsewhere classified	3584	60,000	100,000
338-50-00	Heart transplantation	375	154,000	256,000

## ATRIUM

Note : During coding operations on atrium, if coders can find more information of exact atrium site (e.g. right, left etc.), the coder must change anatomical axis code (341=atrium unspecified) into more specific code as specific anatomical code below.

339 = right atrium; 340 = left atrium

### General procedures

341-35-00	Creation of conduit between atrium and pulmonary artery	3594	46,000	76,000
	Fontan procedure			
341-38-00	Interatrial transposition of venous return	3591	53,000	88,000
	Baffle:			
	atrial			
	interatrial			
	Mustard's operation			
	Resection of atrial septum and insertion of patch to direct systemic venous return to tricuspid valve and pulmonary venous return to mitral valve			

## ATRIUM SEPTUM

### General procedures

342-31-00	Enlargement of existing atrial septal defect	3541	10,000	20,000
	Rashkind procedure			
	Septostomy (atrial) (balloon)			
342-33-00	Creation of septal defect in heart	3542	31,000	52,000
	Blalock-Hanlon operation			
342-39-00	Repair of atrial septal defect with prosthesis, closed technique	3552	30,000	40,000
	Insertion of atrial septal umbrella [King-Mills]			
342-39-01	Repair of atrial septal defect with prosthesis, open technique	3551	41,000	68,000
	Atrioseptoplasty			
	Correction of atrial septal defect			
	Repair:			
	foramen ovale (patent)			
	ostium secundum defect			



**VENTRICLE**

Note : During coding operations on ventricle, if coders can find more information of exact ventricle site (e.g. right, left etc.), the coder must change anatomical axis code (345=ventricle unspecified) into more specific code as specific anatomical code below.

343 = right ventricle; 344 = left ventricle

**VENTRICULAR SEPTUM***General procedures*

5-39-00	Repair of ventricular septal defect with prosthesis	3553	45,000	75,000
	closed technique		30,000	40,000
	Correction of ventricular septal defect			
	Repair of supracristal defect with prosthesis			
6-39-10	Repair of endocardial cushion defect with prosthesis	3554	58,000	96,000
	Repair:			
	atrioventricular canal			
	ostium primum defect	with prosthesis (graft to septa)		
	valvular defect associated			
	with atrial and ventricular septal defect			

**AORTIC VALVE***General procedures*

47-46-00	Replacement of aortic valve with tissue graft	3521	52,000	86,000
	Repair of aortic valve with tissue graft (autograft) (heterograft) (homograft)			

**MITRAL VALVE***General procedures*

48-21-00	Closed heart valvotomy, mitral valve	3502	38,000	64,000
48-21-01	Open heart valvotomy of mitral valve without replacement	3512	52,000	86,000
48-46-00	Replacement of mitral valve with tissue graft	3523	54,000	90,000
	Repair of mitral valve with tissue graft (autograft) (heterograft) (homograft)			

**PULMONARY VALVE***General procedures*

49-21-00	Closed valvotomy of heart, pulmonary valve	3503	36,000	60,000
49-21-01	Open heart valvotomy of pulmonary valve without replacement	3513	44,000	74,000
49-46-00	Replacement of pulmonary valve with tissue graft	3525	52,000	86,000
	Repair of pulmonary valve with tissue graft (autograft) (heterograft) (homograft)			



**TRICUSPID VALVE***General procedures*

350-21-00	Closed valvotomy of heart, tricuspid valve	3504	36,000	60,000
350-21-01	Open heart valvulotomy of tricuspid valve without replacement	3514	49,000	82,000

**TRICUSPID VALVE**

350-46-00	Replacement of tricuspid valve with tissue graft	3527	49,000	82,000
	Repair of tricuspid valve with tissue graft (autograft) (heterograft) (homograft)			

**HEART VALVES**

Note : During coding operations on heart valves, if coders can find more information of exact heart valve (e.g. mitral, aortic, pulmonary etc.), the coder must change anatomical axis code (351=heart valve unspecified) into more specific code as specific anatomical code below.

347 = aortic valve; 348 = mitral valve; 349 = tricuspid valve, 350 = pulmonary valve

*General procedures*

351-39-00	Percutaneous valvuloplasty	3596	15,000	30,000
	Percutaneous balloon valvuloplasty			

**CONDUCTION MECHANISM STRUCTURE**

355-01-00	Diagnostic procedures	3726	5,000	8,000
355-01-01	Electrophysiologic study (EPS) with stimulation and record study	3726	15,000	25,000

*General procedures*

355-44-03	Insertion of epicardial lead into epicardium	3774		
	Insertion of epicardial lead by:			
	sternotomy		19,000	32,000
	thoracotomy		23,000	39,000
355-44-10	Insertion of temporary transvenous pacemaker system	3778	3,000	5,000
355-44-11	Implantation of intravenous cardiac pacemaker system	3780	15,000	25,000
355-44-12	Initial insertion of a single-chamber device, not specified			
	as rate responsive	3781	15,000	25,000

**CONDUCTION MECHANISM STRUCTURE**

355-44-14	Initial insertion of a dual-chamber device	3783	20,000	30,000
	Atrial ventricular sequential device			

	ICD-9 Code	Mean	Percentile 90
<b>355-44-30</b>	<b>Implantation of automatic cardioverter/defibrillator, total system [AICD]</b>	3794	20,000 30,000
	Implantation of defibrillator with leads (epicardial patches), formation of pocket (abdominal fascia) (subcutaneous), any transvenous leads, intraoperative procedures for evaluation of lead signals, and obtaining defibrillator thresholds measurements		
	Techniques:		
	lateral thoractomy		
	medial sternotomy		
	subxiphoid procedure		
<b>355-45-10</b>	<b>Removal of pacemaker device</b>	3789	10,000 17,000
<i>Other procedures and operations</i>			
<b>355-89-00</b>	<b>Atrial cardioversion</b>	9961	2,000 3,000

## PERICARDIUM

### General procedures

<b>356-21-01</b>	<b>Fenestration of pericardium</b>	3712	20,000 34,000
<b>356-26-00</b>	<b>Pericardiectomy</b>	3731	34,000 56,000
	Excision of:		
	adhesions of pericardium		
	constricting scar of: epicardium		
	pericardium		

## PERICARDIAL SPACE

<b>357-22-00</b>	<b>Pericardiocentesis</b>	370	2,000 4,000
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## BRONCHUS

### Diagnostic procedures

<b>367-00-00</b>	<b>Fiber-optic bronchoscopy</b>	3322	2,500 3,000
<b>367-04-00</b>	<b>Closed[endoscopic] biopsy of bronchus</b>	3324	3,000 4,000
	Bronchoscopy (fiberoptic)(rigid) with:		
	brush biopsy of "lung"		
	brushing or washing for specimen collection		
	excision (bite) biopsy		

### General procedures

<b>367-11-00</b>	<b>Removal of intraluminal foreign body from bronchus</b>	9815	8,000 10,000
<b>367-26-00</b>	<b>Endoscopic excision of lesion or tissue of bronchus</b>	3201	3,000 8,000
<b>367-26-98</b>	<b>Other excision of bronchus</b>	321	4,000 5,000
	Resection (wide sleeve) of bronchus		

### Other procedures and operations

<b>367-99-99</b>	<b>Other procedures and operations on bronchus</b>	3398	4,000 5,000
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**LUNG***Diagnostic procedures*

375-02-01	Pulmonary function test	8938	500	800
	Fiberoptic(flexible) bronchoscopy with fluoroscopic guidance with biopsy			
	Transbronchial lung biopsy			
375-04-01	Closed[percutaneous][needle] biopsy of lung	3326	2,000	3,000
375-26-00	Endoscopic excision of lesion or tissue of lung	3228	5,000	6,000
375-26-01	Segmental resection of lung	323	34,000	56,000
	Partial lobectomy			
375-26-02	Lobectomy of lung	324	30,000	50,000
	Lobectomy with segmental resection of adjacent lobes of lung			
375-26-03	Complete pneumonectomy	325	32,000	54,000
	Pneumonectomy(with mediastinal dissection)			
375-28-00	Endoscopic destruction of lesion or tissue of lung	3228	8,000	12,000

*Reconstructive Surgery*

375-50-00	Unilateral lung transplantation	3351	66,000	110,000
375-50-01	Bilateral lung transplantation	3352	72,000	120,000
	Double lung transplantation			
	En bloc transplantation			

**PLEURA, LEFT OR RIGHT***General procedures*

376-04-00	Pleural biopsy	3424	1,500	2,000
376-26-00	Decortication of lung	3451	29,000	48,000
376-26-08	Other excision of pleura	3459	17,000	28,000
	Excision of pleural lesion			
376-30-00	Scarification of pleura	346	17,000	28,000
	Pleurosclerosis			

**PLEURAL SPACE, LEFT OR RIGHT**

378-22-00	Insertion of intercostal catheter for drainage	3404	2,500	5,000
	Chest tube			
	Closed chest drainage			
	Revision of intercostal catheter (chest tube)(with lysis of adhesions)			

**MEDIASTINAL SPACE***Diagnostic procedures*

380-00-00	Mediastinoscopy	3422	8,000	13,000
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*General procedures*

380-26-00	Excision of lesion or tissue of mediastinum	343	22,000	36,000
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**THYMUS GLAND***Diagnostic procedures*

381-04-00	Biopsy of thymus gland	0716	23,000	39,000
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*General procedures*

381-26-00	Partial excision of thymus	0781	23,000	39,000
381-26-01	Total excision of thymus	0782	23,000	39,000
381-26-09	Thymectomy, not otherwise specified	0780	29,000	48,000

*Other procedures and operations*

381-99-99	Other procedures and operations on thymus	0799	29,000	48,000
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**DIAPHRAGM***General procedures*

384-26-00	Excision of lesion or tissue of diaphragm	3481	13,000	22,000
384-32-00	Plication of the diaphragm	5381	14,000	24,000
384-39-00	Suture of laceration of diaphragm	3482	22,000	37,000
384-39-01	Closure of fistula of diaphragm	3483	25,000	42,000
	Thoracoabdominal	}	fistulectomy	
	Thoracogastric			
	Thoracointestinal			
384-39-02	Repair of diaphragmatic hernia, abdominal approach	537	26,000	44,000
384-39-03	Repair of diaphragmatic hernia with thoracic approach, not otherwise specified	5380	22,000	36,000
384-39-08	Other repair of diaphragm	3484	26,000	44,000

**STERNUM***General procedures*

385-26-01	Excision of lesion of sternum	7761	30,000	50,000
385-26-10	Resection of sternum	7781	30,000	50,000
385-48-00	Reconstruction of sternum	7841	29,000	48,000

**RIBS***General procedures*

386-26-00	Sequestrectomy at rib	7701	12,000	20,000
386-26-01	Excision of lesion of rib	7761	12,000	20,000
386-26-02	Rib resection	7781	12,000	20,000
386-37-01	Fixation of rib	7851	29,000	48,000



## CHAPTER 6

### PROCEDURES OF THE ABDOMEN AND ALIMENTARY TRACT

ICD-9 Code Mean Percentile 90

#### ABDOMEN

##### *Examination and Assessment*

400-00-00	Laparoscopy	5421	6,000	10,000
	Peritoneoscopy			
Note : see chapter 18 for more codes on radiology services of abdomen				

##### *Non-operative procedures*

400-11-00	Removal of foreign body from abdominal skin and subcutaneous tissue	540	2,000	4,000
400-11-01	Removal of therapeutic device from abdomen	5499	5,000	8,000

##### *Operative procedures*

400-21-00	Exploratory laparotomy	5411	16,000	26,000
Note: This code should not be used as main operation code unless no further operation was performed in the patient.				
400-47-00	Reopening of recent laparotomy site	5412	16,000	27,000

##### *Miscellaneous procedures*

400-80-00	Wound dressing at abdomen	9357	1,000	1,000
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#### EMBILICUS

##### *General procedures*

402-04-00	Biopsy of umbilicus	5422	2,000	4,000
402-26-00	Excision of lesion or tissue of umbilicus	543		
	Omphalectomy		10,000	16,000
	Repair of small omphalocele with primary closure		13,000	21,000
	Repair of large omphalocele or gastroschisis with or without prosthesis		31,000	52,000
	With removal of prosthesis, final reduction and closure in operating room		25,000	42,000
	Repair of omphalocele, first stage		14,000	24,000
	Repair of omphalocele, second stage		14,000	24,000
402-39-00	Repair of umbilical hernia with prosthesis	5369	12,000	20,000
402-39-08	Other umbilical herniorrhaphy	539	13,000	22,000
	Incarcerated or strangulated			

#### URACHUS

##### *General procedures*

403-26-00	Excision of fistula of urachus	5751	17,000	28,000
403-26-01	Excision of urachus	5751	17,000	28,000



## ANTERIOR ABDOMINAL WALL

*Diagnostic procedures*

405-04-00	Biopsy of abdominal wall	5422		
	shave biopsy		200	300
	punch biopsy		300	400
	incisional and excisional biopsies: lesion < 1 cm		800	1,100
	incisional and excisional biopsies: lesion 1-3 cm		2,000	2,600

*Non-operative procedures*

405-11-00	Removal of abdominal wall sutures	5463	300	1,000
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*Operative procedures*

405-21-00	Incision of abdominal wall	540	3,000	5,000
405-22-00	Drainage of abdominal wall	540	3,000	5,000
	Include : Incision and drainage of:			
	abdominal wall			
	extraperitoneal abscess			
405-26-00	Excision of lesion or tissue of abdominal wall	543	2,000	4,000
	Debridement of abdominal wall			
405-39-00	Suture of abdominal wall	5463	1,000	2,000
	Suture of laceration of abdominal wall			
405-39-01	Incisional herniorrhaphy	540	17,000	29,000
	Incisional hernia repair			
405-39-08	Repair of other hernia of anterior abdominal wall	5359	8,000	14,000
	Repair of hernia:			
	epigastric			
	hypogastric			
	spigelian			
	ventral			
405-39-10	Incisional hernia repair with prosthesis	5351	20,000	33,000
405-39-11	Repair of other hernia of anterior abdominal wall	5359	18,000	30,000
	Repair of hernia:			
	ischiatric                      omental			
	ischioirectal                  retroperitoneal			
	lumbar                          sciatic			
	obturator			
405-39-18	Repair of other hernia of anterior abdominal wall with prosthesis	5361	20,000	34,000
405-39-21	Repair of gastroschisis	5471	31,000	52,000
405-39-30	Delayed closure of granulating abdomen wound	5462	7,000	12,000
	Tertiary subcutaneous wound closure			
405-39-31	Reclosure of postoperative disruption of abdominal wall	5461	7,000	12,000

## INGUINAL AREA

*Operative procedures*

411-26-00	Excision of inguinal lymph node	4024	3,000	5,000
411-26-10	Radical groin dissection	4054	10,000	16,000



		ICD-9 Code	Mean	Percentile 90
411-36-00	Manual reduction of inguinal hernia	9627	1,000	1,000
411-39-10	Repair of direct inguinal hernia	5301	12,000	20,000
411-39-11	Repair of indirect inguinal hernia	5302	12,000	20,000
411-39-19	Unilateral repair of inguinal hernia, not otherwise specified	5300	12,000	20,000
	Inguinal herniorrhaphy			
411-39-20	Repair of direct inguinal hernia with graft or prosthesis	5303	14,000	24,000
411-39-21	Repair of indirect inguinal hernia with graft or prosthesis	5304	14,000	24,000
411-39-29	Repair of inguinal hernia with graft or prosthesis, not otherwise specified	5305	14,000	24,000
411-39-30	Bilateral repair of direct inguinal hernia	5311	22,000	36,000
411-39-31	Bilateral repair of indirect inguinal hernia	5312	22,000	36,000
411-39-32	Bilateral repair of inguinal hernia, one direct and one indirect	5313	22,000	36,000
411-39-39	Bilateral repair of inguinal hernia, not otherwise specified	5310	22,000	36,000
411-39-40	Bilateral repair of direct inguinal hernia with graft or prosthesis	5314	24,000	40,000
411-39-41	Bilateral repair of indirect inguinal hernia with graft or prosthesis	5315	24,000	40,000
411-39-42	Bilateral repair of inguinal hernia, one direct and one indirect, with graft or prosthesis	5316	24,000	40,000
411-39-49	Bilateral inguinal hernia repair with graft or prosthesis, not otherwise specified	5317	24,000	40,000
411-39-50	Unilateral repair of femoral hernia with graft or prosthesis	5321	14,000	24,000
411-39-58	Other unilateral femoral herniorrhaphy	5329	12,000	20,000
411-39-60	Bilateral repair of femoral hernia with graft or prosthesis Other procedures and operations	5331	24,000	40,000
411-39-68	Other bilateral femoral herniorrhaphy	5339	24,000	40,000

## ABDOMINAL AORTA

### General procedures

412-10-00	Arterial catheterization of abdominal aorta	3891	5,000	8,000
412-10-01	Insertion of aortic stent into abdominal aorta	3606	30,000	40,000
412-21-00	Incision of abdominal aorta	3806	18,000	30,000
	Embolectomy			
	Thrombectomy			
412-25-00	Control of hemorrhage following arterial surgery of abdominal aorta	3941	18,000	30,000
412-26-00	Endarterectomy of abdominal aorta	3814	29,000	48,000
	Endarterectomy with:			
	embolectomy			
	patch graft			
	temporary bypass during procedure			
	thrombectomy			
412-26-01	Resection of abdominal aorta with anastomosis	3836	36,000	60,000
	Angiectomy			
	Excision of:			
	aneurysm (arteriovenous) with anastomosis			
	blood vessel (lesion)			
	Resection of ruptured aneurysm - involve iliac vessel		42,000	70,000
	Resection of ruptured aneurysm - involve visceral vessel		46,000	76,000
	Resection of ruptured abdominal aortic aneurysm		42,000	70,000

		ICD-9 Code	Mean	Percentile 90
412-39-02	Repair of aortic fistula of abdominal aorta -congenital	3953	31,000	52,000
	-acquired		38,000	64,000

*Repaired of graft enteric fistula*

412-39-03	Repair of abdominal aorta with tissue patch graft	3956	32,000	54,000
412-39-04	Repair of abdominal aorta with synthetic patch graft	3957	32,000	54,000
412-39-05	Repair of abdominal aorta with unspecified patch graft	3958	32,000	54,000
412-46-00	Resection of abdominal aorta with replacement	3845	30,000	50,000
	Excision of infected graft		40,000	67,000
	Angiectomy			
	Excision of:			
	aneurysm			
	aortic			
				with replacement
412-48-00	Aortoplasty of abdominal aorta	3959	12,000	20,000

## RENAL ARTERY

*General procedures*

413-10-01	Insertion of renal artery stent	3990	20,000	30,000
413-21-00	Incision of renal artery	3806	18,000	30,000
	Embolectomy			
	Thrombectomy			
413-25-00	Control of hemorrhage following arterial surgery of renal artery	3941	18,000	30,000
413-26-00	Endarterectomy of renal artery	3816	26,000	44,000
	Endarterectomy with:			
	embolectomy			
	patch graft			
	temporary bypass during procedure			
	thrombectomy			
413-26-01	Resection of renal artery with anastomosis	3836	30,000	50,000
	Angiectomy			
	Excision of:			
	aneurysm (arteriovenous)			
	blood vessel (lesion)			
				with anastomosis
413-35-00	Aorta-renal bypass	3924	31,000	52,000
413-39-02	Repair of arteriovenous fistula or arteriovenous malformation of renal artery	3953	31,000	52,000
	Embolization of renal cavernous fistula			
	Repair of arteriovenous fistula or arteriovenous malformation by:			
	clipping			
	coagulation			
	ligation and division			
413-39-03	Repair of renal artery with tissue patch graft	3956	32,000	54,000
413-39-04	Repair of renal artery with synthetic patch graft	3957	32,000	54,000
413-39-05	Repair of renal artery with unspecified patch graft	3958	32,000	54,000
413-39-06	Endoarterial repair of renal artery	3959	17,000	28,000
413-46-00	Resection of renal artery with replacement	3846	30,000	50,000



		ICD-9 Code	Mean	Percentile 90
Angiectomy	}			
Excision of:				
aneurysm (arteriovenous) blood vessel (lesion)		with replacement		
413-47-00	Revision of arterial procedures of renal artery	3949	23,000	38,000
413-48-00	Angioplasty of renal artery	3950	15,000	25,000
	Percutaneous transluminal angioplasty (PTA) of renal artery			

## INTRA-ABDOMINAL ARTERY

Note : During coding operations on intra-abdominal arteries, if coders can find more information of exact artery site (e.g. celiac artery, hepatic artery, etc.), the coder must change anatomical axis code (420=intra-abdominal arteries) into more specific code as specific anatomical code below.

413 = renal artery; 414 = celiac artery; 415 = superior mesenteric artery;

416 = inferior mesenteric artery; 417 = splenic artery

418 = hepatic artery; 419 = iliac artery

Diagnostic procedures

Note : see chapter 18 for more codes on radiology services of abdominal artery

### General procedures

420-21-01	Incision of intra-abdominal artery	3806	18,000	30,000
	Embolectomy			
	Thrombectomy			
420-25-00	Control of hemorrhage following arterial surgery of intra-abdominal artery	3941	18,000	30,000
420-26-00	Endarterectomy of intra-abdominal artery	3816	26,000	44,000
	Endarterectomy with:			
	embolectomy			
	patch graft			
	temporary bypass during procedure			
	thrombectomy			
420-26-01	Resection of intra-abdominal artery with anastomosis	3836	31,000	52,000
	Angiectomy	}		
	Excision of:			
	aneurysm (arteriovenous) blood vessel (lesion)		with anastomosis	
	Resection of ruptured intra arterial aneurysm		35,000	60,000
420-30-00	Ligation of intra-abdominal artery-major post-traumatic rupture	3886	18,000	30,000
420-35-00	Aorta-renal bypass	3924	31,000	52,000
420-35-01	Aorta-iliac bypass	3925	38,000	64,000
420-35-08	Other intra-abdominal vassine shunt or by pass	3926		
	Aortoceliac or aortomesenteric vein graft		31,000	52,000
	Aortoceliac or aortomesenteric bypass, synthetic graft		34,000	56,000
420-35-02	Iliac to iliac bypass	3926	29,000	48,000

		ICD-9 Code	Mean	Percentile 90
<b>420-39-01</b>	<b>Repair of aneurysm of intra-abdominal artery</b>	<b>3952</b>	<b>31,000</b>	<b>52,000</b>
	Repair of aneurysm by:			
	coagulation			
	electrocoagulation			
	filipuncture			
	methyl methacrylate			
	suture, wiring, wrapping			
<b>420-39-02</b>	<b>Repair of arteriovenous fistula of intra-abdominal artery</b>	<b>3953</b>	<b>31,000</b>	<b>52,000</b>
	Embolization of renal cavernous fistula			
	Repair of arteriovenous fistula or arteriovenous malformation by:			
	clipping			
	coagulation			
	ligation and division			
<b>420-39-03</b>	<b>Repair of intra-abdominal artery with tissue patch graft</b>	<b>3956</b>	<b>32,000</b>	<b>54,000</b>
<b>420-39-04</b>	<b>Repair of intra-abdominal artery with synthetic patch graft</b>	<b>3957</b>	<b>32,000</b>	<b>54,000</b>
<b>420-39-05</b>	<b>Repair of intra-abdominal artery with unspecified patch graft</b>	<b>3958</b>	<b>32,000</b>	<b>54,000</b>
<b>420-46-00</b>	<b>Resection of intra-abdominal artery with replacement</b>	<b>3846</b>	<b>30,000</b>	<b>50,000</b>
	-hepatic, celiac, renal, mesenteric			
	-iliac			
	Angiectomy			
	Excision of:			
	aneurysm (arteriovenous)			
	blood vessel (lesion)			
			with replacement	
<b>420-47-00</b>	<b>Revision of arterial procedures of intra-abdominal artery</b>	<b>3949</b>	<b>18,000</b>	<b>30,000</b>
<b>420-48-00</b>	<b>Angioplasty of intra-abdominal artery</b>	<b>3950</b>	<b>11,000</b>	<b>18,000</b>
	Percutaneous transluminal angioplasty (PTA) of intra-abdominal artery			
<i>Other procedures and operations</i>				
<b>420-99-99</b>	<b>Other procedures and operations on intra-abdominal artery</b>	<b>3999</b>		
	Insertion of implantable intra-arterial infusion pump		8,000	13,000
	Revision of implanted intra-arterial infusion pump		8,000	13,000
	Removal of implanted intra-arterial infusion pump		5,000	9,000

## INTRA-ABDOMINAL VEIN

Note : During coding operations on intra-abdominal veins, if coders can find more information of exact vein site(e.g. portal vein, mesenteric vein, etc.), the coder must change anatomical axis code(427=intra-abdominal vein) into more specific code as specific anatomical code below  
 421 = Vena cava; 422 = renal vein; 423 = portal or hepatic vein  
 424 = mesenteric vein; 425 = splenic vein; 426 = iliac vein

### General procedures

<b>427-21-01</b>	<b>Incision of intra-abdominal vein - by abdominal incision</b>	<b>3807</b>	<b>14,000</b>	<b>24,000</b>
	- by leg incision		10,000	16,000
	- by abdominal and leg incisions		18,000	30,000
	Thrombectomy			



		ICD-9 Code	Mean	Percentile 90
427-30-00	Ligation of intra-abdominal vein	3857	12,000	20,000
427-30-01	Interruption of vena cava	387	18,000	30,000
427-35-00	Venous bypass of intra-abdominal vein	3999		
	porto-caval anastomosis		37,000	62,000
	Renoportal anastomosis		36,000	60,000
	Caval-mesenteric anastomosis		37,000	62,000
	Splenorenal shunt, proximal		37,000	62,000
	Splenorenal shunt, distal		48,000	80,000

## VAGUS NERVE(INTRA-ABDOMINAL)

### General procedures

428-24-00	Truncal vagotomy	4401	18,000	30,000
428-24-01	Highly selective vagotomy	4402	23,000	38,000
	Parietal cell vagotomy			
	Selective proximal vagotomy			

## PERITONEAL CAVITY

### Diagnostic procedures

437-04-00	Closed percutaneous [needle] biopsy of intra-abdominal mass	5424	4,000	6,000
437-04-01	Open biopsy of intra-abdominal mass	5429	17,000	28,000
437-04-02	Diagnostic peritoneal lavage	5425	2,000	3,000

### General procedures

437-10-00	Non-operative insertion of peritoneal drainage device	5329	2,000	3,000
437-11-00	Non-operative removal of peritoneal drainage device	5419	1,000	2,000
437-11-01	Removal of foreign body from peritoneal cavity	5492	14,000	23,000
437-22-00	Percutaneous abdominal drainage	5491	2,000	4,000
	Paracentesis			
437-22-01	Drainage of peritoneal abscess or hematoma	5419	14,000	24,000
437-33-01	Creation of peritoneovascular shunt	5494		
	Peritoneovenous shunt		15,000	25,000
437-44-00	Insertion of permanent peritoneal dialysis catheter	5499	2,500	6,000
437-45-00	Removal of permanent peritoneal dialysis catheter	9782	5,000	8,000
437-46-00	Replacement of permanent peritoneal dialysis catheter	9729	5,000	9,000
437-81-01	Injection of air into peritoneal cavity	5496	1,000	2,000
	Pneumoperitoneum			
437-81-02	Injection of locally-acting therapeutic substance into peritoneal cavity	5497	2,000	3,000
437-83-00	Peritoneal lavage	5497	2,000	3,000
437-83-11	Peritoneal dialysis	5424	1,500	2,500

## PERITONEUM

### Diagnostic procedures

438-04-00	Biopsy of peritoneum	5423	14,000	24,000
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ICD-9 Code Mean Percentile 90

*General procedures*

438-21-00	Incision of peritoneum	5495	17,000	28,000
	Ladd operation			
	Revision of distal catheter of ventricular shunt			
	Revision of ventriculoperitoneal shunt at peritoneal site			
438-24-00	Laparoscopic lysis of peritoneal adhesions	5451	22,000	36,000
438-24-08	Other lysis of peritoneal adhesions	5459	22,000	36,000
	Freeing of adhesions of:			
	biliary tract			
	intestines			
	liver			
	pelvic peritoneum			
	peritoneum			
	spleen			
	uterus			
438-26-00	Excision of peritoneal tissue	544	17,000	28,000
	Excision of:			
	appendices epiploicae			
	falciform ligament			
	gastrocolic ligament			
	lesion of:			
	mesentery			
	omentum			
	peritoneum			
	presacral lesion			
	retroperitoneal lesion			
438-39-00	Suture of peritoneum	5464	1,000	2,000
	Secondary suture of peritoneum			

**ESOPHAGUS***Diagnostic procedures*

9-00-00	Fiberoptic esophagoscopy	4223	2,000	4,000
9-00-02	Esophagoscopy through artificial stoma	4222	2,000	4,000
9-02-00	Esophageal manometry	8932	2,000	6,000
9-04-00	Closed[endoscopic] biopsy of esophagus	4224	2,000	4,000
	Brushing or washing for specimen collection			
	Esophagoscopy with biopsy			
	Suction biopsy of esophagus			
9-04-01	Open biopsy of esophagus	4225	26,000	44,000
	Note : see chapter 18 for more codes on radiology services of esophagus			

*General procedures*

9-10-00	Insertion of permanent tube into esophagus	4281	5,000	10,000
	Insertion of esophageal stent			
9-10-02	Insertion of Sengstaken-Blakemore tube	9606	2,000	3,000
9-11-00	Removal of foreign body from esophagus without incision	9802	5,000	8,000



		ICD-9 Code	Mean	Percentile 90
439-21-01	Cricopharyngeal myotomy	427	23,000	38,000
439-21-02	Esophagomyotomy	427	23,000	38,000
439-21-08	Other incision of esophagus	4209	17,000	28,000
	Esophagotomy			
439-26-00	Local excision of esophageal diverticulum	4231	24,000	40,000
439-26-01	Local excision of other lesion or tissue of esophagus	4232	26,000	44,000
439-26-02	Endoscopic excision of lesion or tissue of esophagus	4233	5,000	9,000
	Esophageal polypectomy by endoscopic approach			
439-26-10	Partial esophagectomy	4241	60,000	90,000
439-26-11	Total esophagectomy	4242	60,000	90,000
439-26-19	Esophagectomy, not otherwise specified	4240	60,000	90,000
439-28-00	Endoscopic destruction of lesion or tissue of esophagus	4233	6,000	8,000
	Ablation of esophageal neoplasm by endoscopic			
	Control of esophageal bleeding approach			
	Injection of esophageal varices			
439-28-08	Other destruction of lesion or tissue of esophagus	4239	7,000	11,000
439-30-00	Endoscopic ligation of esophageal varices	4291	6,000	8,000
439-30-01	Ligation of esophageal varices	4291	6,000	8,000
	Rubber band ligation of esophageal varices			
439-31-00	Dilation of esophagus	4292	10,000	13,000
439-33-00	Cervical esophagostomy	4211	17,000	28,000
439-33-09	Esophagostomy, not otherwise specified	4210	17,000	28,000
439-33-18	Other external fistulization of esophagus	4219	8,000	30,000
	Thoracic esophagostomy			
439-39-00	Suture of laceration of esophagus	4282	23,000	38,000
439-39-01	Repair of esophageal stricture	4285	26,000	44,000
439-39-02	Tissue grafting at esophagus	4287	58,000	96,000
439-39-08	Other repair of esophagus	4289	26,000	44,000
439-39-09	Repair of esophageal fistula, not elsewhere classified	4284	35,000	58,000
439-40-00	Closure of esophagostomy	4283	24,000	40,000
439-48-02	Intrathoracic esophageal anastomosis with interposition of small bowel	4253	28,000	46,000
439-48-08	Other intrathoracic esophagoenterostomy	4254	30,000	50,000
	Anastomosis of esophagus to intestinal segment			
439-48-10	Intrathoracic esophageal anastomosis with interposition of colon	4255	54,000	90,000
439-48-18	Other intrathoracic esophagocolostomy	4256	54,000	90,000
	Esophagocolostomy			
439-48-20	Intrathoracic esophageal anastomosis with other interposition	4258	54,000	90,000
	Contraction of artificial esophagus			
	Retrosternal formation of reversed gastric tube			
439-48-28	Other intrathoracic anastomosis of esophagus	4259	54,000	90,000
439-48-31	Antesternal esophagogastrostomy	4262	48,000	80,000
439-48-32	Antesternal esophageal anastomosis with interposition of small bowel	4263	48,000	80,000
439-48-38	Other antesternal esophagoenterostomy	4264	48,000	80,000
	Antethoracic:			
	esophagoenterostomy			
	esophagoileostomy			
	esophagojejunostomy			

		ICD-9 Code	Mean	Percentile 90
39-48-40	Antesternal esophageal anastomosis with interposition of colon	4265	48,000	80,000
39-48-48	Other antesternal esophagocolostomy	4266	48,000	80,000
	Antethoracic esophagocolostomy			
39-48-58	Antesternal esophageal anastomosis with other interposition	4268	48,000	80,000
39-48-98	Other antesternal anastomosis of esophagus	4269	48,000	80,000

*Other procedures and operations*

39-99-99	Other procedures and operations on esophagus	4299	35,000	58,000
	Repair of tracheoesophageal fistula, thoracic approach			

## ESOPHAGO-GASTRIC JUNCTION

*General procedures*

40-31-00	Dilation of esophago-gastric junction	4292	5,000	10,000
	Dilation of cardiac sphincter			
40-32-00	Procedures for creation of esophago-gastric sphincteric competence	4292	24,000	40,000
	Fundoplication			
	Gastric cardioplasty			
	Nissen's fundoplication			
	Restoration of cardio-esophageal angle			
40-48-00	Esophagogastroplasty	4465	24,000	40,000
	Belsey operation			
	Esophagus and stomach cardioplasty			

## STOMACH

*Diagnostic procedures*

11-00-00	Fiberoptic gastroscopy	4413	2,500	4,000
11-00-01	Transabdominal gastroscopy	4411	4,000	6,000
11-00-02	Gastroscopy through artificial stoma	4412	2,500	4,000
11-04-00	Closed[endoscopic] biopsy of stomach	4414	3,000	5,000
	Brushing or washing for specimen collection			
11-04-01	Open biopsy of stomach	4415	16,000	27,000
	Note : see chapter 18 for more codes on radiology services of stomach			

*In-operative procedures*

11-10-00	Insertion of gastric bubble[balloon]	4493	1,000	2,000
11-10-01	Insertion of other gastric tube	9607	300	500
	Insertion of nasogastric tube(NG tube)			
11-11-00	Removal of gastric bubble[balloon]	4494	500	1,000
11-11-01	Removal of gastrostomy tube	9751	1,000	2,000
11-11-02	Removal of foreign body from stomach without incision	9818	6,000	9,000
11-12-00	Non-operative replacement of (nasq-)gastric tube	9701	500	2,000

*Operative procedures*

1-21-00	Gastrotomy	4319	16,000	27,000
1-25-00	Endoscopic control of gastric bleeding	4443	8,000	10,000



		ICD-9 Code	Mean	Percentile 90
441-25-08	Other control of hemorrhage from stomach	4449	8,000	10,000
441-26-00	Endoscopic excision of lesion or tissue of stomach	4341	8,000	10,000
	Gastric polypectomy by endoscopic approach			
441-26-01	Open excision of lesion of stomach	4399	18,000	30,000
441-26-10	Partial gastrectomy with anastomosis to esophagus	435	34,000	56,000
	Proximal gastrectomy			
441-26-11	Partial gastrectomy with anastomosis to duodenum	436	29,000	48,000
	Billroth I operation			
	Distal gastrectomy			
	Gastropylorctomy			
441-26-12	Partial gastrectomy with anastomosis to jejunum	437	29,000	48,000
	Billroth II operation			
441-26-13	Partial gastrectomy with jejunal transposition	4381	30,000	50,000
	Henley jejunal transposition operation			
441-26-18	Other partial gastrectomy	4389	28,000	46,000
	Partial gastrectomy with bypass gastrogastrostomy			
	Sleeve resection of stomach			
441-26-20	Total gastrectomy with intestinal interposition	4391	34,000	56,000
441-26-28	Other total gastrectomy	4399	42,000	70,000
	Complete gastroduodenectomy			
	Esophagoduodenostomy with complete gastrectomy			
	Esophagogastrctomy			
	Esophagojejunostomy with complete gastrectomy			
	Radial gastrectomy			
441-28-00	Endoscopic destruction of lesion or tissue of stomach	4341	7,000	11,000
441-28-08	Other destruction of lesion or tissue of stomach	4349	8,000	14,000
441-30-00	Endoscopic ligation of gastric varices	4341	8,000	14,000
441-30-01	Ligation of gastric varices	4491		
441-33-00	Percutaneous endoscopic gastrostomy [PEG]	4311	5,000	8,000
	Percutaneous transabdominal gastrostomy			
441-33-08	Other gastrostomy	4319	14,000	23,000
441-35-00	High gastric bypass	4431	23,000	38,000
	Printen and Mason gastric bypass			
441-35-08	Other gastroenterostomy	4439	18,000	30,000
	Bypass:			
	gastroduodenostomy			
	gastroenterostomy			
	gastrogastrostomy			
	Gastrojejunostomy without gastrectomy			
441-36-00	Intraoperative manipulation of stomach	4492	18,000	30,000
	Reduction of gastric volvulus			
441-37-00	Gastropexy	4464	16,000	26,000
441-39-00	Suture of laceration of stomach	4461	17,000	28,000
441-39-08	Closure of other gastric fistula	4463	19,000	32,000
	Closure of:			
	gastrocolic fistula			
	gastrojejunocolic fistula			

		ICD-9 Code	Mean	Percentile 90
11-39-11	Suture of peptic ulcer, not otherwise specified	4440	17,000	28,000
11-39-12	Suture of gastric ulcer site	4441	17,000	28,000
11-39-18	Other repair of stomach	4469	18,000	30,000
	Inversion of gastric diverticulum			
	Repair of stomach			
11-40-00	Closure of gastrostomy	4462	12,000	20,000
11-47-00	Revision of gastric anastomosis	445	24,000	40,000
	Closure of:			
	gastric anastomosis			
	gastroduodenostomy			
	gastrojejunostomy			
	Pantaloony operation			

#### Miscellaneous procedures

11-83-00	Gastric lavage	9633	500	1,000
11-83-08	Other irrigation of (nasal-)gastric tube	9634	500	1,000
11-83-10	Gastric gavage	9635	1,000	2,000
11-83-11	Irrigation of gastrostomy	9636	500	1,000
11-83-20	Gastric cooling	9631	1,000	2,000

## PYLORUS

#### General procedures

12-21-00	Pyloromyotomy	433	14,000	23,000
12-31-00	Dilation of pylorus by incision	4421	14,000	23,000
12-31-01	Endoscopic dilation of pylorus	4422	6,000	14,000
	Dilation with balloon endoscope			
	Endoscopic dilatation of gastrojejunostomy site			
12-48-00	Pyloroplasty	4429	17,000	29,000
	Revision of pylorus			

#### Other procedures and operations

12-99-99	Other procedures and operations on pylorus	4429	18,000	30,000
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## DUODENUM

#### Diagnostic procedures

3-00-00	Fiberoptic esophagogastroduodenoscopy[EGD]	4516	3,000	4,000
3-04-00	Closed[endoscopic] biopsy of duodenum	4514	3,500	4,500
	Brushing or washing for specimen collection			
3-04-01	Open biopsy of duodenum	4515	18,000	30,000
	Note : see chapter 18 for more codes on radiology services of duodenum			

#### General procedures

3-21-00	Incision of duodenum	4501	18,000	30,000
	Duodenotomy			



		ICD-9 Code	Mean	Percentile 90
443-25-00	Endoscopic control of bleeding from duodenum	4443	8,000	14,000
443-25-08	Other control of hemorrhage from duodenum	4449	8,000	14,000
443-26-00	Endoscopic excision of lesion of duodenum	4530	6,000	11,000
443-26-08	Other local excision of lesion of duodenum	4531	18,000	30,000
443-33-00	Duodenostomy	4685	11,000	18,000
443-39-00	Suture of laceration of duodenum	4671	16,000	27,000
443-39-10	Suture of duodenal ulcer site	4442	16,000	27,000
443-40-00	Closure of fistula of duodenum	4672	17,000	28,000

*Other procedures and operations*

443-99-99	Other procedures and operations on duodenum	4699	17,000	28,000
	Ladd procedure			

## JEJUNUM

Note : see more procedural codes on jejunum in section small intestine (code 446-xx-xx)

*General procedures*

444-33-00	Percutaneous [endoscopic] jejunostomy	4632	9,000	14,000
444-33-01	Jejunostomy	4639	11,000	18,000

## ILEUM

Note : see more procedural codes on ileum in section small intestine (code 446-xx-xx)

*Diagnostic procedures*

445-00-00	Endoscopy of ileal conduit	4513	4,000	7,000
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*General procedures*

445-33-00	Temporary ileostomy	4621	11,000	18,000
445-33-01	Continent ileostomy	4622	26,000	44,000
445-33-03	Other permanent ileostomy	4623	19,000	32,000
445-33-04	Delayed opening of ileostomy	4624	18,000	30,000
445-33-09	Ileostomy, not otherwise specified	4639	19,000	32,000

## SMALL INTESTINE

Excludes : Duodenum

Note : During coding operations on small intestines, if coders can find more information of exact small intestine site (e.g. jejunum, ileum, etc.), the coder must change anatomical axis code (446=small intestine) into more specific code as specific anatomical code below

444 = jejunum; 445 = ileum

*Diagnostic procedures*

446-00-00	Fiberoptic endoscopy of small intestine	4513	5,000	10,000
446-00-01	Transabdominal endoscopy of small intestine	4511	4,000	7,000
	Intraoperative endoscopy of small intestine			

446-00-02	Endoscopy of small intestine through artificial stoma	4512	4,000	7,000
446-04-01	Closed[endoscopic] biopsy of small intestine	4514	5,800	11,000
	Brushing or washing for specimen collection			
446-04-02	Open biopsy of small intestine	4515	18,000	30,000

*Non-operative procedures*

446-10-00	Insertion of (naso-)intestinal tube	9618	1,500	2,000
	Miller-Abbott tube(for decompression)			
446-11-00	Removal of tube from small intestine	9752	1,000	2,000
446-11-01	Removal of foreign body from small intestine without incision	9803	7,000	11,000
446-12-00	Non-operative emplacement of tube or enterostomy device of small intestine	9703	9,000	14,000

*Operative procedures*

446-21-01	Incision of small intestine	4502	18,000	29,000
446-21-09	Incision of intestine, not otherwise specified	4502	18,000	29,000
446-24-00	Isolation of segment of small intestine	4551	21,000	35,000
	Resection of small intestine form interposition			
446-24-09	Isolation of intestinal segment not otherwise specified	4550	21,000	35,000
	Isolation of intestinal pedicle flap			
	Reversal of intestinal segment			
446-26-00	Local excision of lesion or tissue of small intestine	4533	18,000	30,000
446-26-01	Multiple segmental resection of small intestine	4561	30,000	50,000
	Segmental resection for multiple traumatic lesions of small intestine			
446-26-02	Resection of exteriorized segment of small intestine	4562	22,000	36,000
446-26-08	Other partial resection of small intestine	4562	22,000	36,000
446-28-00	Other destruction of lesion of small intestine	4534	8,000	14,000
446-31-00	Dilation of intestine	4685	8,000	14,000
446-33-10	Delayed opening of other enterostomy		18,000	30,000
446-35-00	Small-to-small intestinal anastomosis	4591	18,000	30,000
446-35-01	Anastomosis of small intestine to rectal stump	4592	20,000	34,000
	Hampton procedure			
446-35-02	Anastomosis to anus	4595	22,000	36,000
	Formation of endorectal ileal pouch(J-pouch)(H-pouch)(S-pouch) with anastomosis of small intestine to anus			
446-35-08	Other small-to-large intestinal anastomosis	4593	20,000	34,000
446-35-09	Intestinal anastomosis, not otherwise specified	4590	20,000	34,000
446-37-00	Fixation of small intestine to abdominal wall	4661	10,000	16,000
446-37-08	Other fixation of small intestine	4662	10,000	16,000
	Noble plication of small intestine			
446-37-09	Fixation of intestine, not otherwise specified	4660	10,000	16,000
446-38-00	Intra-abdominal manipulation of small intestine	4681	17,000	29,000
	Correction of intestinal malrotation			
	Reduction of:			
	intestinal torsion			
	intestinal volvulus			
	intussusception			
446-38-01	Exteriorization of small intestine	4601	17,000	29,000
446-38-09	Intra-abdominal manipulation of intestine, not otherwise specified	4680	17,000	29,000



446-39-00 Sut

446-39-01 Cl

446-39-08 Cl

446-39-10 Cl

446-39-19 Cl

446-47-00 Re

446-47-01 Re

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446-50-00 Tr

Miscellaneous pr

446-81-01 Lo

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447-21-00 In

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447-22-00 Di

447-26-00 Aj

447-26-01 O

447-26-02 La

447-26-03 La

447-33-00 Aj

447-40-00 Cl

Other proce re

447-99-99 O

N

General proce di

448-26-00 C

N

General proced

450-26-00 R

		ICD-9 Code	Mean	Percentile 90
446-39-00	Suture of laceration of small intestine	4673	16,000	27,000
446-39-01	Closure of fistula of small intestine	4674	17,000	28,000
446-39-08	Other repair of intestine	4679	17,000	28,000
446-39-10	Closure of stoma of small intestine	4463	12,000	20,000
446-39-19	Closure of intestinal stoma, not otherwise specified	4679	17,000	29,000
446-47-00	Revision of stoma of small intestine	4641	17,000	29,000
446-47-01	Revision of anastomosis of small intestine	4693	19,000	31,000
446-47-09	Revision of intestinal stoma, not otherwise specified	4640	19,000	31,000
	Plication enlargement of intestinal stoma			
	Reconstruction of stoma of intestine			
	Release of scar tissue of intestinal stoma			
446-50-00	Transplantation of intestine	4697	144,000	240,000
<i>Miscellaneous procedures procedures and operations</i>				
446-81-01	Local perfusion of small intestine	4695	17,000	29,000

## APPENDIX

### General procedures

447-21-00	Incision of appendix	472	12,000	20,000
	Appendicotomy			
447-22-00	Drainage of appendiceal abscess	472	12,000	20,000
447-26-00	Appendectomy (simple)	4709	12,000	20,000
447-26-01	Other incidental appendectomy (simple)	4719	1,000	1,000
447-26-02	Laparoscopic appendectomy	4701	13,000	21,000
447-26-03	Laparoscopic incidental appendectomy	4711	1,000	1,000
447-33-00	Appendicostomy			
447-40-00	Closure of appendiceal fistula	4792	17,000	28,000

### Other procedures and operations

447-99-99	Other operation on appendix	4799	13,000	22,000
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## CECUM

Note : see more procedural codes on cecum in section large intestine (code 453-xx-xx).

### General procedures

448-26-00	Cecectomy	4541	22,000	37,000
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## TRANSVERSE COLON

Note : see more procedural codes on transverse colon in section large intestine (code 453-xx-xx).

### General procedures

450-26-00	Resection of transverse colon	4541	22,000	37,000
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**SIGMOID COLON**

Note : see more procedural codes on sigmoid colon in section large intestine (code

*Diagnostic procedures*

452-00-00	Rigid proctosigmoidoscopy	4823	1,000	2,000
452-00-01	Fiberoptic sigmoidoscopy	4523	2,000	4,000
452-00-03	Proctosigmoidoscopy through artificial stoma	4522	2,000	3,000

Note : see chapter 18 for more codes on radiology services of sigmoid colon

*General procedures*

452-26-00	Sigmoidectomy	4541	22,000	37,000
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**LARGE INTESTINE**

Excludes : Rectum and anus

Note : During coding operations on large intestines, if coders can find more information of exact large intestine site (e.g. cecum, ascending colon, etc.), the coder must change anatomical axis code (453=large intestine) into more specific code as specific anatomical code below

448 = cecum; 449 = ascending colon; 450 = transverse colon;

451 = descending colon; 452 = sigmoid colon

*Diagnostic procedures*

453-00-00	Fiberoptic colonoscopy	4523	6,000	8,000
453-00-01	Transabdominal endoscopy of large intestine	4521	5,000	8,000
	Intraoperative endoscopy of large intestine			
453-00-02	Endoscopy of large intestine through artificial stoma	4522	6,000	8,000
453-04-00	Closed [endoscopic] biopsy of large intestine	4525	8,000	8,500
	Biopsy, closed, of unspecified intestinal site			
	Brushing or washing for specimen collection			
	Colonoscopy with biopsy			

*Non-operative procedures*

453-10-00	Non-operative insertion of tube into large intestine	9608	2,000	3,000
453-11-00	Non-operative removal of tube from large intestine or appendix	9753	10,000	13,000
453-11-01	Removal of foreign body from large intestine without incision	9804	10,000	13,000
453-12-00	Non-operative replacement of tube or enterostomy device of large intestine	9704	2,000	3,000

*Operative procedures*

453-21-00	Incision of large intestine	4503	19,000	31,000
	Myotomy of colon			
453-26-00	Excision of lesion or tissue of large intestine	4541	18,000	30,000
453-26-01	Endoscopic polypectomy of large intestine	4541	10,000	16,000
453-26-02	Resection of exteriorized segment of large intestine	4604	22,000	37,000
	Second stage Mikulicz operation			
453-26-08	Other partial excision of large intestine	4572	23,000	38,000
	Enterocolectomy			



453-26-10

453-26-11

453-26-12

453-26-20

453-28-00

453-31-00

453-33-00

453-33-01

453-33-02

453-33-03

453-35-00

453-37-00

453-37-08

453-38-01

453-39-00

453-39-01

453-39-10

453-40-00

453-47-00

453-47-01

Diagnostic pr

454-04-01

454-04-02

Non-operative

454-10-00

454-11-00

454-17-00

Operative pro

454-21-00

		ICD-9 Code	Mean	Percentile 90
453-26-10	Multiple segmental resection of large intestine	4571	29,000	48,000
	Segmental resection for multiple traumatic lesions of large intestine			
453-26-11	Right hemicolectomy	4573	22,000	37,000
	Ileocelectomy		22,000	37,000
	Right radical colectomy		24,000	40,000
453-26-12	Left hemicolectomy	4575	22,000	37,000
453-26-20	Total intra-abdominal colectomy	458	30,000	50,000
	Excision of cecum, colon and sigmoid			
453-28-00	Endoscopic destruction of other lesion or tissue of large intestine	4543	10,000	17,000
453-31-00	Dilation of colon	4685	8,000	13,000
453-33-00	Temporary colostomy	4611	14,000	23,000
453-33-01	Permanent colostomy	4613	14,000	23,000
453-33-02	Delayed opening of colostomy	4614	14,000	24,000
453-33-09	Colostomy, not otherwise specified	4610	14,000	23,000
453-35-00	Large-to-large intestinal anastomosis	4594	19,000	31,000
453-37-00	Fixation of large intestine to abdominal wall	4663	16,000	26,000
	Cecocoloplicopexy			
453-37-08	Other fixation of large intestine	4664	16,000	26,000
	Colofixation			
453-38-01	Exteriorization of large intestine	4603	22,000	36,000
	First stage Mikulicz exteriorization of intestine			
	Loop colostomy			
453-39-00	Suture of laceration of large intestine	4675	21,000	35,000
453-39-01	Closure of colostomy	4652	13,000	22,000
	Closure of take-down of:			
	cecostomy			
	colostomy			
	sigmoidostomy			
453-39-10	Repair of pericostomy hernia	4642	15,000	25,000
453-40-00	Closure of fistula of large intestine	4652	17,000	28,000
453-47-00	Revision of anastomosis of large intestine	4694	21,000	35,000
453-47-08	Other revision of stoma of large intestine	4643	14,000	24,000

## RECTUM

### Diagnostic procedures

454-04-01	Closed[endoscopic] biopsy of rectum	4825	1,000	2,000
454-04-02	Open biopsy of rectum	4826	5,000	8,000

### Non-operative procedures

454-10-00	Insertion of rectal tube	9609	500	1,000
454-11-00	Removal of foreign body from rectum without incision	9805	3,000	5,000
454-17-00	Rectal packing	9619	1,000	1,000

### Operative procedures

454-21-00	Incision of perirectal tissue	4881	2,000	3,000
	Incision of rectovaginal septum		2,000	3,000



454-21-01	Incision of rectal stricture	4891	12,000	20,000
454-21-02	Proctotomy	480	2,000	4,000
	Decompression of imperforate anus			
	Panas' operation [linear proctotomy]			
454-26-00	Local excision of rectal lesion or tissue	4835	4,000	6,000
454-26-01	[Endoscopic] polypectomy of rectum	4636	3,000	5,000
454-26-02	Anorectal myectomy	4892	10,000	16,000
454-26-11	Soave submucosal resection of rectum	4841	37,000	62,000
	Endorectal pull-through operation			
454-26-12	Other pull-through resection of rectum	4849	37,000	62,000
	Abdominoperineal pull-through			
	Altemeier operation			
	Swenson proctectomy			
454-26-20	Transsacral rectosigmoidectomy	4861	25,000	42,000
454-26-21	Anterior resection of rectum with synchronous colostomy	4862	31,000	52,000
454-26-28	Other anterior resection of rectum	4863	25,000	42,000
454-26-31	Duhamel resection of rectum	4865	37,000	62,000
	Duhamel abdominoperineal pull-through			
454-26-40	Abdominoperineal resection of rectum	485	34,000	56,000
	Combined abdominoendorectal resection			
	Complete proctectomy			
454-26-48	Other resection of rectum	4869	24,000	40,000
	Partial proctectomy			
	Rectal resection			
454-28-00	Radical electrocoagulation of rectal lesion or tissue	4831	14,000	24,000
454-28-08	Other electrocoagulation of rectal lesion or tissue	4832	14,000	24,000
454-31-00	Dilation of rectum	9622	2,000	3,000
454-36-00	Manual reduction of rectal prolapse	9626	3,000	4,000
454-37-00	Abdominal proctopexy	4875	21,000	35,000
	Frickman procedure			
	Ripstein repair of rectal prolapse			
454-37-08	Other proctopexy	4876	21,000	36,000
	Delorme repair of prolapsed rectum			
	Proctosigmoidopexy			
	Puborectalis sling operation			
454-39-00	Suture of laceration of rectum	4871	30,000	50,000
454-39-01	Repair of current obstetric laceration of rectum	7562	22,000	36,000
454-39-05	Repair of perirectal fistula	4893	25,000	42,000
454-39-08	Other repair of rectum	4879	25,000	42,000
454-40-00	Closure of rectal fistula	4873	25,000	42,000
	Excludes : that of perirectal fistula(454-39-11)			

Diagnost pr

455-00-00

455-04-00

455-04-00

General pr

455-11-00

455-21-08

455-21-11

455-21-11

455-21-2

455-22-00

455-24-00

455-25-00

455-26-00

455-26-00

455-26-02

455-26-02

455-28-00

455-28-08

455-31-00

455-36-00

455-39-00

455-39-01

455-39-02

455-39-03

455-40-00

455-48-00

Miscell rec

455-83-01

455-99-09



## ANUS

*Diagnostic procedures*

455-00-00	Anoscopy	4921	300	500
455-04-00	Biopsy of anus	4923	500	1,000
455-04-01	Biopsy of perianal tissue	4922	2,000	4,000

*General procedures*

455-11-00	Removal of impacted feces	9638	3,000	5,000
455-21-08	Other incision of anus	4993	1,000	2,000
	Removal of:			
	foreign body from anus with incision			
	seton from anus			
455-21-10	Anal fistulotomy	4911	7,000	12,000
455-21-11	Anal fistulectomy	4912	7,000	12,000
	Undercutting of perianal tissue			
455-21-20	Incision of anal septum	4991	2,000	3,000
455-22-00	Drainage of perianal abscess	4951	3,000	5,000
455-24-00	Left lateral anal sphincterotomy	4951	8,000	10,000
455-25-00	Control of (postoperative) hemorrhage of anus	4995	3,000	6,000
455-26-00	Excision of skin tag(s)	4903	1,000	2,000
455-26-01	Other excision of perianal tissue	4903	1,000	2,000
455-26-02	Endoscopic excision of lesion or tissue of anus	4931	3,000	5,000
455-26-08	Other local excision of lesion or tissue of anus	4939	1,000	2,000
455-28-01	Endoscopic destruction of lesion or tissue of anus	4931	5,000	8,000
455-28-08	Other local destruction of lesion or tissue of anus	4939	1,000	2,000
	Cauterization of lesion of anus			
455-31-00	Dilation of anal sphincter	9623	2,000	3,000
455-36-00	Reduction of anal prolapse	4994	3,000	4,000
455-39-00	Suture of laceration of anus	4971	3,000	5,000
455-39-01	Repair of current obstetric laceration of anus	7562	3,000	5,000
455-39-02	Repair of old obstetric laceration of anus	4979	7,000	12,000
455-39-08	Other repair of sphincter	4979	12,000	20,000
	Anoplasty			
455-40-00	Closure of anal fistula	4973	13,000	21,000
455-48-00	Gracilis muscle transplant for anal incontinence	4974	17,000	28,000

*Miscellaneous procedures*

455-83-01	Transanal enema	9639	1,000	1,000
455-99-99	Other procedure and operations anus	4999		
	Repair of low imperforate anus with anoperineal fistula		14,000	24,000
	with transposition of naoperineal or anovestibular fistula		16,000	27,000
	Repair of high imperforate anus without fistula, perineal			
	or sacroperineal approach		34,000	57,000
	combined transabdominal and sacroperineal approach		38,000	64,000
	Repair of high imperforate anus with rectourethral			
	or rectovaginal fistula, perineal or sacroperineal approach		32,000	54,000
	combined transabdominal and sacroperineal approach		43,000	72,000

Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	49,000	82,000
Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach	54,000	90,000
Sphincteroplasty, anal, for incontinence or prolapse	13,000	22,000
Ano rectal manometry	4,000	6,000

## HEMORRHOIDAL VENOUS PLEXUS

### General procedures

456-15-00	Reduction of hemorrhoids	4941	2,000	4,000
456-22-00	Evacuation of thrombosed hemorrhoids	4947	1,000	2,000
456-26-00	Excision of hemorrhoids	4946	10,000	16,000
	Hemorrhoidectomy			
456-28-01	Destruction of hemorrhoids by cryotherapy	4944	2,000	3,000
456-30-00	Ligation of hemorrhoids	4945	1,000	2,000
	Rubber band ligation			
456-30-02	Circular high ligation of hemorrhoids	4945	10,000	16,000
	Stapling ligation			
456-81-00	Injection of hemorrhoids	4942	1,000	1,000

## OMENIUM

### General procedures

457-04-00	Closed biopsy of omentum	5424	3,000	5,000
457-04-01	Open biopsy of omentum	5423	17,000	28,000
457-39-00	Repair of omentum	5475	14,000	24,000
	Epiplorrhaphy			
	Graft of omentum			
	Omentopexy			
	Reduction of torsion of omentum			

## MESENTERY

### General procedures

458-04-00	Biopsy of mesentery	5423	17,000	28,000
458-39-00	Repair of mesentery	5475	17,000	28,000
	Mesenteric plication			
	Mesenteropexy			

## LIVER

Note : During coding operations on liver, if coders can find more information of exact large liver site (e.g. right lobe, quadrate lobe, etc.), the coder must change anatomical axis code (463=liver, unspecified) into more specific code as specific anatomical code below

459 = right lobe of liver; 460 = left lobe of liver; 461 = caudate lobe of liver;

462 = quadrate lobe of liver



Diagnostic  
463-0 01

463-04-02

Operative  
463-2. 00

463-22-00

463-2 01

463-22-02

463-2 00

463-26-01

463-26-02

463-28-00

463-39-00

463-39-00

463-39-00

463-39-00

Miscellaneous  
463-39-00

463-39-00

463-81-00

Diagnostic  
464-04-0

464-04-0

464-1-0

Non-specific  
464-10-0

464-10-0

		ICD-9 Code	Mean	Percentile 90
<i>Diagnostic procedures</i>				
463-04-01	Closed (percutaneous) [needle] biopsy of liver	5011	2,000	4,000
463-04-02	Open biopsy of liver	5012	12,000	20,000
	Wedge biopsy			
Note : see chapter 18 for more codes on radiology services of liver				

### Operative procedures

Operative procedures				
463-21-00	Hepatotomy	500	19,000	32,000
	Removal of gallstones from liver			
	Stromeyer-Little operation			
463-22-00	Percutaneous aspiration of liver	5091	3,000	5,000
	Diagnostic aspiration of liver			
463-22-01	Marsupialisation of lesion of liver	5021	20,000	34,000
463-22-02	Drainage of abscess of liver	500	19,000	32,000
463-26-00	Partial hepatectomy	5022	35,000	58,000
	Wedge resection of liver			
463-26-01	Lobectomy of liver	503	47,000	78,000
	Total hepatic lobectomy with partial excision of other lobe			
463-26-02	Total hepatectomy	504	55,000	92,000
463-28-00	Destruction of lesion of liver	5029	19,000	32,000
	Cauterization			
	Enucleation			
	Evalcuation			
463-39-00	Closure of laceration of liver	5061	26,000	44,000
463-39-08	Other repair of liver	5069	30,000	50,000
	Hepatopexy			
463-50-00	Auxiliary liver transplant	5051	180,000	300,000
	Auxiliary hepatic transplantation leaving patient's own liver in situ			
463-50-08	Other transplant of liver	5059	180,000	300,000

### Miscellaneous procedures

Miscellaneous procedures				
463-81-00	Localized perfusion of liver	5093	19,000	32,000
463-81-08	Other injection of therapeutic substances into liver	5094	10,000	12,000

## GALLBLADDER

### Diagnostic procedures

Diagnostic procedures				
464-04-00	Percutaneous biopsy of gallbladder	5112	3,000	4,000
	Needle biopsy of gallbladder			
464-04-01	Open biopsy of gallbladder	5112	17,000	28,000
	Note : see chapter 18 for more codes on radiology services of gallbladder			

### Non-operative procedures

Non-operative procedures				
464-10-00	Non-operative insertion of cholecystostomy tube	9607	5,000	9,000
464-11-00	Removal of cholecystostomy tube	9754	1,000	2,000

		ICD-9 Code	Mean	Percentile 90
464-12-00	Non-operative replacement of cholecystostomy tube	9705	1,000	2,000
464-21-00	Cholecystotomy	5104	15,000	25,000
	Cholelithotomy			
464-22-00	Percutaneous aspiration of gallbladder	5101	2,000	4,000
464-26-00	Other partial cholecystectomy	5121	17,000	28,000
464-26-01	Open cholecystectomy	5122	17,000	28,000
464-26-02	Laparoscopic partial cholecystectomy	5124	18,000	29,000
464-26-03	Laparoscopic cholecystectomy	5122	18,000	29,000
464-33-00	Trocar cholecystostomy	5102	15,000	25,000
464-33-08	Other cholecystostomy	5103	15,000	25,000
464-35-00	Anastomosis of gallbladder to hepatic ducts	5131	24,000	40,000
464-35-01	Anastomosis of gall bladder to intestine (cholecystoenteric bypass)	5132	20,000	34,000
464-35-03	Anastomosis of gallbladder to stomach	5134	18,000	30,000
464-35-08	Other gallbladder anastomosis	5135	18,000	30,000
464-39-00	Repair of laceration of gallbladder	5191	18,000	30,000
464-39-01	Closure of cholecystostomy	5192	18,000	30,000
464-44-00	Operative insertion of cholecystostomy tube	5199	15,000	25,000
464-83-00	Irrigation of cholecystostomy tube	9641	1,000	2,000

## CYSTIC DUCT

### General procedures

465-26-00	Excision of cystic duct remnant	5161	17,000	28,000
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## HEPATIC DUCT

### General procedures

466-35-00	Anastomosis of hepatic duct to gastrointestinal tract	5139	29,000	48,000
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## BILIARY TREE

### Diagnostic procedures

468-04-00	Closed(percutaneous)(endoscopic) biopsy of bile duct	5114	10,000	17,000
	Brush or washing from specimen collection			
468-04-01	Open biopsy of biliary duct	5113	30,000	50,000
468-06-90	Endoscopic retrograde cholangiography [ERC]	5111	8,000	15,000
468-06-94	Intraoperative cholangiography	8754	2,000	4,000
468-06-96	Endoscopic retrograde cholangio-pancreatography [ERCP]	5110	8,000	15,000

### Non-operative procedures

468-10-00	Endoscopic insertion of stent into bile duct	5187	12,000	20,000
468-11-00	Endoscopic removal of stone(s) from biliary tract	5188	12,000	20,000
468-11-01	Percutaneous extraction of common duct stones	5196	9,000	15,000
468-11-02	Non-operative removal of prosthetic device from bile duct	5196	11,000	19,000
468-12-00	Replacement of stent(tube) in biliary duct	9705	12,000	20,000
468-20-00	Extracorporeal shockwave lithotripsy of the biliary duct	9852		

Operative

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468-21-01

468-2 18

468-2 10

468-22-01

468-2 10

468-26-01

468-28-00

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468-35-00

468-35-08

468-39-00

468-39-01

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468-48-0

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		ICD-9 Code	Mean	Percentile 90
<i>Operative procedures</i>				
468-21-00	Exploration of common duct	5151	24,000	40,000
468-21-01	Common duct exploration for relief of obstruction	5142	24,000	40,000
468-21-08	Other incision bile duct	5159	24,000	40,000
468-22-00	Endoscopic insertion of nasobiliary drainage tube	5186	13,000	21,000
468-22-01	Percutaneous transhepatic biliary drainage [PTBD]	5198	8,000	14,000
468-26-00	Excision of common duct	5163	30,000	50,000
	Cholecystectomy			
468-26-01	Excision of other bile duct	5169	30,000	50,000
	Excision of lesion of bile duct		24,000	40,000
	Excision of choledochal cyst		20,000	34,000
	Anastomosis, choledochal cyst, without excision		25,000	42,000
	Anastomosis of extrahepatic duct and GI tract		29,000	48,000
	Anastomosis, Roux-Y, extrahepatic duct and GI tract			
	Reconstruction of extrahepatic duct with end-to-end anastomosis		26,000	44,000
468-28-00	Endoscopic destruction of lesion of biliary ducts	5164	13,000	21,000
468-31-00	Endoscopic dilation of biliary duct	5184	13,000	21,000
468-35-00	Choledochoenterostomy	5136	29,000	48,000
468-35-08	Other bile duct anastomosis	5139	42,000	70,000
	Anastomosis of bile duct			
	Anastomosis of unspecified bile duct to:			
	intestine			
	liver			
	pancreas			
	stomach			
468-39-00	Simple suture of common bile duct	5171	28,000	46,000
468-39-01	Repair of other bile ducts	5179	29,000	48,000
	Closure of artificial opening of common bile duct			
	Repair of fistula of common bile duct			
	Suture of bile duct			
468-40-00	Closure of other biliary fistula	5193	42,000	70,000
	Cholecystogastroenteric fistulectomy			
468-44-00	Insertion of choledochohepatic tube for decompression	5143	11,000	18,000
	Hepatocholedochostomy			
468-45-00	Common duct exploration for removal of calculus	5141	24,000	40,000
468-45-01	Operative removal of prosthetic device from bile duct	5195	22,000	36,000
468-47-00	Revision of anastomosis of biliary tract	5194	42,000	70,000
468-48-00	Choledochoplasty	5172	42,000	70,000
<i>Miscellaneous procedures</i>				
468-83-00	Irrigation of biliary tube	9641	1,000	2,000

ICD-9 Code Mean Percentile 90

*Other procedures and operations*

468-99-99	Other procedures and operations on biliary tract	5199		
	Exploration of congenital biliary atresia, without repair, with or without liver biopsy, with or without cholangiogram		22,000	36,000
	Portoenteriostomy (eg. Kasai procedure)		50,000	84,000

## SPHINCTER OF ODDI

*Diagnostic procedures*

470-02-00	Pressure measurement of sphincter of Oddi	5115	10,000	17,000
470-04-00	Closed biopsy of sphincter of Oddi	5114	11,000	18,000
470-04-01	Open biopsy of sphincter of Oddi	5113	22,000	36,000

*Operative procedures*

470-21-00	Pancreatic sphincterotomy	5182	15,000	25,000
	Incision of pancreatic sphincter			
	Transduodenal ampullary sphincterotomy			
470-21-01	Endoscopic sphincterotomy and papillotomy	5185	12,000	20,000
470-26-00	Endoscopic excision of lesion of sphincter of Oddi	5164	12,000	20,000
470-26-01	Excision of ampulla of Vater	5162	22,000	36,000
470-26-08	Other excision of sphincter of Oddi	5163	22,000	36,000
470-28-00	Endoscopic destruction of lesion of sphincter of Oddi	5164	12,000	20,000
470-31-00	Dilation of sphincter of Oddi	5184	12,000	20,000
	Dilation of ampulla of Vater			
470-31-01	Endoscopic dilation of ampulla	5184	12,000	20,000
470-48-00	Pancreatic sphincteroplasty	5183	26,000	44,000

## PANCREATIC DUCT

*Diagnostic procedures*

471-00-00	Endoscopic retrograde pancreatography [ERP]	5213	8,000	15,000
471-04-00	Closed biopsy of pancreatic duct	5214	13,000	21,000

*General procedures*

471-10-00	Endoscopic cannulation of pancreatic duct	5293	10,000	17,000
471-10-01	Endoscopic insertion of stent into pancreatic duct	5293	13,000	21,000
471-10-02	Endoscopic insertion of nasopancreatic drainage tube	5297	13,000	21,000
471-11-00	Endoscopic removal of stone from pancreatic duct	5294	15,000	25,000
471-12-00	Endoscopic replacement of stent(tube) in pancreatic duct	9705	12,000	20,000
471-26-00	Endoscopic excision of lesion or tissue of pancreatic duct	5185	13,000	21,000
471-26-08	Other excision of lesion or tissue of pancreatic duct	5182	13,000	21,000
471-28-00	Endoscopic destruction of lesion or tissue of pancreatic duct	5221	13,000	21,000
471-28-08	Other destruction of lesion or tissue of pancreatic duct	5222	13,000	21,000
471-31-00	Endoscopic dilation of pancreatic duct	5298	13,000	21,000
471-83-00	Irrigation of pancreatic tube	9642	1,000	2,000



## PANCREAS

*General procedures*

473-21-00	Pancreatotomy	5209	24,000	40,000
	Pancreatolithotomy			
473-22-00	Drainage of pancreatic cyst by catheter	524	10,000	17,000
473-22-01	Marsupialization of pancreatic cyst	523	18,000	30,000
473-22-02	Internal drainage of pancreatic cyst	524	20,000	34,000
	Pancreaticocystoduodenostomy			
	Pancreaticocystogastrostomy			
	Pancreaticocystojejunostomy			
473-26-10	Proximal pancreatectomy	5251	42,000	70,000
	Excision of head of pancreas(with part of body)			
	Proximal pancreatectomy with synchronous duodenectomy			
473-26-11	Distal pancreatectomy	5252	24,000	40,000
	Excision of tail of pancreas(with part of body)			
473-26-12	Radical subtotal pancreatectomy	5253	29,000	48,000
473-26-18	Other partial pancreatectomy	5259	29,000	48,000
473-26-20	Total pancreatectomy	526	42,000	70,000
	Pancreatectomy with synchronous duodenectomy			
473-26-21	Radical pancreaticoduodenectomy	527	42,000	70,000
	One stage pancreaticoduodenal resection with choledochojejunal anastomosis, pancreaticojejunal anastomosis, and gastrojejunostomy			
	Two stage pancreaticoduodenal resection(first stage)(second stage)			
	Radical resection of the pancreas			
	Whipple procedure			
473-31-00	Dilation of pancreatic duct	5299	13,000	21,000
473-39-00	Anastomosis of pancreas	5296	30,000	50,000
	Anastomosis of pancreas(duct) to:			
	intestine			
	jejunum			
	stomach			
473-39-08	Other repair of pancreas	5295	36,000	60,000
	Fistulectomy			
	Simple suture			

## SPLEEN

*Diagnostic procedures*

474-04-00	Close0d[aspiration][percutaneous] biopsy of spleen	4132	4,000	6,000
	Needle biopsy of spleen			
474-04-01	Open biopsy of spleen	4133	19,000	32,000

*General procedures*

474-21-00	Puncture of spleen	411	4,000	6,000
474-21-01	Splenotomy			
474-22-00	Aspiration on spleen and bone marrow	4191	5,000	8,000
474-22-01	Marsupialization of splenic cyst	4141	18,000	30,000

		ICD-9 Code	Mean	Percentile 90
474-26-00	Excision of accessory spleen	4193	16,000	26,000
474-26-01	Excision of lesion or tissue of spleen	4142	16,000	26,000
474-26-02	Partial splenectomy	4143	19,000	32,000
474-26-03	Total splenectomy	415	19,000	32,000
	Splenectomy			
474-39-00	Repair and plastic operation on spleen	4195	19,000	32,000

## RETROPERITONEUM

### Diagnostic procedures

476-04-00	Biopsy of retroperitoneum tissue	5424	19,000	31,000
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### General procedures

476-11-00	Removal of retroperitoneal drainage device	9781	5,000	8,000
476-21-00	Incision of retroperitoneum area	540	19,000	31,000
	Exploration of perinephric area			
	Incision of perirenal abscess			
476-24-00	Lysis of perirenal adhesions	5459	20,000	34,000
476-24-10	Laparoscopic lysis of retroperitoneum adhesions	5451	20,000	34,000
476-24-19	Retroperitoneal dissection, not otherwise specified	5900	17,000	28,000
476-26-00	Excision of retroperitoneum lesion or tissue	544	17,000	28,000

## ADRENAL GLAND

### Diagnostic procedures

477-04-01	Closed biopsy of adrenal gland	0711	5,000	9,000
477-04-02	Open biopsy of adrenal gland	0712	23,000	39,000

### General procedures

477-21-00	Unilateral exploration of adrenal field	0701	17,000	28,000
477-21-01	Bilateral exploration of adrenal field	0702	19,000	32,000
477-21-09	Exploration of adrenal field, not otherwise specified	0700	19,000	32,000
477-21-10	Incision of adrenal gland	0741	23,000	39,000
	Adrenalotomy			
477-26-00	Excision of lesion of adrenal gland	0721	23,000	39,000
477-26-01	Unilateral adrenalectomy	0722	23,000	39,000
	Adrenalectomy			
477-26-02	Partial adrenalectomy	0729	23,000	39,000
477-26-03	Bilateral adrenalectomy	073	42,000	70,000
	Excision of remaining adrenal gland		24,000	40,000
477-30-00	Ligation of adrenal vessels	0743	23,000	38,000
477-38-00	Reimplantation of adrenal tissue	0745	6,000	10,000
	Autotransplantation of adrenal tissue			



# CHAPTER 7

## PROCEDURES OF THE URINARY SYSTEM

ICD-9Code Mean Percentile90

### KIDNEY

#### Diagnostic procedures

478-00-00	Nephroscopy (via established nephrostomy or pyelostomy)	5521	11,000	14,000
478-04-00	Close[percutaneous][needle] biopsy of kidney	5523	1,500	2,500
	Endoscopic biopsy via existing nephrostomy, nephrotomy, pyelostomy or pyelotomy		12,000	16,000
478-04-01	Open biopsy of kidney	5524	12,000	16,000
	Note : see chapter 18 for more codes on radiology services of kidney			

#### Non-operative procedures

478-12-00	Replacement of nephrostomy tube (change)	5593	1,000	2,000
478-20-00	Extracorporeal shockwave lithotripsy of the kidney	9851	30,000	40,000

#### Operative procedures

478-21-00	Nephrotomy	5501		
	Evacuation of renal cyst		24,000	32,000
	Exploration of kidney		23,000	30,000
	Nephrolithotomy		30,000	40,000
	(secondary or complicated)		38,000	51,000
478-22-00	Percutaneous aspiration of kidney	5529	4,000	6,000
	Aspiration of renal cyst			
	Renipuncture			
478-22-01	Marsupialization of kidney lesion	5531	24,000	32,000
478-24-00	Symphysiotomy for horseshoe kidney	5585	41,000	55,000
478-26-02	Partial nephrectomy	5551	36,000	48,000
	Calycectomy			
	Wedge resection of kidney			
478-26-03	Nephroureterectomy	5551		
	Nephroureterectomy with bladder cuff(same incision)		36,000	48,000
	(separate incision)		42,000	56,000
	Total nephrectomy (unilateral)		32,000	42,000
	(complicated)		36,000	48,000
	(radical)		49,000	66,000
478-26-10	Removal of transplanted or rejected kidney	5553	30,000	40,000
478-33-00	Nephrostomy	5502	27,000	36,000
478-33-01	Percutaneous nephrostomy without fragmentation	5503	35,000	46,000
	Nephrostolithotomy, percutaneous (nephroscopic)			
	Percutaneous removal of kidney stone(s) by:			
	basket extraction			
	forceps extraction (nephroscopic)			
	Pyelostolithotomy, percutaneous (nephroscopic)			
	With placement of catheter down ureter			



	ICD-9 Code	Mean	Percentile 90
478-33-02 Percutaneous nephrostomy with fragmentation	5504	35,000	56,000
Percutaneous nephrostomy with disruption of kidney stone by ultrasonic energy and extraction (suction) through endoscope			
With placement of catheter down ureter			
With fluoroscopic guidance			
478-37-00 Nephropexy	557	24,000	32,000
Fixation or suspension of movable[floating] kidney			
478-39-00 Suture of laceration of kidney	5581	33,000	44,000
478-39-08 Other repair of kidney	5589	34,000	46,000
478-39-10 Closure of nephrostomy and pyelostomy	5582	34,000	46,000
478-39-11 Closure of other fistula of kidney	5583	36,000	48,000
478-39-12 Anastomosis of kidney	5586	33,000	50,000
Nephropyloureterostomy (Pyeloplasty)			
Pyeloureterovesical anastomosis			
Ureterocalyceal anastomosis			
478-50-00 Renal autotransplantation	5561	56,000	75,000
478-50-08 Other kidney transplantation	5569	56,000	75,000
Doner nephrotomy (living)		49,000	66,000
(recipient)		38,000	50,000

*Miscellaneous procedures*

478-81-08 Other injection of therapeutic substance into kidney	5596	4,000	6,000
Injection into renal cyst			
478-83-00 Irrigation of nephrostomy	9645	800	1,000

**RENAL PELVIS***General procedures*

479-12-00 Non-operative replacement of pyelostomy tube	5594	800	1,000
479-21-00 Pyelotomy	5511	30,000	50,000
Exploration of renal pelvis			
Pyelolithotomy			
(complicated)			
479-48-00 Correction of ureteropelvic junction	5587	36,000	52,000
(complicated)			

**URETER***Diagnostic procedures*

480-00-00 Ureteroscopy	5631	19,000	26,000
480-00-01 Endoscopy(cystoscopy)(looposcopy) of ileal conduit	5521	3,000	4,000
480-04-01 Closed endoscopic biopsy of ureter	5632	26,000	35,000
Cystourethroscopy with ureteral biopsy			
Transurethral biopsy with ureter			
Ureteral endoscopy with biopsy through ureterotomy			
Ureteroscopy with biopsy			



	ICD-9 Code	Mean	Percentile 90
<i>Diagnostic procedures</i>			
480-04-02 Open biopsy of ureter	5634	28,000	38,000
<i>Non-operative procedures</i>			
480-10-00 Ureteral catheterization	598	-	-
Drainage of kidney by catheter		8,000	10,000
Insertion of ureteral stent		19,000	26,000
Uterovesical orifice dilation		23,000	38,000
480-20-00 Extracorporeal shockwave lithotripsy of the ureter	9851		
<i>Operative procedures</i>			
480-21-00 Ureterotomy	9851	28,000	38,000
Incision of ureter for:			
drainage			
exploration			
removal of calculus			
480-21-01 Ureteral meatotomy	561	28,000	38,000
480-24-00 Lysis of intraluminal adhesions of ureter	5681	30,000	40,000
480-26-01 Total ureterectomy	5642	42,000	56,000
480-33-00 Formation of cutaneous uretero-ileostomy	5661	44,000	58,000
Construction of ileal conduit			
External ureteral ileostomy			
Formation of open ileal bladder			
Ileal loop operation			
Ileoureterostomy (Bricker's) (ileal bladder)			
Transplantation of ureter into ileum with external diversion			
480-33-01 Formation of other cutaneous ureterostomy	5661	28,000	37,000
Anastomosis of ureter to skin			
Ureterostomy			
480-33-02 Ureteroenterostomy	5671	34,000	45,000
Anastomosis of ureter to intestine			
Internal urinary diversion			
480-39-00 Suture of laceration of ureter	5682	30,000	40,000
480-39-01 Closure of ureterostomy	5683	30,000	40,000
480-39-02 Closure of other fistula of ureter	5684	35,000	46,000
480-39-08 Other repair of ureter	5689	44,000	58,000
Graft of ureter			
Replacement of ureter with ileal segment implanted into bladder			
Ureteroplication			
480-48-00 Tranureteroureterostomy	5675	37,000	50,000
480-48-01 Ureteroneocystostomy	5683	34,000	45,000
with extensive ureteral tailoring		42,000	56,000
Replacement of ureter with bladder flap			
Uterovesical anastomosis			
<i>Other procedures and operations</i>			
480-99-09 Other procedures and operations on ureter	5699	27,000	36,000
Continent diversion			
Ureteroscopy and removal of stone			



# BLADDER

ICD-9 Code Mean Percentile 90

## Diagnostic procedures

481-00-00	Cystoscopy	5732	3,000	4,000
	Transurethral cystoscopy			
481-04-01	Close[transurethral] biopsy of bladder	5733	5,000	6,000

## Non-operative procedures

481-10-00	Insertion of indwelling urinary catheter	5794	300	1,000
481-12-00	Replacement of indwelling urinary catheter	5795	300	1,000

## Operative procedures

481-21-00	Cystotomy	5719	18,000	24,000
	Cystolithotomy			
481-22-00	Percutaneous aspiration of bladder	5711	800	1,000
481-26-00	Other transurethral excision of lesion or tissue of bladder	5749	27,000	36,000
	Endoscopic excision of bladder lesion			
481-26-02	Partial cystectomy	576	30,000	40,000
	Excision of bladder dome			
	Trigonectomy			
	Wedge resection of bladder			
481-26-03	Radical cystectomy	5771	70,000	90,000
	with conduit			
	with neobladder		80,000	95,000
	Pelvic exenteration in male			
	Removal of bladder, prostate, seminal vesicles, and fat			
	Removal of bladder, urethra, and fat in a female			
481-33-00	Percutaneous cystostomy	5717		
	Closed cystostomy		10,000	14,000
	Percutaneous suprapubic cystostomy		3,000	4,000
481-33-02	Vesicostomy	5721	27,000	36,000
	Creation of permanent opening from bladder to skin using a bladder flap		27,000	45,000
481-39-00	Suture of laceration of bladder	5781	27,000	36,000
481-39-01	Repair of current obstetric laceration of bladder	7561	27,000	36,000
481-39-03	Closure of cystostomy	5782	10,000	14,000
481-39-05	Repair of other fistula of bladder	5784	45,000	60,000
	Cervicovesical			
	Urethroperineovesical			
	Uterovesical			
	Vaginoovesical			
	fistulectomy			
481-39-06	Repair of bladder exstrophy	5786	68,000	90,000
481-39-08	Other repair of bladder	5789	30,000	40,000
	Bladder suspension			
	Cystopexy			
481-48-00	Reconstruction of urinary bladder	5787	45,000	60,000
	Anastomosis of bladder with isolated segment of ileum			
	Augmentation of bladder			
	Replacement of bladder with ileum or sigmoid [closed ileal bladder]			



481-99-99	Other procedures and operations on bladder (cystolitholapaxy)	5799	21,000	28,000
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## BLADDER NECK

### General procedures

482-21-00	Sphincterotomy of bladder Division of bladder neck	5791	20,000	26,000
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## URETHRA

### Examination and Assessment

483-00-00	Urethroscopy	5822	3,000	4,000
483-04-00	Biopsy of urethra	5823	3,000	4,000

### Non-operative procedures

483-10-00	Implantation of artificial urinary sphincter[AUS] Placement of flatable: bladder sphincter urethral sphincter	5893	41,000	54,000
483-11-00	Removal of artificial urinary sphincter[AUS]	5899	9,000	12,000

### Operative procedures

483-21-00	Urethrotomy Excision of urethral septum Formation of urethrovaginal fistula Perineal urethrostomy Removal of calculus from urethra by incision	580	4,000	5,000
483-21-01	Meatotomy	581	3,000	4,000
483-21-02	Incision of periurethral tissue Drainage of bulbourethral gland	5891	2,000	3,000
483-31-00	Dilation of urethra Dilation of urethrovesical junction Passage of sounds through urethra Removal of calculus from urethra without incision	586	800	1,000
483-39-08	Other repair of urethra	5849		
	Urethroplasty first stage for fistula, diverticulum or stricture		15,000	20,000
	second stage		22,000	30,000
	Urethroplasty one stage reconstruction of male anterior urethra		24,000	32,000
	Urethroplasty transpubic, perineal one stage for repair of prostatic and membranous		36,000	48,000
	Urethroplasty two stage reconstruction or repair of prostatic, membranous urethra, first stage		30,000	40,000
	second stage		30,000	40,000
483-48-01	Repair of hypospadias or epispadias	5845	35,000	46,000



## CHAPTER 8

### PROCEDURES OF THE MALE GENITAL ORGANS

ICD-9 Code Mean Percentile 90

#### PENIS

Include: corpora cavernosa  
glan penis

##### Diagnostic procedures

501-04-00	Biopsy of penis	6411	2,000	4,000
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##### General procedures

501-24-00	Release of chordee	6442	10,000	16,000
	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps		17,000	28,000
	Urethroplasty for second stage hypospadias repair (including urinary diversion)		17,000	28,000
501-26-00	Local excision of lesion of penis	642	3,000	5,000
501-29-00	Amputation of penis	643	15,000	25,000
	partial		30,000	50,000
	complete		30,000	50,000
501-44-00	Insertion of non-inflatable penile prosthesis	6495	18,000	30,000
	Insertion of semi-rigid rod prosthesis into shaft of penis			
501-44-01	Insertion of inflatable penile prosthesis	6497	38,000	63,000
	Insertion of cylinders into shaft of penis and placement of pump and reservoir			
501-44-02	Removal of internal prosthesis of penis	6496	9,000	15,000
	Removal without replacement of penile prosthesis			
501-45-00	Replacement of non-inflatable penile prosthesis	6495	9,000	15,000
501-45-01	Replacement of inflatable penile prosthesis	6497	9,000	15,000

#### PREPUCE

##### General procedures

502-21-00	Dorsal or lateral slit of prepuce	6491	2,000	4,000
502-26-00	Circumcision	640	5,000	8,000

#### SCROTUM

Include: tunica vaginalis

##### General procedures

503-22-01	Percutaneous aspiration of tunica vaginalis	6191	800	1,000
	Aspiration of hydrocele of tunica vaginalis			
503-26-00	Excision of hydrocele (of tunica vaginalis)	6192	12,000	20,000
	Unilateral		18,000	30,000
	Bilateral		18,000	30,000
	Bottle repair of hydrocele of tunica vaginalis			
503-26-01	Excision of lesion or tissue of scrotum	6192	5,000	8,000
	Reduction of elephantiasis of scrotum			
	Partial scrotoectomy			



**TESTIS***Diagnostic procedures*

504-04-00	Closed biopsy of testis	6211	800	1,000
504-04-01	Open biopsy of testis	6212	5,000	8,000

*General procedures*

504-22-00	Aspiration of testis	6291	800	1,000
504-26-00	Excision or destruction of testicular lesion	622	7,000	12,000
	Excision of appendix testis			
	Excision of cyst of Morgagni in the male			
504-26-01	Unilateral orchiectomy	623	8,000	13,000
	Orchiectomy (with epididymectomy)			
504-26-02	Removal of both testis at same operative episode	6241		
	Bilateral orchidectomy		10,000	16,000
	Radical bilateral orchidectomy		14,000	24,000
504-36-00	Reduction of torsion of testis or spermatic cord	6352	15,000	25,000
504-37-00	Orchiopexy, inguinal approach with or without hernia repair	625	18,000	30,000
	Mobilization and replacement of testis in scrotum			
	Orchiopexy with detorsion of testis			
	Torek(-Bevan) operation (orchidopexy)(first stage)(second stage)			
	Transplantation to and fixation of testis in scrotum			
504-39-00	Suture of laceration of testis	6261	12,000	20,000
504-44-00	Operative insertion of testicular prosthesis	627	6,000	10,000

**VAS DEFERENS***General procedures*

505-21-00	Vasotomy	63.6	5,000	9,000
	Vasostomy			
505-26-00	Vasectomy	63.73	7,000	12,000
505-35-00	Epididymovasostomy	63.83	30,000	50,000
	Unilateral		45,000	75,000
	bilateral		30,000	50,000
	Vasovasostomy			

**EPIDIDYMIS***General procedures*

506-26-00	Excision of cyst of epididymis	632	12,000	20,000
	Spermatocelectomy			
506-26-02	Epididymectomy	634	12,000	20,000
	unilateral		18,000	30,000
	bilateral			

**PROSTATE***Diagnostic procedures*

507-04-00	Closed[percutaneous][needle] biopsy of prostate	6011	6,000	10,000
	Approach:			
	transrectal			
	transrectal with transrectal ultrasound guidance			
	transurethral			
	Punch biopsy			
507-04-01	Open biopsy of prostate	6012	13,000	22,000

*General procedures*

507-21-00	Incision of prostate	600		
	Drainage of prostatic abscess		13,000	22,000
	Prostatolithotomy		27,000	45,000
507-25-00	Control of hemorrhage of prostate	6094	6,000	10,000
	Coagulation of prostatic bed			
	Cystoscopy for control of prostate hemorrhage			
507-26-00	Transurethral guided laser induced prostatectomy [TULIP]	6021	27,000	45,000
	Ablation(contact)(noncontact) by laser			
507-26-01	Transurethral resection of prostate gland	6029	20,000	35,000
	Excision of median bar by transurethral approach			
	Transurethral electrovaporization of prostate (TEVAP)			
	Transurethral enucleative procedure			
	Transurethral prostatectomy			
	Transurethral resection of prostate (TURP)			
507-26-03	Retropubic prostatectomy	604	30,000	50,000
507-26-04	Radical prostatectomy	605		
	Prostatovesiculectomy			
	Radical prostatectomy by any approach		39,000	65,000
	with LN biopsy		42,000	70,000
	with bilat pelvic lymphadenectomy		53,000	88,000
507-26-05	Perineal prostatectomy	6062	39,000	65,000
	Cryoablation of prostate			
	Cryoprostatectomy			
	Cryosurgery of prostate			
	Radical cryosurgical ablation of prostate (RCSA)			

*Other procedures and operations*

507-99-99	Other procedures and operations on prostate	6099	17,000	28,000
	Transurethral incision of prostate			

**SPERMATIC CORD***General procedures*

510-26-01	Excision of varicocele and hydrocele of spermatic cord	631	12,000	20,000
	High ligation of spermatic vein			
	Hydrocelectomy of canal of Nuck			

## CHAPTER 9

### PROCEDURES OF THE FEMALE GENITAL ORGANS

ICD-9 Code Mean Percentile 90

#### VULVA

Includes: female perineum

##### Diagnostic procedures

516-04-00	Biopsy of vulva	7111	1,000	3,000
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##### Non-operative procedures

516-11-00	Non-operative removal of foreign body from vulva	9823	1,000	3,000
516-11-01	Removal of suture from vulva	9779	500	1,000

##### Operative procedures

516-21-00	Enlargement of introitus	7109	12,000	20,000
516-21-02	Clitoridotomy	714	10,000	20,000
	Female circumcision			
516-22-00	Drainage of obstetric hematoma of vulva	7591	3,000	5,000
516-22-01	Drainage of other hematoma of vulva	7592	3,000	5,000
516-22-10	Aspiration of Bartholin's cyst or abscess	7121	1,000	3,000
516-22-11	Incision and drainage of Bartholin's cyst or abscess	7122	1,000	3,000
516-22-12	Marsupialization of Bartholin's cyst or abscess	7123	3,000	5,000
516-24-00	Lysis of adhesions of vulva	7101	2,000	5,000
516-26-00	Excision of Bartholin's cyst or abscess	7124	4,000	8,000
516-26-01	Excision of labia minora	713	4,000	8,000
516-26-10	Vulvectomy, unilateral	7161	15,000	30,000
516-26-11	Vulvectomy, unilateral with lymph gland dissection	7161	18,000	35,000
516-26-20	Vulvectomy, bilateral	7162	18,000	35,000
	Vulvectomy NOS			
516-26-21	Vulvectomy, bilateral with lymph gland dissection	7162	20,000	40,000
516-26-28	Other bilateral vulvectomy	7162	18,000	35,000
516-26-30	Radical vulvectomy	715	20,000	40,000
516-26-31	Radical vulvectomy with lymph gland dissection	715	25,000	50,000
516-26-38	Other radical vulvectomy	715	20,000	40,000
516-28-00	Destruction of lesion of vulva by chemical cauterization	713	1,000	3,000
516-28-01	Destruction of lesion of vulva by electric cauterization	713	2,000	4,000
516-29-00	Amputation of clitoris	714	10,000	20,000
516-39-00	Suture of laceration of vulva	7171	2,000	5,000
516-39-01	Repair of current obstetric laceration of vulva	7569	3,000	10,000
	Episiorrhaphy			
	Episioperineorrhaphy			
	Excludes: repair of routine episiotomy (526-54-00, 526-54-10, 526-54-20, 526-54-22, 526-54-30, 526-54-40, 526-54-42, 526-54-44, 526-54-46)			
516-39-02	Repair of old obstetric laceration of vulva	7179	3,000	10,000

		ICD-9Code	Mean	Percentile 90
516-39-10	Repair of fistula of vulva	7172	10,000	20,000
	Excludes: repair of fistula:			
	urethroperineal (483-40-00)			
	urethroperineovesical (483-40-00)			
	vaginoperineal (517-39-18)			
516-45-00	Operative removal of foreign body from vulva	7109	2,000	5,000

## VAGINA

### Diagnostic procedures

517-00-00	Per vagina examination [PV]	8926	500	1,000
	Gynecological examination			
	Pelvic examination			
517-00-10	Vaginoscopy	7021	1,000	3,000
	Colposcopy			
	Excludes: colposcopic examination of cervix (518-00-00)			
517-04-00	Biopsy of vagina	7024	1,000	3,000

### Non-operative procedures

517-10-00	Insertion of vaginal mold	9615	500	1,000
517-10-10	Vaginal packing	9614	500	1,000
517-10-11	Insertion of vaginal diaphragm	9617	500	1,000
517-10-18	Insertion of other vaginal pessary or device	9618	500	1,000
517-11-00	Non-operative removal of foreign body from vagina	9817	500	1,000
517-11-01	Removal of suture from vagina	9779	500	1,000
517-11-10	Removal of vaginal packing	9775	500	1,000
517-11-11	Removal of vaginal diaphragm	9773	500	1,000
517-11-18	Removal of other vaginal pessary	9774	500	1,000
517-12-10	Replacement of vaginal packing	9726	500	1,000
517-12-11	Replacement of vaginal diaphragm	9724	500	1,000
517-12-18	Replacement of other vaginal pessary	9725	500	1,000

### Operative procedures

517-21-00	Hymenotomy	7011	2,000	6,000
517-21-01	Division of vaginal septum	7014	6,000	10,000
517-22-00	Drainage of obstetric hematoma of vagina	7591	3,000	6,000
517-22-01	Drainage of other hematoma of vagina	7592	3,000	6,000
517-22-02	Drainage of hematoma of vaginal cuff	7014	3,000	6,000
517-24-00	Lysis of intraluminal adhesion of vagina	7013	3,000	6,000
517-26-00	Hymenectomy	7031	3,000	6,000
517-26-10	Vaginectomy	704	15,000	30,000
	Obliteration and total excision of vagina			
517-28-00	Destruction of lesion of vagina by chemical cauterization	7033	2,000	5,000
517-28-01	Destruction of lesion of vagina by electric cauterization	7033	2,000	5,000



# CHAPTER 9 Procedures of the female genital organs

		ICD-9 Code	Mean	Percentile 90
517-28-02	Destruction of lesion of vagina by cryotherapy	7033	2,000	5,000
	Cryosurgery of vagina			
517-30-00	Colpocleisis	708	12,000	30,000
	LeFort operation			
	Obliteration of vaginal vault			
517-31-00	Dilation of vagina	9616	1,000	2,000
517-37-00	Colpopexy	7077	12,000	30,000
517-39-00	Suture of laceration of vagina	7071	3,000	10,000
517-39-01	Repair of current obstetric laceration of vagina	7569	3,000	10,000
	Excludes: repair of routine episiotomy (526-54-00, 526-54-10, 526-54-20, 526-54-22, 526-54-30, 526-54-40, 526-54-42, 526-54-44, 526-54-46)			
	that with repair of current obstetric laceration of vulva and perineum (516-39-01)			
517-39-02	Repair of old obstetric laceration of vagina	7079	3,000	10,000
517-39-03	Hymenorrhaphy	7076	12,000	20,000
517-39-10	Repair of colovaginal fistula	7072	12,000	30,000
517-39-11	Repair of rectovaginal fistula	7073	12,000	30,000
517-39-12	Repair of other vaginoenteric fistula	7074	12,000	30,000
517-39-18	Repair of other fistula of vagina	7075	12,000	30,000
	Excludes: repair of fistula:			
	rectovesicovaginal (481-39-04)			
	ureterovaginal (480-39-02)			
	urethrovaginal (483-40-00)			
	uterovaginal (519-39-10)			
	vesicocervicovaginal (481-39-05)			
	vesicosigmoidovaginal (481-39-04)			
	vesicoureterovaginal (481-39-05)			
	vesicovaginal (481-39-05)			
517-39-20	Repair of urethrocele	7051	12,000	20,000
517-39-21	Repair of cystocele (with repair of urethrocele)	7051	12,000	20,000
	Anterior colporrhaphy (with repair of urethrocele)			
517-39-22	Repair of rectocele	7052	12,000	20,000
	Posterior colpoperineorrhaphy			
	Posterior colporrhaphy			
517-39-23	Repair of cystocele and rectocele (with repair of urethrocele)	7050	15,000	30,000
	Anterior and posterior colporrhaphy (with repair of urethrocele)			
	Anterior colporrhaphy with posterior colpoperineorrhaphy (with repair of urethrocele)			
	AP repair			
517-45-00	Operative removal of foreign body from vagina	7014	5,000	10,000
517-48-00	Vaginal reconstruction	7062	15,000	30,000
517-48-10	Vaginal construction	7061	15,000	30,000
<i>Other procedures and operations</i>				
517-83-00	Vaginal douche	9644	1,000	2,000

ICD-9 Code Mean Percentile 90

# CERVIX

## Diagnostic procedures

518-00-00	Colposcopic examination of cervix	6719	2,000	5,000
518-04-00	Biopsy of endocervix	6711	1,000	3,000
	Endocervical curettage			
	Excludes: cold knife conization (518-26-00)			
	electroconization (518-26-01)			
518-04-08	Other biopsy of cervix	6712	1,000	3,000
	Biopsy of exocervix			

## Non-operative procedures

518-10-00	Insertion of laminaria	6993	1,000	2,000
518-11-00	Non-operative removal of other penetrating foreign body from cervix	9816	1,000	2,000
518-11-01	Removal of cerclage material from cervix	6996	1,000	2,000

## Operative procedures

518-21-00	Incision of cervix	6995	3,000	10,000
	Excludes: that to assist delivery (518-21-01)			
518-21-01	Incision of cervix to assist delivery	7393	3,000	10,000
	Dührssen's incision			
518-22-00	Marsupialization of cervical cyst	6731	3,000	10,000
518-26-00	Conization of cervix	672	6,000	10,000
	Cold knife conization			
518-26-01	Electroconization of cervix	6732	5,000	10,000
	LEEP [loop electrosurgical excision procedure]			
	LLETZ [large loop excision of transformation zone]			
518-26-02	Laser conization of cervix	6732	8,000	15,000
518-28-00	Destruction of lesion of cervix by chemical cauterization	6739	2,000	5,000
518-28-01	Destruction of lesion of cervix by electric cauterization	6732	2,000	5,000
518-28-02	Destruction of lesion of cervix by cryotherapy	6733	2,000	5,000
	Cryosurgery of cervix			
518-29-00	Amputation of cervix	674	6,000	15,000
	Cervicectomy (with synchronous colporrhaphy)			
518-31-00	Dilation of cervical canal	670	1,000	3,000
518-39-00	Suture of laceration of cervix	6761	3,000	10,000
518-39-01	Repair of current obstetric laceration of cervix	7551	3,000	10,000
518-39-02	Repair of old obstetric laceration of cervix	6769	3,000	10,000
518-39-10	Repair of fistula of cervix	6762	3,000	10,000
518-39-20	Cervical cerclage	675	4,000	10,000
	McDonald operation			
	Repair of internal cervical os			
	Shirodkar operation			
518-45-00	Operative removal of foreign body from cervix	6997	3,000	10,000



## UTERUS

*Diagnostic procedures*

519-00-00	Digital examination of uterus	6811	1,000	2,000
519-00-01	Postpartum manual exploration of uterine cavity	757	3,000	5,000
519-00-02	Diagnostic hysteroscopy	6812	5,000	10,000
	Excludes: that with biopsy (519-04-02)			
519-04-00	Biopsy of uterus, open	6813	12,000	20,000
519-04-01	Biopsy of uterus, laparoscopic	6816	12,000	30,000
519-04-02	Biopsy of uterus, hysteroscopic	6816	7,000	20,000
519-04-10	Dilation and curettage of uterus	6909	3,000	6,000
	Diagnostic D&C			
	Excludes: that,			
	following abortion or delivery (526-45-00)			
	for termination of pregnancy (526-52-04)			
519-04-11	Aspiration curettage of uterus	6909	3,000	6,000
	Endometrial sampling			
	Excludes: that,			
	following abortion or delivery (526-45-01)			
	for termination of pregnancy (526-52-05)			

*Non-operative procedures*

519-10-00	Insertion of intrauterine contraceptive device	697	1,000	3,000
519-10-08	Insertion of other devices into uterus	6991	1,000	3,000
	Insertion of therapeutic devices into uterus			
519-11-00	Removal of intrauterine contraceptive device	9771	500	2,000
519-11-08	Removal of other devices from uterus	9779	500	2,000
519-15-00	Manual replacement of inverted uterus	6994	3,000	6,000
	Excludes: that in immediate postpartal period (519-15-01)			
519-15-01	Manual replacement of inverted uterus, immediately postpartum	7594	3,000	6,000

*Operative procedures*

519-21-00	Hysterotomy	680	12,000	20,000
	Excludes: that for termination of pregnancy (526-52-06)			
519-21-10	Incision of congenital septum of uterus	6822	12,000	30,000
519-24-00	Division of intrauterine synechiae	6821	12,000	30,000
519-26-00	Excision of congenital septum of uterus	6822	12,000	30,000
519-26-10	Myomectomy, open	6829	12,000	30,000
519-26-11	Myomectomy, laparoscopic	6829	12,000	30,000
519-26-12	Myomectomy, hysteroscopic	6829	8,000	20,000
519-26-13	Myomectomy, vaginal	6829	5,000	10,000
519-26-20	Subtotal hysterectomy	683	12,000	30,000
	Supracervical hysterectomy			
	Code also any synchronous procedures			
519-26-30	Total abdominal hysterectomy [TAH]	684	14,000	30,000
	Excludes: that with lymph gland dissection (519-26-31)			
	Code also any synchronous procedures			

Diagnosis	Stipend
520-04-00	
520-04-01	
Operative	
520-24-00	
520-24-01	
520-28-00	
520-28-01	
520-28-02	
Diagnosis	Stipend
521-10-00	
521-10-01	
521-10-02	
Non-operative	
521-10-03	
521-10-04	
521-10-05	
Operative	
521-21-00	
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521-26-00	

## UTERINE SUPPORTING STRUCTURES

### Diagnostic procedures

Diagnostic procedures				
520-04-00	Biopsy of uterine ligaments, open	6814	12,000	20,000
520-04-01	Biopsy of uterine ligaments, laparoscopic	6815	12,000	20,000

### Operative procedures

Operative procedures				
520-26-00	Excision of uterus supporting structures, open	6919	12,000	30,000
520-26-01	Excision of uterus supporting structures, laparoscopic	6919	12,000	30,000
520-28-00	Uterine denervation, open	693	12,000	30,000
520-28-01	Uterine denervation, laparoscopic	693	12,000	30,000
520-28-98	Other destruction of uterine supporting structures	6919	12,000	30,000

**FALLOPIAN TUBE (UNILATERAL)**

### Diagnostic procedures

Diagnostic procedures				
521-00-00	Insufflation of fallopian tube	668	2,000	5,000
	Excludes: insufflation of therapeutic agent (521-81-00)			
521-04-00	Biopsy of fallopian tube, open	6611	12,000	30,000
521-04-01	Biopsy of fallopian tube, laparoscopic	6611	12,000	30,000

### Non-operative procedures

Non-operative procedures				
521-10-00	Insertion of prosthesis of fallopian tube	6693	3,000	10,000
521-11-00	Removal of prosthesis of fallopian tube	6694	3,000	10,000
521-12-00	Replacement of prosthesis of fallopian tube	6693	3,000	10,000

### Operative procedures

Operative procedures				
521-21-00	Salpingotomy, unilateral, open	6601	12,000	30,000
521-21-01	Salpingotomy, unilateral, laparoscopic	6601	12,000	30,000
521-22-00	Aspiration of fallopian tube, open	6691	12,000	30,000
521-22-01	Aspiration of fallopian tube, laparoscopic	6691	12,000	30,000
521-24-00	Lysis of adhesions of fallopian tube, open	6589	12,000	30,000
521-24-01	Lysis of adhesions of fallopian tube, laparoscopic	6581	12,000	30,000
521-26-00	Excision of lesion of fallopian tube, open	6661	12,000	30,000
521-26-01	Excision of lesion of fallopian tube, laparoscopic	6661	12,000	30,000
521-26-10	Partial salpingectomy, unilateral, open	6669	12,000	30,000
521-26-11	Partial salpingectomy, unilateral, laparoscopic	6669	12,000	30,000
521-26-18	Other unilateral partial salpingectomy	6669	12,000	30,000
521-26-20	Partial salpingectomy with removal of tubal pregnancy, unilateral, open	6662	12,000	30,000
521-26-21	Partial salpingectomy with removal of tubal pregnancy, unilateral, laparoscopic	6662	12,000	30,000
521-26-30	Total salpingectomy, unilateral, open	664	12,000	30,000
521-26-31	Total salpingectomy, unilateral, laparoscopic	664	12,000	30,000
521-26-38	Other unilateral total salpingectomy	664	12,000	30,000
521-26-40	Total salpingectomy with removal of tubal pregnancy, unilateral, open	6662	12,000	30,000

	ICD-9 Code	Mean	Percentile 90
521-26-41 Total salpingectomy with removal of tubal pregnancy, unilateral, laparoscopic	6662	12,000	30,000
521-28-00 Destruction or occlusion of fallopian tube, open	6692	12,000	30,000
521-28-01 Destruction or occlusion of fallopian tube, laparoscopic	6692	12,000	30,000
521-28-02 Destruction or occlusion of fallopian tube, hysteroscopic	6692	8,000	20,000
521-30-00 Ligation and crushing of fallopian tube, open	6692	12,000	30,000
Unilateral tubal ligation			
521-30-01 Ligation and crushing of fallopian tube, laparoscopic	6692	12,000	30,000
Unilateral tubal ligation, laparoscopic			
521-30-10 Ligation and division of fallopian tube, open	6692	12,000	30,000
Female sterilization, unilateral			
Pomeroy (modified) operation, unilateral			
Tubal resection, unilateral			
521-30-11 Ligation and division of fallopian tube, laparoscopic	6692	12,000	30,000
Pomeroy (modified) operation, unilateral, laparoscopic			
Tubal resection, unilateral, laparoscopic			
521-31-00 Dilation of fallopian tube, open	6696	12,000	30,000
521-31-01 Dilation of fallopian tube, laparoscopic	6696	12,000	30,000
521-31-02 Dilation of fallopian tube, hysteroscopic	6696	8,000	20,000
521-33-00 Salpingostomy, unilateral, open	6602	12,000	30,000
521-33-01 Salpingostomy, unilateral, laparoscopic	6602	12,000	30,000
521-39-00 Suture of laceration of fallopian tube, open	6671	12,000	30,000
521-39-01 Suture of laceration of fallopian tube, laparoscopic	6671	12,000	30,000
521-39-10 Salpingo-salpingostomy, unilateral, open	6673	12,000	30,000
521-39-11 Salpingo-salpingostomy, unilateral, laparoscopic	6673	12,000	30,000
521-39-20 Salpingo-uterostomy, unilateral, open	6674	12,000	30,000
521-39-21 Salpingo-uterostomy, unilateral, laparoscopic	6674	12,000	30,000
521-39-30 Fimbrioplasty, unilateral, open	6679	12,000	30,000
521-39-31 Fimbrioplasty, unilateral, laparoscopic	6679	12,000	30,000
521-39-40 Salpingo-oophorostomy, unilateral, open	6672	12,000	30,000
521-39-41 Salpingo-oophorostomy, unilateral, laparoscopic	6672	12,000	30,000

#### Other procedures and operations

521-81-00 Insufflation of therapeutic agent into fallopian tube	6695	3,000	10,000
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## FALLOPIAN TUBES(BILATERAL)

#### Diagnostic procedures

522-00-00 Insufflation of fallopian tubes	668	5,000	10,000
Excludes: insufflation of therapeutic agent (522-81-00)			
522-04-00 Biopsy of fallopian tubes, open	6611	14,000	30,000
522-04-01 Biopsy of fallopian tubes, laparoscopic	6611	14,000	30,000

#### Non-operative procedures

522-10-00 Insertion of prosthesis of fallopian tubes	6693	6,000	20,000
522-11-00 Removal of prosthesis of fallopian tubes	6694	6,000	20,000
522-12-00 Replacement of prosthesis of fallopian tubes	6693	6,000	20,000



#### Operative

522-21-00
522-21-01
522-22-00
522-22-01
522-22-00
522-24-01
522-24-00
522-26-10
522-26-11
522-26-18
522-26-20
522-26-21
522-26-29
522-26-39
522-28-00
522-28-01
522-28-12
522-30-00
522-30-01
522-30-10
522-30-11
522-31-00
522-31-01
522-31-02
522-31-00
522-31-01
522-39-00
522-39-01
522-39-10
522-39-11
522-39-20
522-39-21
522-39-30
522-39-31
522-39-40
522-39-41

		ICD-9 Code	Mean	Percentile 90
<i>Operative procedures</i>				
522-21-00	Salpingotomy, bilateral, open	6601	14,000	30,000
522-21-01	Salpingotomy, bilateral, laparoscopic	6601	14,000	30,000
522-22-00	Aspiration of fallopian tubes, open	6691	14,000	30,000
522-22-01	Aspiration of fallopian tubes, laparoscopic	6691	14,000	30,000
522-24-00	Lysis of adhesions of fallopian tubes, open	6589	14,000	30,000
522-24-01	Lysis of adhesions of fallopian tubes, laparoscopic	6581	14,000	30,000
522-26-00	Excision of lesion of fallopian tubes, open	6661	14,000	30,000
522-26-01	Excision of lesion of fallopian tubes, laparoscopic	6661	14,000	30,000
522-26-10	Partial salpingectomy, bilateral, open	6663	14,000	30,000
522-26-11	Partial salpingectomy, bilateral, laparoscopic	6663	14,000	30,000
522-26-18	Other bilateral partial salpingectomy	6651	14,000	30,000
522-26-20	Total salpingectomy, bilateral, open	6651	14,000	30,000
522-26-21	Total salpingectomy, bilateral, laparoscopic	6651	14,000	30,000
522-26-29	Other bilateral total salpingectomy	6651	14,000	30,000
522-26-99	Other bilateral salpingectomy	6651	14,000	30,000
522-28-00	Destruction or occlusion of fallopian tubes, open	6639	14,000	30,000
522-28-01	Destruction or occlusion of fallopian tubes, laparoscopic	6639	14,000	30,000
522-28-02	Destruction or occlusion of fallopian tubes, hysteroscopic	6639	10,000	30,000
522-30-00	Ligation and crushing of fallopian tubes, open	6631	14,000	30,000
	Tubal ligation NOS			
522-30-01	Ligation and crushing of fallopian tubes, laparoscopic	6621	14,000	30,000
	Tubal ligation, laparoscopic NOS			
522-30-10	Ligation and division of fallopian tubes, open	6632	14,000	30,000
	Female sterilization NOS			
	Female sterilization, bilateral			
	Pomeroy (modified) operation NOS			
	Tubal resection NOS			
522-30-11	Ligation and division of fallopian tubes, laparoscopic	6622	14,000	30,000
	Pomeroy (modified) operation, laparoscopic			
	Tubal resection, laparoscopic NOS			
522-31-00	Dilation of fallopian tubes, open	6696	14,000	30,000
522-31-01	Dilation of fallopian tubes, laparoscopic	6696	14,000	30,000
522-31-02	Dilation of fallopian tubes, hysteroscopic	6696	10,000	30,000
522-33-00	Salpingostomy, bilateral, open	6602	14,000	30,000
522-33-01	Salpingostomy, bilateral, laparoscopic	6602	14,000	30,000
522-39-00	Suture of laceration of fallopian tubes, open	6671	14,000	30,000
522-39-01	Suture of laceration of fallopian tubes, laparoscopic	6671	14,000	30,000
522-39-10	Salpingo-salpingostomy, bilateral, open	6673	14,000	40,000
522-39-11	Salpingo-salpingostomy, bilateral, laparoscopic	6673	14,000	40,000
522-39-20	Salpingo-uterostomy, bilateral, open	6674	14,000	40,000
522-39-21	Salpingo-uterostomy, bilateral, laparoscopic	6674	14,000	40,000
522-39-30	Fimbrioplasty, bilateral, open	6679	14,000	40,000
522-39-31	Fimbrioplasty, bilateral, laparoscopic	6679	14,000	40,000
522-39-40	Salpingo-oophorostomy, bilateral, open	6673	14,000	40,000
522-39-41	Salpingo-oophorostomy, bilateral, laparoscopic	6673	14,000	40,000



*Other procedures and operations*

522-81-00	Insufflation of therapeutic agent into fallopian tubes	6695	5,000	10,000
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**OVARY (UNILATERAL)***Diagnostic procedures*

523-04-00	Biopsy of ovary, open	6512	12,000	30,000
523-04-01	Biopsy of ovary, laparoscopic	6513	12,000	30,000
523-04-10	Aspiration biopsy of ovary, open	6511	12,000	30,000
523-04-11	Aspiration biopsy of ovary, laparoscopic	6513	12,000	30,000

*Invasive procedures*

523-21-00	Oophorotomy, unilateral, open	6509	12,000	30,000
523-21-01	Oophorotomy, unilateral, laparoscopic	6501	12,000	30,000
523-22-00	Manual rupture of ovarian cyst	6593	12,000	30,000
523-22-10	Aspiration drainage of ovarian cyst, open	6591	12,000	30,000
523-22-11	Aspiration drainage of ovarian cyst, laparoscopic	6591	12,000	30,000
523-22-20	Marsupialization of ovarian cyst, open	6521	12,000	30,000
523-22-21	Marsupialization of ovarian cyst, laparoscopic	6523	12,000	30,000
523-24-00	Release of torsion of ovary	6595	12,000	30,000
523-24-10	Lysis of adhesions of ovary, open	6589	12,000	30,000
523-24-11	Lysis of adhesions of ovary, laparoscopic	6581	12,000	30,000
523-26-00	Oophorectomy, unilateral, open	6539	12,000	30,000
523-26-01	Oophorectomy, unilateral, laparoscopic	6531	12,000	30,000
523-26-10	Salpingo-oophorectomy, unilateral, open	6549	12,000	30,000
523-26-11	Salpingo-oophorectomy, unilateral, laparoscopic	6541	12,000	30,000
523-26-20	Wedge resection of ovary, open	6522	12,000	30,000
523-26-21	Wedge resection of ovary, laparoscopic	6523	12,000	30,000
523-26-98	Other excision of lesion of ovary	6529	12,000	30,000
523-28-00	Destruction of lesion of ovary, open	6529	12,000	30,000
523-28-01	Destruction of lesion of ovary, laparoscopic	6525	12,000	30,000
523-28-10	Denervation of ovary, open	6594	12,000	30,000
523-28-11	Denervation of ovary, laparoscopic	6594	12,000	30,000
523-38-00	Reimplantation of ovary, open	6572	12,000	30,000
523-38-01	Reimplantation of ovary, laparoscopic	6575	12,000	30,000
523-39-00	Suture of laceration of ovary, open	6571	12,000	30,000
523-39-01	Suture of laceration of ovary, laparoscopic	6574	12,000	30,000
523-39-10	Oophoropexy, unilateral, open	6579	12,000	30,000
523-39-11	Oophoropexy, unilateral, laparoscopic	6579	12,000	30,000
523-39-20	Salpingo-oophorostomy, unilateral, open	6672	12,000	30,000
523-39-21	Salpingo-oophorostomy, unilateral, laparoscopic	6672	12,000	30,000
523-39-30	Oophoroplasty, unilateral, open	6579	12,000	30,000
523-39-31	Oophoroplasty, unilateral, laparoscopic	6579	12,000	30,000
523-39-40	Salpingo-oophoroplasty, unilateral, open	6573	12,000	30,000
523-39-41	Salpingo-oophoroplasty, unilateral, laparoscopic	6573	12,000	30,000
523-39-98	Other repair of ovary, unilateral	6579	12,000	30,000
523-50-00	Transplantation of ovary	6592	15,000	30,000



**OVERIES (BILATERAL)***Diagnostic procedures*

524-04-00	Biopsy of ovaries, open	6512	14,000	30,000
524-04-01	Biopsy of ovaries, laparoscopic	6513	14,000	30,000
524-04-10	Aspiration biopsy of ovaries, open	6511	14,000	30,000
524-04-11	Aspiration biopsy of ovaries, laparoscopic	6513	14,000	30,000

*Invasive procedures*

524-21-00	Oophorotomy, bilateral, open	6509	14,000	30,000
524-21-01	Oophorotomy, bilateral, laparoscopic	6501	14,000	30,000
524-22-00	Manual rupture of ovarian cysts, bilateral	6593	14,000	30,000
524-22-10	Aspiration drainage of ovarian cysts, bilateral, open	6591	14,000	30,000
524-22-11	Aspiration drainage of ovarian cysts, bilateral, laparoscopic	6591	14,000	30,000
524-22-20	Marsupialization of ovarian cysts, bilateral, open	6521	14,000	30,000
524-22-21	Marsupialization of ovarian cysts, bilateral, laparoscopic	6523	14,000	30,000
524-24-00	Release of torsion of ovaries	6595	14,000	30,000
524-24-10	Lysis of adhesions of ovaries, open	6589	14,000	30,000
524-24-11	Lysis of adhesions of ovaries, laparoscopic	6581	14,000	30,000
524-26-00	Oophorectomy, bilateral, open	6551	14,000	30,000
524-26-01	Oophorectomy, bilateral, laparoscopic	6553	14,000	30,000
524-26-10	Salpingo-oophorectomy, bilateral, open	6561	14,000	30,000
524-26-11	Salpingo-oophorectomy, bilateral, laparoscopic	6563	14,000	30,000
524-26-20	Wedge resection of ovaries, open	6522	14,000	30,000
524-26-21	Wedge resection of ovaries, laparoscopic	6523	14,000	30,000
524-26-98	Other excision of lesion of ovaries	6529	14,000	30,000
524-28-00	Destruction of lesion of ovaries, open	6529	14,000	30,000
524-28-01	Destruction of lesion of ovaries, laparoscopic	6525	14,000	30,000
524-28-10	Denervation of ovaries, open	6525	14,000	30,000
524-28-10	Denervation of ovaries, laparoscopic	6525	14,000	30,000
524-38-00	Reimplantation of ovaries, open	6572	14,000	30,000
524-38-01	Reimplantation of ovaries, laparoscopic	6575	14,000	30,000
524-39-00	Suture of laceration of ovaries, open	6571	14,000	30,000
524-39-01	Suture of laceration of ovaries, laparoscopic	6574	14,000	30,000
524-39-10	Oophoropexy, bilateral, open	6579	14,000	30,000
524-39-10	Oophoropexy, bilateral, laparoscopic	6579	14,000	30,000
524-39-20	Salpingo-oophorostomy, bilateral, open	6672	14,000	30,000
524-39-21	Salpingo-oophorostomy, bilateral, laparoscopic	6672	14,000	30,000
524-39-30	Oophoroplasty, bilateral, open	6579	14,000	30,000
524-39-31	Oophoroplasty, bilateral, laparoscopic	6579	14,000	30,000
524-39-40	Salpingo-oophoroplasty, bilateral, open	6573	14,000	30,000
524-39-41	Salpingo-oophoroplasty, bilateral, laparoscopic	6573	14,000	30,000
524-50-00	Transplantation of ovaries	6592	20,000	40,000

# **PELVIC CAVITY AND PELVIC PERTONEUM**

Includes: cul-de-sac

## *Diagnostic procedures*

525-00-00	Culdoscopy	7022	10,000	20,000
525-04-00	Biopsy of cul-de-sac, open	7023	12,000	30,000
525-04-01	Biopsy of cul-de-sac, laparoscopic	7023	12,000	30,000
525-04-10	Biopsy of pelvic peritoneum, open	5423	12,000	30,000
525-04-11	Biopsy of pelvic peritoneum, laparoscopic	5424	12,000	30,000

## *Invasive procedures*

525-21-00	Culdotomy	7012	2,000	5,000
525-22-00	Culdocentesis	700	2,000	5,000
525-26-00	Excision of lesion of cul-de-sac, open	7032	12,000	30,000
525-26-01	Excision of lesion of cul-de-sac, laparoscopic	7032	12,000	30,000
525-26-10	Excision of lesion of pelvic peritoneum, open	544	12,000	30,000
525-26-11	Excision of lesion of pelvic peritoneum, laparoscopic	544	12,000	30,000
525-26-20	Tumor debulking from pelvic cavity, open	5499	12,000	30,000
525-26-21	Tumor debulking from pelvic cavity, laparoscopic	5499	12,000	30,000
525-26-30	Pelvic exenteration, anterior	688	20,000	50,000
525-26-31	Pelvic exenteration, posterior	688	20,000	50,000
525-26-32	Pelvic exenteration, total	688	30,000	60,000
	Pelvic exenteration NOS			
525-28-00	Destruction of lesion of cul-de-sac, open	7032	12,000	30,000
525-28-01	Destruction of lesion of cul-de-sac, laparoscopic	7032	12,000	30,000
525-28-10	Destruction of lesion of pelvic peritoneum, open	544	12,000	30,000
525-28-11	Destruction of lesion of pelvic peritoneum, laparoscopic	544	12,000	30,000

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526-00-00  
526-00-01526-00-02  
526-00-03  
526-00-10526-03-00  
526-04-00  
526-04-01

526-04-02

Non-invasive

526-11-10  
526-15-00

526-15-01

526-15-02

Invasive pro.

526-28-00

526-45-00

526-45-01

526-45-02

526-45-10

526-45-11



## CHAPTER 10 OBSTETRICAL PROCEDURES

ICD-9 Code    Mean    Percentile 90

### PRODUCT OF CONCEPTION

#### *Diagnostic procedures*

526-00-00	Non-stress test [NST]	7535	500	1,000
526-00-01	Oxytocin challenge test	7535	1,000	2,000
	Contraction stress test (CST)			
	Stress test			
526-00-02	Fetal EKG (scalp)	7532	2,000	6,000
526-00-03	Intrauterine pressure determination	7535	1,000	3,000
526-00-10	Amnioscopy	7531	2,000	6,000
	Fetoscopy			
526-03-00	Electronic fetal monitoring	7534	1,000	3,000
526-04-00	Diagnostic amniocentesis	751	3,000	5,000
526-04-01	Chorionic villi sampling	7535	3,000	5,000
	Note : see chapter 18 for more codes on radiology services of product of conception			
526-04-02	Fetal blood sampling	7533	1,000	3,000

#### *Non-invasive procedures*

526-11-10	Manual removal of placenta	754	3,000	10,000
526-15-00	Manual rotation of fetal head	7351	3,000	10,000
526-15-01	Manual replacement of prolapsed umbilical cord	7392	3,000	10,000
526-15-10	External version	7391	2,000	5,000

#### *Invasive procedures*

526-28-00	Destructive operation on fetus	738	10,000	20,000
	Clavotomy on fetus			
	Destruction of fetus			
	Needling of hydrocephalic head			
526-45-00	Sharp curettage, following abortion or delivery	6902	3,000	6,000
	Curettage NOS, following abortion or delivery			
	D&C, following abortion or delivery			
526-45-01	Aspiration curettage, following abortion or delivery	6952	3,000	6,000
526-45-02	Suction curettage of hydatidiform mole	6959	4,000	10,000
526-45-10	Removal of tubal pregnancy by manual expression	743	12,000	20,000
526-45-11	Removal of extratubal ectopic pregnancy	743	12,000	20,000
	Removal of:			
	abdominal pregnancy			
	fetus from peritoneal or extraperitoneal cavity following uterine rupture			
	Excludes : that by:			
	salpingostomy (521-33-02, 521-33-12)			
	salpingotomy (521-21-02, 521-21-12)			
	that with synchronous salpingectomy (521-26-02, 521-26-12)			



*Miscellaneous*

526-81-00	Amnioinfusion	7537	3,000	10,000
526-82-00	Intrauterine transfusion	752	5,000	10,000
	Exchange transfusion in utero			

**TERMINATION OF PREGNANCY**

526-52-00	Menstrual extraction or regulation	696	3,000	6,000
526-52-01	Termination of pregnancy by oxytocin	9649	3,000	6,000
526-52-02	Termination of pregnancy by prostaglandin	9649	3,000	6,000
	Excludes: that by intra-aminotic injection of prostaglandin (526-52-03)			
526-52-03	Termination of pregnancy by intra-amniotic injection	750	3,000	6,000
	Hypertonic saline injection for termination of pregnancy			
	Prostaglandin injection for termination of pregnancy			
526-52-04	Termination of pregnancy by sharp curettage	6901	3,000	10,000
526-52-05	Termination of pregnancy by aspiration curettage	6951	3,000	10,000
526-52-06	Termination of pregnancy by hysterotomy	7491	10,000	20,000

**INDUCTION OF LABOUR**

526-53-00	Induction of labor by stripping of membranes	731	1,000	2,000
526-53-01	Induction of labor by artificial rupture of membranes	7301	1,000	2,000
526-53-10	Induction of labor by oxytocin	734	1,000	2,000
526-53-11	Induction of labor by prostaglandin	734	1,000	2,000
526-53-18	Other medical induction of labor	734	1,000	2,000
526-53-20	Induction of labor by combination of surgical and medical methods	731	1,000	3,000

**DELIVERY PROCEDURES***Vaginal delivery*

526-54-00	Internal and combined version without extraction	7321	10,000	10,000
526-54-01	Internal and combined version with extraction	7322	10,000	15,000
526-54-10	Normal delivery without episiotomy	7359	10,000	20,000
526-54-11	Normal delivery with episiotomy	7359	10,000	20,000
	Spontaneous vertex delivery with episiotomy			
526-54-20	Vacuum extraction without episiotomy	7279	10,000	20,000
526-54-21	Vacuum extraction with episiotomy	7271	10,000	20,000
526-54-30	Forceps extraction, low, without episiotomy	720	10,000	20,000
	Outlet forceps extraction without episiotomy			
526-54-31	Forceps extraction, low, with episiotomy	721	10,000	20,000
	Outlet forceps extraction with episiotomy			
526-54-32	Forceps extraction, mid, without episiotomy	7229	10,000	20,000
526-54-33	Forceps extraction, mid, with episiotomy	7221	10,000	20,000
526-54-34	Forceps extraction, high, without episiotomy	7239	10,000	20,000
526-54-35	Forceps extraction, high, with episiotomy	7231	10,000	20,000



		ICD-9 Code	Mean	Percentile 90
<b>526-54-36</b>	<b>Forceps rotation of fetal head</b>	724	10,000	20,000
	Kielland rotation			
	Code also any associated forceps extraction (526-54-30, 526-54-31, 526-54-32, 526-54-33, 526-54-34, 526-54-35)			
<b>526-54-38</b>	<b>Forceps application to aftercoming head</b>	726	10,000	20,000
	Excludes: that with breech extraction (526-54-52, 526-54-53, 526-54-62, 526-54-63)			
<b>526-54-40</b>	<b>Spontaneous breech delivery without episiotomy</b>	7359	10,000	20,000
<b>526-54-41</b>	<b>Spontaneous breech delivery with episiotomy</b>	7359	10,000	20,000
<b>526-54-50</b>	<b>Breech extraction, partial, without episiotomy</b>	7252	10,000	20,000
	Breech assisting with episiotomy			
	Excludes: that with forceps to aftercoming head (526-54-52)			
<b>526-54-51</b>	<b>Breech extraction, partial, with episiotomy</b>	7252	10,000	20,000
	Breech assisting without episiotomy			
	Excludes: that with forceps to aftercoming head (526-54-53)			
<b>526-54-52</b>	<b>Breech extraction, partial, with forceps to aftercoming head, without episiotomy</b>	7251	10,000	20,000
	Breech assisting with forceps to aftercoming head with episiotomy			
<b>526-54-53</b>	<b>Breech extraction, partial, with forceps to aftercoming head, with episiotomy</b>	7251	10,000	20,000
	Breech assisting with forceps to aftercoming head without episiotomy			
<b>526-54-60</b>	<b>Breech extraction, total, without episiotomy</b>	7254	10,000	20,000
	Excludes: that with forceps to aftercoming head (526-54-56)			
<b>526-54-61</b>	<b>Breech extraction, total, with episiotomy</b>	7254	10,000	20,000
	Excludes: that with forceps to aftercoming head (526-54-57)			
<b>526-54-62</b>	<b>Breech extraction, total, with forceps to aftercoming head, without episiotomy</b>	7253	10,000	20,000
<b>526-54-63</b>	<b>Breech extraction, total, with forceps to aftercoming head, with episiotomy</b>	7253	10,000	20,000
<i>Cesarean section</i>				
<b>526-54-70</b>	<b>Cesarean section, classical</b>	740	10,000	20,000
	Excludes: that with tubal sterilization (526-54-61)			
<b>526-54-71</b>	<b>Cesarean section, classical with tubal sterilization</b>	740	12,000	20,000
<b>526-54-72</b>	<b>Cesarean section, lower uterine segment</b>	741	10,000	20,000
	Low cervical cesarean section			
	Low transverse cesarean section (LTCS)			
	Excludes: that with tubal sterilization (526-54-63)			
<b>526-54-73</b>	<b>Cesarean section, lower uterine segment, with tubal sterilization</b>	741	12,000	20,000
	Low cervical cesarean section with tubal sterilization			
	Low transverse cesarean section (LTCS) with tubal sterilization			
<b>526-54-74</b>	<b>Extraperitoneal cesarean section</b>	742	10,000	20,000
<b>526-54-78</b>	<b>Other cesarean section</b>	7499	10,000	20,000

# CHAPTER 11

## PROCEDURES OF THE VERTEBRAE, SPINAL CORD AND BACK

ICD-9 Code Mean Percentile 90

### BACK AND BUTTOCK SKIN

Includes : Skin and subcutaneous tissue

Note : During coding operations on back and buttock skin, if coders can find more information of exact back and buttock skin site(e.g. upper back, lower back, buttock etc.), the coder must change anatomical axis code(533=back and buttock skin, unspecified) into more specific code as specific anatomical code below.

530=upper back skin; 531=lower back skin; 532=buttock skin

#### Diagnostic procedures

533-04-00	Biopsy of back and buttock skin and subcutaneous tissue	8611		
	shave biopsy		200	300
	punch biopsy		300	400
	incisional and excisional biopsies: lesion < 1 cm		800	1,100
	incisional and excisional biopsies: lesion 1-3 cm		2,000	2,600

#### Non-operative procedures

533-11-00	Removal of sutures on back and buttock skin	9784	250	500
533-11-01	Removal of foreign body from back and buttock skin and subcutaneous tissue	9825	2,800	5,000
533-17-00	Application of pressure dressing on back and buttock skin	9356	250	500

#### Operative procedures

533-21-00	Incision of pilonidal cyst or sinus of back and buttock skin	8603	600	1,000
	Incision of sebaceous cyst			
	Marsupialization of cyst			
533-21-08	Other incision of back and buttock skin and subcutaneous tissue	8604	600	1,000
	Exploration of sinus tract			
	Undercutting of hair follicle			
533-22-00	Aspiration of back and buttock skin and subcutaneous tissue	8601	400	800
533-22-01	Drainage of back and buttock skin and subcutaneous tissue	8604	600	1,000
	Includes: Incision and drainage			
533-24-00	Release of scar on back and buttock skin	8684	1,000	2,000
533-26-00	Excisional debridement of wound, infection or burn of back and buttock skin	8622	1,000	2,000
	Debridement of back and buttock skin			
	Escharectomy of back and buttock skin			
533-26-01	Excision of pilonidal cyst or sinus of back and buttock skin	8621	600	1,000
533-26-02	Debridement of nail, nail bed or nailfold of thumb or fingers	8627	500	1,000
533-26-03	Removal of nail, nailbed or nailfold of thumb or fingers	8623	500	1,000
533-26-08	Other local excision of lesion of back and buttock skin and subcutaneous tissue	863	1,000	2,000
533-28-00	Chemosurgery of back and buttock skin	8624	4,500	8,000
533-28-01	Dermabrasion of back and buttock skin	8625	10,000	13,000
533-28-02	Ligation of dermal appendage of back and buttock skin	8626	1,700	3,000



		ICD-9 Code	Mean	Percentile 90
533-28-03	Nonexcisional debridement of wound, infection or burn of back and buttock skin	8628	1,000	2,000
533-28-04	Electrolysis and other epilation of back and buttock skin	8692	10,000	13,000
533-26-08	Other local destruction of lesion of back and buttock skin and subcutaneous tissue	863	1,000	2,000
	Destruction of lesion by:			
	cauterization			
	cryosurgery			
	fulguration			
	laser beam			
533-39-00	Suture of laceration of back and buttock skin	8659	800	1,500
	Includes: Suture of nail bed			
533-39-08	Other repair of back and buttock skin	8689	800	1,500
533-47-00	Revision of pedicle or flap graft of back and buttock skin	8675	1,500	3,000
	Debridement	} of pedicle or flap graft		
	Defatting			
533-48-00	Advancement of pedicle graft of back and buttock skin	8672	6,000	10,000
533-48-01	Attachment of pedicle or flap graft of back and buttock skin	8674	6,000	10,000
	Attachment by:			
	advanced flap			
	double pedicled flap			
	free vascularization flap			
	pedicle graft			
	rotating flap			
	sliding flap			
	tube graft			
533-48-02	Back and buttock skin reduction plastic operation	8683	2,500	5,000
533-48-03	Relaxation of scar or web contracture of back and buttock skin	8684	4,500	8,000
	Z-plasty			

#### Miscellaneous procedures

<b>533-80-00</b> Wound dressing on back and buttock skin	9357	300	500
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## BACK AND BUTTOCK SOFT TISSUE

Includes: Muscle, tendon, fascia of back and buttock

Note: During coding operations on back and buttock soft tissue, if coders can find more information of exact back and buttock soft tissue site (e.g. upper back, lower back, buttock etc.), the coder must change anatomical axis code (537=back and buttock soft tissue, unspecified) into more specific code as specific anatomical code below.  
534=upper back soft tissue; 535=lower back soft tissue; 536=buttock soft tissue

#### Diagnostic procedures

<b>537-04-00</b> Biopsy of soft tissue of back and buttock	8321		
incisional and excisional biopsies: lesion < 1 cm		800	1,100
incisional and excisional biopsies: lesion 1-3 cm		2,000	2,600



537-10-00	Insertion of skeletal muscle stimulator into back and buttock muscle	8392	2,800	5,000
537-11-00	Removal of skeletal muscle stimulator from back and buttock muscle	8393	2,000	4,000
537-12-00	Replacement of skeletal muscle stimulator of back and buttock muscle	8392	3,000	6,000
<i>Operative procedures</i>				
537-21-00	Exploration of tendon sheath of back and buttock	8301	2,000	4,000
	Incision of tendon sheath			
	Removal of rice bodies from tendon sheath			
537-21-01	Myotomy of back and buttock muscle	8302	1,500	3,000
537-21-02	Bursotomy of back and buttock	8303	1,500	3,000
	Removal of calcareous deposit of bursa			
537-21-08	Other incision of soft tissue of back and buttock	8309	1,500	3,000
	Incision of fascia			
537-22-00	Drainage of intramuscular abscess of back and buttock	8309	1,500	3,000
537-22-08	Other drainage of soft tissue of back and buttock	8309	800	1,500
537-24-00	Tenotomy of tendon of back and buttock	8313	3,000	6,000
	Aponeurotomy			
	Division of tendon			
	Tendon release			
	Tendon transection			
537-24-01	Fasciotomy of back and buttock muscle	8314	2,500	5,000
	Division of fascia			
	Fascia stripping			
	Release of Volkmann's contracture by fasciotomy			
537-24-02	Lysis of adhesions of back and buttock	8391	2,500	5,000
	Freeing of adhesions of fascia, muscle, tendon and bursa of back and buttock			
537-24-08	Other division of soft tissue of back and buttock	8319	2,500	5,000
	Division of muscle			
	Muscle release			
	Myotomy with division			
	Transection of muscle			
537-26-00	Excision of lesion of back and buttock muscle	8332	1,500	3,000
	Excision of:			
	heterotopic bone			
	muscle scar for release of Volkmann's contracture			
	myositis ossificans			
537-26-01	Excision of tendon of back and buttock for graft	8341	1,500	3,000
537-26-02	Other tenonectomy of back and buttock	8342	1,500	3,000
	Excision of:			
	aponeurosis			
	tendon sheath			
	Tenosynovectomy			
537-26-03	Excision of muscle of back and buttock for graft	8343	1,500	3,000
537-26-04	Other myectomy of back and buttock	8345	1,500	3,000
	Debridement of muscle			
537-26-05	Excision of fascia of back and buttock for graft	8343	1,500	3,000
537-26-06	Other fasciectomy of back and buttock	8344	1,500	3,000

	ICD-9 Code	Mean	Percentile 90
537-26-08 Other excision of soft tissue of back and buttock	8349	1,500	3,000
537-26-10 Bursectomy of back and buttock	835	2,000	4,000
537-37-00 Fixation, tenodesis of tendon of back and buttock	8388	2,500	5,000
537-38-00 Advancement of tendon of back and buttock	8371	2,500	5,000
537-38-01 Recession of tendon of back and buttock	8372	2,500	5,000
537-38-02 Tendon transfer of back and buttock	8375	6,000	10,000
537-38-03 Muscle transfer of back and buttock	8377	6,000	10,000
537-39-00 Suture of tendon sheath of back and buttock	8361	2,500	5,000
537-39-01 Delay suture of tendon sheath of back and buttock	8362	2,500	5,000
537-39-08 Other repair of soft tissue of back and buttock	8399	2,500	5,000
537-42-00 Shortening of tendon of back and buttock	8385	2,500	5,000
537-43-00 Lengthening of tendon of back and buttock	8385	2,500	5,000
537-48-00 Reconstruction of tendon of back and buttock	8388	8,000	15,000
537-48-01 Reconstruction of muscle of back and buttock	8387	11,000	20,000
537-48-02 Other back and buttock tendon transposition	8376	6,000	10,000
537-48-03 Other back and buttock muscle transposition	8379	6,000	10,000
537-48-04 Tendon pulley reconstruction at back and buttock	8383	11,000	20,000
537-48-08 Other plastic repair operations on tendon of back and buttock	8388	11,000	20,000
Myotenoplasty			
Tendon fixation			
Tendon plication			
Tenodesis			
Tenoplasty			
537-48-18 Other plastic repair operations on muscle of back and buttock	8387	11,000	20,000
Muscle flap (pedicle or free vascularized)			
Musculoplasty			
Myoplasty			
537-48-28 Other plastic repair operations on fascia of back and buttock	8389	11,000	20,000
Fascia lengthening			
Fascioplasty			
Plication of fascia			
537-50-00 Tendon transplantation at back and buttock	8375	8,000	15,000
537-50-01 Muscle transplantation at back and buttock	8377	11,000	20,000
537-50-02 Tendon graft of back and buttock	8381	6,000	10,000
537-50-03 Muscle graft of back and buttock	8382	8,000	15,000
537-50-04 Fascia graft of back and buttock	8382	4,000	8,000
<i>Miscellaneous procedures</i>			
537-81-00 Injection of therapeutic substances into bursa of back and buttock	8396	300	500
537-81-01 Injection of therapeutic substances into tendon of back and buttock	8397	300	500
537-81-02 Injection of locally-acting therapeutic substances into other soft tissue of back and buttock	8398	300	500
<i>Other procedures and operations</i>			
537-99-99 Other operation on soft tissue of back and buttock	8399	11,000	20,000

## VERTEBRAE

Note : During coding operations on vertebrae, if coders can find more information of exact vertebrae site (e.g. cervical, thoracic, thoracolumbar etc.), the coder must change anatomical axis code (558=vertebrae unspecified) into more specific code as specific anatomical code below.

550=cervical vertebrae; 551=thoracic vertebrae;

552=lumbar vertebrae; 553=sacral vertebrae;

554=cervico-thoracic vertebrae; 555=thoraco-lumbar vertebrae; 556=lumbo-sacral vertebrae; 557=coccyx

Diagnostic procedures

Note : see chapter 18 for more codes on radiology services of vertebrae

*Non-operative procedures*

558-10-00	Insertion of bone growth stimulator into vertebrae	7899	2,500	5,000
	Insertion of:			
	bone stimulator (electrical) to aid bone healing			
	osteogenic electrodes for bone growth stimulation			
	totally implanted device (invasive)			
558-11-00	Non-operative removal of bone growth stimulator from vertebrae	7869	600	1,000
558-11-01	Non-operative removal of external fixation devices from vertebrae	7869	600	1,000
558-11-02	Non-operative removal of internal fixation devices from vertebrae	7869	600	1,000
558-16-00	Non-operative immobilization of vertebra	7353	1,000	2,000
	Fitting of plaster body jacket			
	Fitting of spinal orthosis			

*Operative procedures*

558-21-00	Incision of vertebra	7719	11,000	20,000
558-24-00	Wedge osteotomy of vertebra	7729	22,000	40,000
558-24-01	Osteoclasis of vertebra	7879	22,000	40,000
558-24-08	Other division of vertebra	7739	22,000	40,000
	Osteoarthrotomy of vertebra			
558-04-00	Biopsy of vertebra	7749	6,000	10,000
558-26-00	Sequestrectomy of vertebra	7969	17,000	30,000
558-26-01	Debridement of open fracture site of vertebra	7769	19,000	35,000
	Debridement of compound fracture of vertebra			
558-26-02	Excision of lesion of vertebra	7779	22,000	40,000
558-26-03	Excision of vertebra for graft	7789	20,000	40,000
558-26-04	Partial ostectomy of vertebra	7799	22,000	40,000
	Laminectomy			
558-26-05	Total ostectomy of vertebra	7799	30,000	55,000
558-36-00	Closed reduction of fracture of vertebra	7909	6,000	10,000
558-36-01	Closed reduction of separated epiphysis of vertebra	7949	6,000	10,000
558-36-10	Open reduction of fracture of vertebra	7929	22,000	40,000
558-36-11	Open reduction of separated epiphysis of vertebra	7959	22,000	40,000
558-37-00	Application of external fixation devices of vertebra	7819	11,000	20,000
558-37-01	Spinal instrumentation of fracture - anterior technique	7859	28,000	50,000
558-37-02	Spinal instrumentation of fracture - posterior technique	7859	22,000	40,000
558-37-03	Spinal instrumentation of fracture - combined technique	7859	33,000	60,000



	ICD-9 Code	Mean	Percentile 90
<b>558-39-00</b> Direct decompression of vertebral fracture	7849	28,000	50,000
Elevation of spinal bone fragments			
Removal of bony spicules from spinal canal			
<b>558-39-08</b> Other repair or plastic operations on vertebra	7849	28,000	50,000
Repair of malunion of nonunion of vertebra fracture			
<b>558-42-00</b> Bone shortening procedures of vertebra	7829	22,000	40,000
Epiphyseal stapling			
Open epiphysiodesis			
Percutaneous epiphysiodesis			
Resection/osteotomy			
<b>558-43-00</b> Bone lengthening procedures of vertebra	7839	28,000	50,000
Bone graft with or without fixation devices or osteotomy			
Distraction technique with or without corticotomy/osteotomy			
<b>558-45-00</b> Operative removal of external fixation devices from vertebra	7869	8,000	15,000
<b>558-45-01</b> Operative removal of internal fixation devices from vertebra	7869	11,000	20,000
<b>558-45-02</b> Operative removal of bone growth stimulator from vertebrae	7869	6,000	10,000
<b>558-47-00</b> Reinsertion of spinal fixation device	7859	28,000	50,000
<b>558-48-00</b> Reconstruction of vertebra	7849	28,000	50,000
<b>558-50-00</b> Bone graft into vertebra	7809	17,000	30,000
Bone:			
bank graft			
graft (autogenous) (heterogenous)			
That with debridement of bone graft site (removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			

*Other procedures and operations*

<b>558-99-99</b> Other procedures and operations on vertebrae	7889	28,000	50,000
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## INTERVERTEBRAL JOINTS

*Diagnostic procedures*

<b>559-04-00</b> Biopsy of intervertebral joint	8039	8,000	15,000
Aspiration biopsy			

*General procedures*

<b>559-21-00</b> Arthrotomy for removal of prosthesis from intervertebral joint	8019	17,000	30,000
<b>559-21-01</b> Other arthrotomy of intervertebral joint	8019	22,000	40,000
Arthroscopy			
<b>559-22-00</b> Arthrocentesis of intervertebral joint	8191	300	500
Joint aspiration			
<b>559-24-00</b> Division of intervertebral joint capsule and ligaments	8049	17,000	30,000
Release of:			
adherent or constrictive joint capsule			
joint			
ligament			
<b>559-26-00</b> Synovectomy of intervertebral joint	8079	22,000	40,000

569.

## INTERVERTEBRAL DISC

Note : During coding operations on intervertebral disc, if coders can find more information of exact vertebrae site(e.g. cervical, thoracic, thoracolumbar etc.), the coder must change anatomical axis code(564=intervertebral disc unspecified) into more specific code as specific anatomical code below.

560=cervical disc; 561=thoracic disc; 562=lumbar disc; 563=sacral disc

Diagnostic procedures

Note : see chapter 18 for more codes on radiology services of vertebrae

*General procedures*

564-26-00	Excision of intervertebral disc	8051	25,000	42,000
	Discectomy			
	Removal of herniated nucleus pulposus			
	That by laminotomy or hemilaminectomy			
	That with decompression of spinal nerve root at same level			
564-28-00	Intervertebral disc chemonucleolysis	8052	11,000	20,000
	Injection of proteolytic enzyme into intervertebral space(chymopapain)			
	Includes: with aspiration of disc fragments			
564-28-08	Other destruction of intervertebral disc	8059	17,000	30,000
	Arthroscopic			
	Destruction of disc by laser, suction			
	Percutaneous			

*Other procedures and operations*

564-99-99	Other procedures and operations on intervertebral disc	8199	17,000	30,000
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## SPINAL CANAL

Note : During coding operations on spinal canal, if coders can find more information of exact spinal canal(e.g. cervical, thoracic, lumbar etc.), the coder must change anatomical axis code(569=spinal canal unspecified) into more specific code as specific anatomical code below.

565=cervical canal; 566=thoracic canal; 567=lumbar canal; 568=sacral canal

Diagnostic procedures

Note : see chapter 18 for more codes on radiology services of vertebrae

*General procedures*

569-10-00	Insertion of spinal neurostimulator	0393	17,000	30,000
569-10-01	Insertion of catheter into spinal canal for infusion of therapeutic or palliative substances	0390	17,000	30,000
569-11-00	Removal of spinal neurostimulator	0394	6,000	10,000
569-11-01	Removal of catheter from spinal canal	0399	6,000	10,000
569-11-02	Removal of spinal thecal shunt	0398	6,000	10,000
569-12-00	Replacement of spinal neurostimulator	0393	19,000	35,000
569-12-01	Replacement of catheter into spinal canal for infusion of therapeutic or palliative substances	0390	19,000	35,000
569-21-00	Exploration of spinal canal	0309	19,000	35,000



	ICD-9 Code	Mean	Percentile 90
569-22-00 Spinal tap	0331	2,000	3,500
569-23-00 Decompression of spinal canal – one level	0309	25,000	50,000
Decompression laminectomy			
Foraminotomy			
Lateral canal decompression			
569-23-01 Decompression of spinal canal – multiple levels	0309	30,000	60,000
569-35-00 Spinal subarachnoid-peritoneal shunt	0371	20,000	30,000
569-35-01 Spinal subarachnoid-ureteral shunt	0372	15,000	30,000
569-35-08 Other shunt of spinal theca	0379	17,000	35,000
Lumbar-subarachnoid shunt			
Pleurothecal anastomosis			
Salpingothecal anastomosis			
569-45-00 Removal of foreign body from spinal canal	0301	17,000	30,000
569-45-01 Operative removal of spinal thecal shunt	0398	17,000	30,000
569-47-00 Revision of spinal thecal shunt	0397	19,000	35,000
569-47-01 Reopening of laminectomy site	0302	25,000	45,000
569-81-01 Injection of other agent into spinal canal	0391	2,000	3,500
Intrathecal injection of steroid			
Subarachnoid perfusion of refrigerated saline			
569-81-02 Spinal blood patch	0395	2,000	4,000
569-81-03 Injection of destructive agent into spinal canal	0392	1,000	2,000
<i>Other procedures and operations</i>			
569-99-99 Other procedures and operations on spinal canal	0399	25,000	45,000

## SPINAL MENINGES

### General procedures

570-04-00 Biopsy of spinal meninges	0332	35,000	70,000
570-26-00 Excision of lesion of spinal meninges	034	35,000	70,000
Curettage	} of spinal meninges		
Debridement			
Marsupialization of cyst			
Resection			
570-39-00 Repair of spinal meningocele	0351	30,000	60,000
Repair of meningocele			
570-39-01 Repair of spinal myelomeningocele	0352	35,000	70,000
570-39-98 Other repair of spinal meninges	0359	40,000	75,000
Repair of spinal meninges			

### Other procedures and operations

570-99-99 Other procedures and operations on spinal meninges	0399	40,000	75,000
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General  
575-1-0  
575-24-0  
575-1-0  
575-28-0  
575-39-0  
575-1-0  
  
General  
580-1-0  
580-2-0  
580-1-0  
  
580-24-0  
580-1-0  
  
580-39-0  
  
Other pr  
580-2-9  
  
  
  
General  
589-04-0  
589-24-0  
589-1-0  
589-26-0

## SPINAL NERVE ROOTS

*General procedures*

575-24-00	Lysis of adhesions of spinal nerve roots	036	22,000	40,000
575-24-01	Division of intraspinal nerve root	031	22,000	40,000
575-26-00	Excision of lesion of spinal nerve roots	0407	22,000	40,000
575-28-00	Destruction of lesion of spinal nerve roots	042	22,000	40,000
575-39-00	Repair of spinal nerve roots	0479	22,000	40,000
575-39-08	Other repair of spinal nerve roots	0479	22,000	40,000

## SPINAL CORD

*General procedures*

580-04-00	Biopsy of spinal cord	0332	35,000	70,000
580-21-00	Percutaneous chordotomy	0321	32,000	58,000
	Stereotactic chordotomy			
580-21-08	Other chordotomy	0329	35,000	70,000
	Chordotomy			
	Tractotomy(one stage)(two stage) of spinal cord			
	Transection of spinal cord tracts			
580-24-00	Lysis of adhesions of spinal cord	036	28,000	50,000
580-26-00	Excision of lesion of spinal cord	034	55,000	100,000
	Curettage			
	Debridement			
	Marsupialization of cyst			
	Resection			
580-39-00	Repair and plastic operations on spinal cord structures	0359	55,000	100,000
	Repair of:			
	diastematomyelia			
	spina bifida			
	spinal cord			

*Other procedures and operations*

580-99-99	Other procedures and operations on spinal cord	0399	55,000	100,000
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## SYMPHATHETIC NERVES OR GANGLIA

Note : During coding operations on sympathetic nerves or ganglia, if coders can find more information of exact sympathetic nerves or ganglia site(e.g. cervical, thoracic, lumbar etc.), the coder must change anatomical axis code(589=sympathetic nerve or ganglia unspecified) into more specific code as specific anatomical code below.  
585=cervical sympathetic nerve or ganglia; 586=thoracic sympathetic nerve or ganglia; 587=lumbar sympathetic nerve or ganglia; 588=sacral sympathetic nerve or ganglia

*General procedures*

589-04-00	Biopsy of sympathetic nerves or ganglia	0511	11,000	20,000
589-24-00	Division of sympathetic nerves or ganglia	050	11,000	20,000
589-26-00	Sphenopalatine ganglionectomy	0521	11,000	20,000
589-26-02	Periarterial sympathectomy	0525	11,000	20,000

	ICD-9 Code	Mean	Percentile 90
<b>589-26-08</b> Other sympathectomy and ganglionectomy	0529	17,000	30,000
Excision or avulsion of sympathetic nerve			
Sympathetic ganglionectomy			
<b>589-39-00</b> Repair of sympathetic nerve or ganglion	0581	22,000	40,000
<b>589-81-01</b> Injection of anesthetic into sympathetic nerve for analgesia	0531	2,000	4,000
<b>589-81-02</b> Injection of neurolytic agent into sympathetic nerve	0532	2,000	4,000
<b>589-81-08</b> Other injection into sympathetic nerve or ganglion	0539	2,000	4,000

*Other procedures and operations*

<b>589-99-99</b> Other procedures and operations on sympathetic nerve or ganglion	0589	19,000	35,000
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## BACK REGION

*General procedures*

<b>880-17-00</b> Fitting of thoracolumbar orthosis of back (TLO)	9323	600	1,000
<b>880-17-01</b> Fitting of lumbosacral orthosis of back (LSO)	9323	600	1,000
<b>880-17-02</b> Fitting of thoracolumbosacral orthosis of back (TLSO)	9323	800	1,500
<b>880-17-03</b> Fitting of orthosis of back, not otherwise specified	9323	1,000	2,000

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Diagnost  
608-10-0

General  
608-10-0

608-11-0  
608-12-0

608-13-0  
608-14-0

608-21-0

608-22-0  
608-23-0

608-24-0  
608-25-0

608-26-0

608-27-0  
608-28-0



# CHAPTER 12

## SURGERY OF THE UPPER EXTREMITIES

ICD-9 Code Mean Percentile 90

### UPPER EXTREMITY SKIN

Includes: Nail and nailbed of thumb and fingers

Skin and subcutaneous tissue

Excludes: Bursa of upper extremity

Note: During coding operations on upper extremity skin, if coders can find more information of exact skin site (e.g. shoulder, elbow, forearm etc.), the coder must change anatomical axis code (608=upper extremity skin unspecified) into more specific code as specific anatomical code below.

601=Skin, shoulder; 602=Skin, upper arm; 603=Skin, elbow; 604=Skin, forearm;

605=Skin, wrist; 606=Skin, hand; 607=Skin, finger

#### Diagnostic procedures

<b>608-04-00</b>	<b>Biopsy of upper extremity skin and subcutaneous tissue</b>	<b>8611</b>		
	shave biopsy		200	300
	punch biopsy		300	400
	incisional and excisional biopsies: lesion < 1 cm		800	1,100
	incisional and excisional biopsies: lesion 1-3 cm		2,000	2,600

#### General procedures

<b>608-10-02</b>	<b>Insertion of tissue expander into upper extremity skin</b>	<b>8693</b>	<b>20,000</b>	<b>40,000</b>
	Insertion of expander into upper extremities for development of skin flaps for donor use			
<b>608-11-00</b>	<b>Removal of sutures on upper extremity skin</b>	<b>9784</b>	<b>300</b>	<b>500</b>
<b>608-11-01</b>	<b>Removal of foreign body from upper extremity skin and subcutaneous tissue</b>	<b>9827</b>	<b>1,000</b>	<b>5,000</b>
<b>608-17-00</b>	<b>Application of pressure dressing on upper extremity skin</b>	<b>9456</b>	<b>300</b>	<b>500</b>
<b>608-21-00</b>	<b>Incision of pilonidal cyst or sinus of upper extremity skin</b>	<b>8603</b>	<b>600</b>	<b>1,000</b>
	Marsupialization of cyst			
	Incision of sebaceous cyst			
<b>608-21-08</b>	<b>Other incision of upper extremity skin and subcutaneous tissue</b>	<b>8609</b>	<b>600</b>	<b>1,000</b>
	Exploration of sinus tract			
	Undercutting of hair follicle			
<b>608-22-00</b>	<b>Aspiration of upper extremity skin and subcutaneous tissue</b>	<b>8601</b>	<b>400</b>	<b>800</b>
<b>608-22-01</b>	<b>Drainage of upper extremity skin and subcutaneous tissue</b>	<b>8604</b>	<b>600</b>	<b>1,000</b>
	Includes: Incision and drainage			
<b>608-24-00</b>	<b>Release of scar on upper extremity skin</b>	<b>8684</b>	<b>3,000</b>	<b>10,000</b>
<b>608-24-01</b>	<b>Relaxation of scar or web contracture of upper extremity skin</b>	<b>8684</b>	<b>3,000</b>	<b>10,000</b>
	Z-plasty of skin			
<b>608-26-00</b>	<b>Excisional debridement of wound, infection or burn of upper extremity skin</b>	<b>8622</b>	<b>1,500</b>	<b>3,000</b>
	Debridement of upper limb skin			
	Escharectomy			
<b>608-26-01</b>	<b>Excision of pilonidal cyst or sinus of upper extremity skin</b>	<b>8621</b>	<b>1,300</b>	<b>3,000</b>
<b>608-26-02</b>	<b>Debridement of nail, nail bed or nailfold thumb or fingers</b>	<b>8627</b>	<b>1,200</b>	<b>1,600</b>





## SOFT TISSUE OF UPPER EXTREMITY

Includes: Muscle, tendon, fascia of upper extremities

Note : During coding operations on upper extremity soft tissue, if coders can find more information of exact upper extremities site(e.g. shoulder, elbow, forearm etc.), the coder must change anatomical axis code(616=upper extremity soft tissue, unspecified) into more specific code as specific anatomical code below.

609=Soft tissue, shoulder; 610=Soft tissue, upper arm; 611=Soft tissue, elbow;

612=Soft tissue, forearm; 613=Soft tissue, wrist; 614=Soft tissue, hand;

Excludes : Muscle, tendon, fascia of thumb and finger 727=Thumb , 728=Index

### General procedures

616-10-00	Insertion of skeletal muscle stimulator into upper extremities muscle	8392	2,000	4,000
	Electrical muscular stimulation			
616-11-00	Removal of skeletal muscle stimulator from upper extremities muscle	8393	1,500	3,000
616-12-00	Replacement of skeletal muscle stimulator of upper extremities muscle	8392	2,800	5,000
616-21-00	Exploration of tendon sheath of upper extremities	8301	5,000	25,000
	Incision of tendon sheath			
	Removal of rice bodies from tendon sheath			
	Excludes : Exploration of tendon sheath of thumb and fingers			
616-21-01	Myotomy of upper extremities muscle	8302	5,000	7,000
616-21-02	Bursotomy of upper extremities	8303	4,000	6,000
	Removal of calcareous deposit of bursa			
616-21-08	Other incision of soft tissue of upper extremities	8309	2,000	7,000
	Incision of fascia			
616-22-00	Drainage of deep intramuscular abscess of upper extremities	8309	5,000	25,000
616-22-01	Drainage of deep infected bursa of upper extremities	8309	3,000	25,000
616-22-02	Drainage of deep infected hematoma of upper extremities	8309	5,000	25,000
616-24-00	Tenotomy of tendon of upper extremities, subcutaneous	8313	6,000	15,000
	Aponeurotomy			
	Division of tendon			
	Tendon release			
	Tendon transection			
616-24-01	Tenotomy of tendon of upper extremities, open	8313	9,000	15,000
616-24-02	Tenotomy of tendon of upper extremities, multiple	8313	12,000	20,000
616-24-03	Fasciotomy of upper extremities	8314	9,000	23,000
	Division of fascia			
	Fascia stripping			
	Release of Volkmann's contracture by fasciotomy			
616-24-04	Lysis of adhesions of upper extremities	8391	20,000	27,000
	Freeing of adhesions of fascia, muscle, tendon and bursa of upper extremities			
616-24-08	Other division of soft tissue of upper extremities	8319	6,000	10,000
	Division of muscle			
	Muscle release			
	Myotomy with division			
	Total release of soft tissue of upper extremities in cerebral palsy			
	Transection of muscle			



	ICD-9 Code	Mean	Percentile 90
<b>616-26-00</b> Excision of lesion of upper extremities muscle	8332	4,000	10,000
Excision of:			
heterotopic bone			
muscle scar for release of Volkmann's contracture			
myositis ossificans			
<b>616-26-01</b> Excision of tendon of upper extremities for graft	8341	5,000	34,000
<b>616-26-02</b> Other tenonectomy of upper extremities	8342	4,000	6,000
Excision of:			
aponeurosis			
tendon sheath			
Tenosynovectomy			
<b>616-26-03</b> Excision of muscle of upper extremities for graft	8343	33,000	40,000
<b>616-26-04</b> Other myectomy of upper extremities	8345	4,000	5,000
Debridement of muscle			
<b>616-26-05</b> Excision of fascia of upper extremities for graft	8343	4,000	33,000
<b>616-26-08</b> Other fasciectomy of upper extremities	8344	2,000	4,000
<b>616-26-10</b> Bursectomy of upper extremities	835	3,000	5,000
<b>616-26-11</b> Marginal resection of soft tissue of upper extremities	8349	10,000	18,000
Marginal resection of soft tissue tumor of upper extremities			
<b>616-26-12</b> Wide resection of soft tissue of upper extremities	8349	20,000	30,000
Wide resection of soft tissue tumor of upper extremities			
<b>616-26-18</b> Other excision of soft tissue of upper extremities	8349	8,000	15,000
<b>616-37-00</b> Fixation, tenodesis of tendon of upper extremities	8388	12,000	24,000
<b>616-38-00</b> Advancement of tendon of upper extremities	8371	7,000	9,000
<b>616-38-01</b> Recession of tendon of upper extremities	8372	5,000	8,000
<b>616-38-02</b> Tendon transfer of upper extremities	8375	12,000	32,000
<b>616-38-03</b> Muscle transfer of upper extremities	8377	14,000	25,000
<b>616-39-00</b> Suture of tendon sheath of upper extremities	8361	5,000	21,000
<b>616-39-01</b> Delay suture of tendon sheath of upper extremities	8362	6,000	33,000
<b>616-39-08</b> Other repair of soft tissue of upper extremities	8399	3,000	6,000
<b>616-42-00</b> Shortening of tendon of upper extremities	8385	8,000	29,000
<b>616-43-00</b> Lengthening of tendon of upper extremities	8385	8,000	29,000
<b>616-44-00</b> Insertion of antibiotic impregnated bead in soft tissue of upper extremities	8399	4,000	6,000
Insertion of gentamicin bead			
<b>616-44-01</b> Operative removal of foreign body or material from soft tissue of upper extremities	8309	6,000	20,000
<b>616-48-00</b> Upper extremities tendon transposition	8376	10,000	34,000
<b>616-48-01</b> Upper extremities muscle transposition	8379	10,000	34,000
<b>616-48-02</b> Tendon pulley reconstruction at upper extremities	8383	12,000	28,000
<b>616-48-06</b> Other plastic repair operations on tendon of upper extremities	8388	18,000	41,000
Myotenoplasty			
Tendon fixation			
Tendon plication			
Tenodesis			
Tenoplasty			

616-48-07

616-48-0

616-49-00

616-49-0

616-50-0

616-50-01

616-50-0

616-50-0

616-50-04

Miscellaneous

616-81-00

616-81-01

616-81-01

616-81-03

616-81-04

616-81-08

Diagnostic

624-00-00



		ICD-9 Code	Mean	Percentile 90
616-48-07	Other plastic repair operations on muscle of upper extremities	8387	30,000	40,000
	Musculoplasty			
	Myoplasty			
	Muscle flap (Pedicle or free vascularized)			
616-48-08	Other plastic repair operations on fascia of upper extremities	8389	6,000	14,000
	Fascia lengthening			
	Fascioplasty			
	Plication of fascia			
616-49-00	Reattachment of tendon of upper extremities	8373	7,000	15,000
616-49-01	Reattachment of muscle of upper extremities	8374	7,000	15,000
616-50-00	Tendon transplantation at upper extremities	8375	14,000	20,000
616-50-01	Muscle transplantation at upper extremities	8377	30,000	73,000
616-50-02	Tendon graft of upper extremities	8381	12,000	17,000
616-50-03	Muscle graft of upper extremities	8382	9,000	16,000
616-50-04	Fascia graft of upper extremities	8382	10,000	19,000

#### Miscellaneous procedures

616-81-00	Injection of therapeutic agents into bursa of upper extremities	8396	1,000	2,000
	Injection of therapeutic agents into tendon sheath or soft tissue around tendon of			
616-81-01	upper extremities	8397	600	1,000
	Injection of locally-acting therapeutic agents into other soft tissue of upper			
616-81-02	extremities	8398	600	1,000
616-81-03	Injection of steroid into bursa of upper extremities	9923	500	1,000
	Injection of steroid into tendon sheath or soft tissue around tendon of upper			
616-81-04	extremities	9923	300	500
616-81-08	Injection of steroid into other soft tissue of upper extremities	9923	300	500

## UPPER EXTREMITY ARTERY

Includes : Artery of thumb and fingers (Anatomy code = 623)

Axillary artery (Anatomy code = 617)

Brachial artery (Anatomy code = 618)

Radial artery (Anatomy code = 620 or 621)

Subclavian artery (Anatomy code = 617)

Ulnar artery (Anatomy code = 620 or 621)

Note : During coding operations on upper extremity artery, if coders can find more information of exact artery site (e.g. shoulder, elbow, forearm etc.), the coder must change anatomical axis code (624=upper extremity artery, unspecified) into more specific code as specific anatomical code below.

617=Artery, shoulder and axilla; 618=Artery, upper arm; 619=Artery, elbow;

620=Artery, forearm; 621=Artery, wrist; 622=Artery, hand; 623=Artery, finger

#### Diagnostic procedures

624-00-00	Angioscopy of upper extremity artery	3822	4,000	6,000
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Note : see chapter 18 for more codes on radiology services of upper extremities



ICD-9 Code    Mean    Percentile 90

*General procedures*

624-10-00	Arterial catheterization of upper extremity artery	3891	4,000	6,000
624-21-00	Puncture of upper extremity artery	3898	100	200
624-21-01	Incision of upper extremity artery (by arm incision)	3803	10,000	16,000
	(by thoracic incision)		24,000	40,000
	Embolectomy			
	Thrombectomy			
624-24-00	Freeing of upper extremity artery	3991	10,000	16,000
624-25-00	Control of hemorrhage following arterial surgery of upper extremity artery	3941	11,000	18,000
624-26-00	Endarterectomy of upper extremity artery	3813	25,000	50,000
	subclavian, innominate			
	-axillary, brachial			
	Endarterectomy with:			
	embolectomy			
	patch graft			
	temporary bypass during procedure			
	thrombectomy			
624-30-00	Ligation of upper extremity artery	3883	12,000	20,000
624-35-00	Aorta-subclavian bypass - vein graft	3922	38,000	64,000
	- synthetic graft		34,000	56,000
624-35-02	Carotid-subclavian bypass - vein graft	3922	24,000	40,000
	- synthetic graft		29,000	48,000
624-35-03	Axillary-brachial bypass	3929		
	Subclavian-axillary bypass - vein graft		24,000	44,000
	- synthetic graft		29,000	48,000
624-35-08	Other arterial bypass of upper extremity artery	3929		
	Axillary-axillar bypass		26,000	44,000
	Subclavian-vertebral bypass - vein graft		26,000	44,000
	- synthetic graft		12,600	48,000
	Subclavian-subclavian bypass - vein graft		26,000	44,000
	- synthetic graft		29,000	48,000
	Carotid carotid bypass		24,000	40,000
624-39-03	Repair of upper extremity artery with tissue patch graft	3956	25,000	42,000
624-39-04	Repair of upper extremity artery with synthetic patch graft	3957	25,000	42,000
624-39-05	Repair of upper extremity artery with unspecified patch graft	3958	25,000	42,000
624-39-08	Other repair of upper extremity artery - vein graft	3958	31,000	52,000
	- other than vein graft		19,000	32,000
624-46-09	Resection of upper extremity artery with replacement	3863	28,000	46,000
	- by arm incision			
	- by arm incision (rupture)			
	- by thoracic incision			
	- by thoracic incision (rupture)			
	Angiectomy			
	Excision of:			
	aneurysm			
	aortic			
			with replacement	

624-48-00

624-99-99

General

632-10-00

632-10-00

632-12-00

632-21-00

632-21-01

632-25-00

632-35-00

632-47-00

Diagnostic

640-02-00

640-04-00



624-48-00	Angioplasty of upper extremity artery			
	Percutaneous transluminal angioplasty (PTA) of upper extremity artery			
624-99-99	Other procedures and operations on upper extremity artery	3999	19,000	32,000
	Excision of infected graft			

## UPPER EXTREMITY VEIN

Includes: Axillary vein (Anatomy code = 625)

Basilic vein (Anatomy code = 626 or 628)

Brachial vein (Anatomy code = 626)

Cephalic vein (Anatomy code = 626 or 628)

Radial vein (Anatomy code = 628 or 629)

Subclavian vein (Anatomy code = 625)

Superficial vein of arm and forearm (Anatomy code = 626 or 628)

Ulnar vein (Anatomy code = 628 or 629)

Vein of thumb and fingers (Anatomy code = 631)

Note: During coding operations on upper extremity vein, if coders can find more information of exact vein site (e.g. shoulder, elbow, forearm etc.), the coder must change anatomical axis code (632=upper extremity vein, unspecified) into more specific code as specific anatomical code below.

625=Vein, shoulder and axilla; 626=Vein, upper arm; 627=Vein, elbow;

628=Vein, forearm; 629=Vein, wrist; 630=Vein, hand; 631=Vein, finger

### General procedures

632-10-00	Venous catheterization of upper extremity vein for renal dialysis	3895	4,000	6,000
	Replacement of venous catheter (temporary) for renal dialysis		2,000	4,000
632-10-01	Insertion of artery to venous cannula of upper extremity vein	3993	11,000	18,000
	Revision or closure of artery-to-vein cannula		7,000	12,000
632-12-00	Replacement of artery to venous cannula of upper extremity vein	3994	2,000	4,000
632-21-00	Puncture of upper extremity vein	3899	300	500
632-21-01	Incision of upper extremity vein	3803		
	Thrombectomy - by neck incision		12,000	20,000
	- by arm incision		8,000	14,000
632-25-00	Control of hemorrhage following venous surgery of upper extremity vein	3941	11,000	18,000
632-35-01	Arteriovenostomy bypass of upper extremity vein	3927	16,000	26,000
	- Direct anastomosis			
	- Graft, autogenous			
	- Graft, nonautogenous			
632-47-00	Revision of arteriovenous shunt of upper extremity vein	3942	11,000	18,000

### Diagnostic procedures

640-02-00	Conduction study on upper extremity nerve	8915	2,800	5,000
640-04-00	Closed biopsy of upper extremity nerve	0403	4,000	7,000

ICD-9 Code Mean Percentile 90

*General procedures*

640-10-00	Implantation of peripheral neurostimulator into upper extremity nerve	0479	600	1,000
640-11-00	Removal of peripheral neurostimulator from upper extremity nerve	0493	300	500
640-21-00	Incision of upper extremity nerve	0404	2,000	4,000
640-24-01	Division of upper extremity nerve	0449	3,000	6,000
640-24-02	Release of carpal tunnel	0449	8,000	14,000
640-24-03	Decompression of upper extremity nerve	0449	10,000	14,000
640-24-08	Other lysis of adhesions of upper extremity nerve	0449	10,000	14,000
	Upper extremity nerve neurolysis			
640-26-00	Excision of upper extremity nerve	0407	6,000	18,000
	Curettage			
	Debridement			
	Resection			
	Excision of peripheral neuroma			
640-28-00	Destruction of upper extremity nerve	042	3,000	6,000
	Destruction of upper extremity nerve by:			
	cryoanalgesia			
	injection of neurolytic agent			
	radiofrequency			
640-35-00	Upper extremity nerve bypass	0474	9,000	16,000
640-39-00	Upper extremity nerve repair	0479	7,000	14,000
640-48-00	Revision of upper extremity nerve repair	0479	9,000	16,000
640-50-00	Upper extremity nerve graft	045	16,000	24,000
640-50-01	Upper extremity nerve transplantation of transposition	046	10,000	14,000

*Miscellaneous procedures*

640-81-00	Injection of anesthetic agent into upper extremity nerve	0481	500	3,000
640-81-08	Injection of other agent into upper extremity nerve	0489	1,000	3,000

*Other procedures and operations*

640-99-99	Other procedures and operations of upper extremity nerve	0499	3,000	10,000
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**UPPER EXTREMITY LYMPHATIC STRUCTURES**

Includes: Lymph node

Lymphatic vessels

Note: During coding operations on upper extremity lymphatic structures, if coders can find more information of exact lymphatic structure site (e.g. shoulder, elbow, forearm etc.), the coder must change anatomical axis code (648=upper extremity lymphatic structures, unspecified) into more specific code as specific anatomical code below.

641=Lymphatic structures, shoulder; 642=Lymphatic structures, upper arm; 643=Lymphatic structures, elbow;

644=Lymphatic structures, forearm;

645=Lymphatic structures, wrist; 646=Lymphatic structures, hand;

647=Lymphatic structures, finger



## HUMERUS

Note : During coding operations on humerus, if coders can find more information of exact humerus site(e.g. tuberosity, shaft, supracondylar etc.), the coder must change anatomical axis code(664=humerus , unspecified site) into more specific code as specific anatomical code below.

653= Humerus , proximal end; 654=Humerus, Head;

655=Tuberosity of proximal humerus; 656=Humerus, Shaft;

657=Humerus, Supracondylar; 658=Humerus ,distal end; 659=Humerus , condyle

660=Capitulum; 661=Humerus, epicondyle ;

662=Humerus , intraarticular part of distal end ;663=Epiphysis of distal humerus

*Diagnostic procedures*

664-04-00	Biopsy of humerus	7742	4,000	13,000
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Note : see chapter 18 for more codes on radiology services of upper extremities

*General procedures*

664-10-00	Insertion of bone growth stimulator into humerus	9986	1,000	2,000
664-11-00	Removal of bone growth stimulator from humerus	9789	500	1,000
664-11-01	Non-operative removal of external fixation devices from humerus	9789	1,000	2,000
664-11-02	Non-operative removal of internal fixation devices from humerus	9789	500	1,500
664-21-00	Incision of humerus	7712	4,000	13,000
	Opening of bone cortex of humerus			
664-24-00	Wedge osteotomy of humerus	7722	8,000	15,000
664-24-01	Osteoclasis of humerus	7872	4,000	7,000
664-24-08	Other division of humerus	7732	5,000	9,000
	Osteoarthrotomy			
664-26-00	Debridement of open fracture site at humerus	7961	8,000	15,000
	Debridement of compound fracture of humerus			
664-26-01	Excision of lesion of humerus	7762	8,000	14,000
664-26-02	Excision of humerus for graft	7772	500	1,000
664-26-03	Partial ostectomy of humerus	7782	9,000	20,000
664-26-04	Total ostectomy of humerus	7792	10,000	35,000
664-28-00	Sequestrectomy of humerus	7702	9,000	20,000
649-29-00	Amputation through humerus	8407	8,000	16,000
	Above-elbow amputation			
664-36-00	Closed reduction of fracture of humerus	7901	2,000	5,000
664-36-01	Closed reduction of separate epiphysis of humerus	7941	2,000	5,000
664-36-10	Open reduction of fracture of humerus	7921	7,500	14,000
664-36-11	Open reduction of separate epiphysis of humerus	7591	7,500	14,000
664-37-00	Application of external fixation devices at humerus	7812	8,000	18,000
664-37-01	Internal fixation of humerus , with wire , k-wire or screws	7852	7,000	16,000
664-37-02	Internal fixation of humerus , plate and screws fixation	7852	10,000	30,000
664-37-03	Internal fixation of humerus , intramedullary nail	7852	10,000	30,000
664-37-04	Internal fixation of humerus , other implants	7852	8,000	20,000
664-37-05	Internal fixation of epiphysis of humerus	7852	9,000	16,000
664-37-06	Repair of malunion or nonunion fracture of humerus with internal fixation	7842	11,000	30,000



664-39-00	Repair of malunion or nonunion fracture of humerus without internal fixation	7842	5,000	10,000
664-39-08	Other repair or plastic operations on humerus	7842	8,000	12,000
664-42-00	Bone shortening procedures at humerus	7822	9,500	15,000
	Epiphyseal stapling			
	Open epiphysiodesis			
	Percutaneous epiphysiodesis			
	Resection/osteotomy			
664-43-00	Bone lengthening procedures at humerus	7832	10,000	30,000
	Distraction technique with or without corticotomy/osteotomy			
664-45-00	Operative removal of external fixation devices from humerus	7862	3,000	5,000
664-45-01	Operative removal of internal fixation devices from humerus	7862	7,000	10,000
664-45-02	Operative removal of foreign body or material from humerus	7862	7,000	10,000
	Excludes : Operative removal of external fixation devices(664-45-00), Operative removal of internal fixation devices(664-45-01)			
664-47-00	Revision of fixation devices of humerus	7852	17,000	30,000
664-48-00	Reconstruction of humerus	7842	12,000	30,000
	Excludes : Bone shortening procedures at humerus(664-42-00), Bone lengthening procedures at humerus(664-43-00)			
664-50-00	Bone graft of humerus	7802	8,000	16,000
	Bone:			
	bank graft			
	graft(autogenous)(heterogenous)			
	That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
	Transplantation of bone			
<i>Miscellaneous procedures</i>				
664-81-00	Injection of steroid or substance into humerus	8499	3,000	6,000
	Injection of phenol into bone cyst of humerus			

*Other procedures and operations*

664-99-01	Operation performed with minimally invasive technique	7841	3,000	5,000
664-99-99	Other procedures and operations on humerus	7841	3,000	20,000

**FOREARM BONE (RADIUS AND ULNA)**

Note : During coding operations on forearm bone, if coders can find more information of exact bone site(e.g. radius, ulnar, olecranon etc.), the coder must change anatomical axis code(681=forearm bone, unspecified site) into more specific code as specific anatomical code below.

665=Bone, radius; 666=Radius, proximal end; 667=Radial head (head of radius);

668=Radial neck(neck of Radius); 669=Radius, Shaft; 670=Radius, distal end;

671=Radial styloid; 672=Epiphysis of distal radius; 673=Bone, Ulnar;

674=Ulnar, proximal end; 675=Olecranon; 676=Ulnar, Shaft; 677=Ulnar, distal end;

678=Ulnar styloid; 679=Epiphysis of ulna ;680=Epiphysis of distal radius AND ulna



Diagno: c1  
681-04

General pro

681-10-00

681-11-00

681-11-01

681-11-02

681-21-00

681-24-00

681-24-01

681-24-08

681-26-00

681-24-01

681-26-02

681-2-03

681-2-04

681-28-00

681-2-00

681-36-00

681-3-01

681-36-11

681-3-11

681-3-00

681-37-00

681-3-00

681-3-00

681-37-00

681-3-00

681-37-00

681-37-00

681-37-00

681-39-00

681-39-00

681-39-00

681-42-00

681-43-00

681-43-00

681-43-00

*Diagnostic procedures*

681-04-00	Biopsy of forearm bone	7743	4,000	13,000
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Note : see chapter 18 for more codes on radiology services of upper extremities

*General procedures*

681-10-00	Insertion of bone growth stimulator into forearm bone	9986	1,000	2,000
681-11-00	Removal of bone growth stimulator from forearm bone	9789	500	1,000
681-11-01	Non-operative removal of external fixation devices from forearm bone	9789	1,000	2,000
681-11-02	Non-operative removal of internal fixation devices from forearm bone		500	1,500
681-21-00	Incision of forearm bone	7713	3,000	13,000
	Opening of bone cortex			
681-24-00	Wedge osteotomy of forearm bone	7723	9,000	15,000
681-24-01	Osteoclasia of forearm bone	7873	4,000	7,000
681-24-08	Other division of forearm bone	7733	5,000	9,000
	Osteoarthrotomy			
681-26-00	Debridement of open fracture site at forearm bone	7962	8,000	15,000
	Debridement of compound fracture of forearm bone			
681-26-01	Excision of lesion of forearm bone	7763	8,000	14,000
681-26-02	Excision of forearm bone for graft	7773	1,000	1,000
681-26-03	Partial ostectomy of forearm bone	7783	7,000	20,000
681-26-04	Total ostectomy of forearm bone	7793	10,000	35,000
681-28-00	Sequestrectomy of forearm bone	7703	9,000	20,000
681-29-00	Amputation through forearm	8405	7,500	16,000
	Below-elbow amputation			
681-36-00	Closed reduction of fracture of forearm bone	7902	3,000	6,000
681-36-01	Closed reduction of separated epiphysis of forearm bone	7942	3,000	6,000
681-36-10	Open reduction of fracture of forearm bone	7922	7,500	14,000
681-36-11	Open reduction of separated epiphysis of forearm bone	7952	7,500	14,000
681-37-00	Application of external fixation devices at forearm bone	7813	7,000	13,000
681-37-01	Internal fixation of forearm bone	7853	7,000	13,000
681-37-02	Internal fixation of forearm bone, with wire, k-wire or screws	7853	7,000	16,000
681-37-03	Internal fixation of forearm bone, plate and screws fixation	7853	11,000	30,000
681-37-04	Internal fixation of forearm bone, intramedullary nail	7853	7,000	13,000
681-37-05	Internal fixation of forearm bone, other implants	7853	7,000	20,000
681-37-06	Internal fixation of epiphysis of forearm bone	7843	9,000	16,000
681-37-07	Repair of malunion or nonunion fracture of forearm bone with internal fixation	7843	10,000	30,000
681-39-00	Repair of malunion or nonunion fracture of forearm bone without internal fixation	7843	5,000	10,000
681-39-08	Other repair or plastic operations on forearm bone	7843	7,000	12,000
681-42-00	Bone shortening procedures at forearm bone	7823	8,000	20,000
	Epiphyseal stapling			
	Open epiphysiodesis			
	Percutaneous epiphysiodesis			
	Resection/osteotomy			
681-43-00	Bone lengthening procedures at forearm bone	7833	10,000	30,000
	Distraction technique with or without corticotomy/osteotomy			

	ICD-9 Code	Mean	Percentile 90
681-45-00 Operative removal of external fixation devices from forearm bone	7863	3,000	5,000
681-45-01 Operative removal of internal fixation devices from forearm bone	7863	8,000	10,000
681-45-02 Operative removal of foreign body or material from forearm bone	7863	8,000	10,000
Excludes : Operative removal of external fixation devices(681-45-00), Operative removal of internal fixation devices(681-45-01)			
681-46-00 Revision of fixation devices of forearm bone	7850	17,000	30,000
681-48-00 Reconstruction of forearm bone	7843	10,000	30,000
Excludes : Bone shortening procedures at forearm bone(681-42-00), Bone lengthening procedures at forearm bone(681-43-00)			
681-50-00 Bone graft of forearm bone	7803	8,000	16,000
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			
<i>Miscellaneous procedures</i>			
681-81-00 Injection of steroid or substance into forearm bone	8499	3,000	6,000
Injection of phenol into bone cyst of forearm bone			
<i>Other procedures and operations</i>			
681-99-01 Operation performed with minimally invasive technique	7841	3,000	5,000
681-99-99 Other procedures and operations on forearm bone	7842	3,000	20,000

## CARPAL BONES

Note : During coding operations on carpal bones, if coders can find more information of exact carpal bone site(e.g. scaphoid, lunate, hamate etc.), the coder must change anatomical axis code(689=carpal bone, unspecified site) into more specific code as specific anatomical code below.

682=Bone, scaphoid; 683=Bone, lunate; 684=Bone, trapezium;  
685=Trapezoid capitate; 686=Bone, hamate; 687=Bone, triquetral;  
688=Bone, pisiform

### Diagnostic procedures

89-04-00 Biopsy of carpal bones	7744	2,500	7,500
Note : see chapter 18 for more codes on radiology services of upper extremities			

### General procedures

89-10-00 Insertion of bone growth stimulator into carpal bones	9986	600	1,200
89-11-00 Removal of bone growth stimulator from carpal bones	9789	300	600
89-11-01 Non-operative removal of external fixation devices from carpal bones	9789	600	1,000
89-11-02 Non-operative removal of internal fixation devices from carpal bones	9789	300	800
89-21-00 Incision of carpal bones	7714	2,500	7,500
89-24-00 Wedge osteotomy of carpal bones	7724	4,500	9,000
89-24-01 Osteoclasis of carpal bones	7874	2,500	4,000
89-24-08 Other division of carpal bones	7734	3,000	5,000
Osteoarthrotomy			



	ICD-9 Code	Mean	Percentile 90
689-26-00 Debridement of open fracture site at carpal bones	7963	4,500	8,500
Debridement of compound fracture of carpal bones			
689-26-01 Excision of lesion of carpal bones	7764	4,500	8,000
689-26-02 Excision of carpal bones for graft	7774	500	600
689-26-03 Partial ostectomy of carpal bones	7784	5,000	12,000
689-26-04 Total ostectomy of carpal bones	7794	5,500	20,000
689-28-00 Sequestrectomy of carpal bones	7704	5,000	12,000
689-29-00 Amputation through carpal joints	8403	4,500	9,000
689-36-00 Closed reduction of fracture carpal bones	7903	1,000	3,000
689-36-01 Closed reduction of separate epiphysis of carpal bones	7943	1,000	3,000
689-36-10 Open reduction of fracture carpal bones	7923	7,000	10,000
689-36-11 Open reduction of separate epiphysis of carpal bones	7953	4,000	8,000
689-37-00 Application of external fixation devices at carpal bones	7814	5,000	10,000
Minifixator with insertion of pins/wires/screws into bone			
689-37-01 Internal fixation of carpal bones	7854	7,000	17,000
689-37-02 Repair of malunion or nonunion fracture of carpal bones			
with internal fixation	7844	9,000	17,000
689-39-00 Repair of malunion or nonunion fracture of carpal bones			
without internal fixation	7844	7,000	10,000
689-39-08 Other repair or plastic operations on carpal bones	7844	5,000	8,000
689-42-00 Bone shortening procedures at carpal bones	7824	800	1,000
689-43-01 Bone lengthening procedures at carpal bones	7834	800	1,000
689-45-00 Operative removal of external fixation devices from carpal bones	7864	1,500	3,000
689-45-01 Operative removal of internal fixation devices from carpal bones	7864	4,000	6,000
689-45-02 Operative removal of foreign body or material from carpal bone	7864	4,000	6,000
Excludes : Operative removal of external fixation devices(689-45-00),			
Operative removal of internal fixation devices(689-45-01)			
689-47-00 Revision of fixation devices of carpal bones	7854	9,000	17,000
689-48-01 Reconstruction of carpal bones	7844	9,000	17,000
Excludes : Bone shortening procedures at carpal bones(689-42-00),			
Bone lengthening procedures at carpal bones(689-43-00)			
689-50-00 Bone graft of carpal bones	7804	7,000	12,000
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			
<i>Miscellaneous procedures</i>			
689-81-00 Injection of steroid or substance into carpal bone	8499	1,500	3,000
Injection of phenol into bone cyst of carpal bone			
<i>Other procedures and operations</i>			
689-99-99 Other procedures and operations on carpal bones	7844	3,000	12,000

**METACARPAL BONES***Diagnostic procedures*

04-00	Biopsy of metacarpal bones	7744	1,500	5,000
Note : see chapter 18 for more codes on radiology services of upper extremities				

*Surgical procedures*

10-00	Insertion of bone growth stimulator into metacarpal bones	9986	400	800
11-00	Removal of bone growth stimulator from metacarpal bones	9789	300	300
11-01	Non-operative removal of external fixation devices from metacarpal bones	9789	500	800
11-02	Non-operative removal of internal fixation devices from metacarpal bones	9789	500	800
21-00	Incision of metacarpal bones	7714	3,000	5,000
24-00	Wedge osteotomy of metacarpal bones	7724	3,000	6,000
24-01	Osteoclasia of metacarpal bones	7824	1,500	3,000
24-08	Other division of metacarpal bones	7734	2,000	10,000
26-00	Debridement of open fracture site at metacarpal bones	7963	3,000	5,000
	Debridement of compound fracture of metacarpal bones			
26-01	Excision of lesion of metacarpal bones	7764	8,000	29,000
26-02	Excision of metacarpal bones for graft	7774	500	1,000
26-03	Partial ostectomy of metacarpal bones	7784	8,000	24,000
26-04	Total ostectomy of metacarpal bones	7794	14,000	31,000
8-00	Sequestrectomy of metacarpal bones	7704	8,000	24,000
9-00	Amputation through hand	8403	10,000	27,000
6-00	Closed reduction of fracture metacarpal bones	7903	3,000	18,000
5-01	Closed reduction of separate epiphysis of metacarpal bones	7943	3,000	18,000
5-10	Open reduction of fracture metacarpal bones	7923	6,000	21,000
5-11	Open reduction of separate epiphysis of metacarpal bones	7953	3,000	6,000
7-00	Application of external fixation devices at metacarpal bones	7814	7,000	21,000
	Application of mini external fixator into metacarpal bones			
-01	Internal fixation of metacarpal bones	7854	11,000	21,000
-02	Repair of malunion or nonunion fracture of metacarpal bones			
	with internal fixation	7844	11,000	31,000
-00	Repair of malunion or nonunion fracture of metacarpal bones			
	without internal fixation	7844	8,000	31,000
08	Other repair or plastic operations on metacarpal bones	7844	4,000	8,000
00	Bone shortening procedures at metacarpal bones	7824	4,000	8,000
00	Bone lengthening procedures at metacarpal bones	7834	5,000	11,000
00	Operative removal of external fixation devices from metacarpal bones	7864	1,000	2,000
01	Operative removal of internal fixation devices from metacarpal bones	7864	4,000	7,000
02	Operative removal of foreign body or material from metacarpal bone	7864	4,000	7,000
	Excludes : Operative removal of external fixation devices(690-45-00),			
	Operative removal of internal fixation devices(690-45-01)			
00	Revision of fixation devices of metacarpal bones	7854	6,000	11,000
00	Reconstruction of metacarpal bones	7844	5,000	11,000
	Excludes : Bone shortening procedures at metacarpal bones(690-42-00),			
	Bone lengthening procedures at metacarpal bones(690-43-00)			



		ICD-9 Code	Mean	Percentile 90
690-50-00	Bone graft of metacarpal bones	7804	5,000	8,000
	Bone:			
	bank graft			
	graft (autogenous) (heterogenous)			
	That with debridement of bone graft site (removal of sclerosed, fibrous, or necrotic bone or tissue)			
	Transplantation of bone			

#### Miscellaneous procedures

690-81-00	Injection of steroid or substance into metacarpal bone	8499	1,500	3,000
	Injection of phenol into bone cyst of metacarpal bone			

#### Other procedures and operations

690-99-99	Other procedures and operations on metacarpal bones	8499	4,000	11,000
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## PHALANGES OF HAND

#### Diagnostic procedures

694-04-00	Biopsy of phalanges of hand	7744	1,500	4,000
	Note: see chapter 18 for more codes on radiology services of upper extremities			

#### General procedures

694-10-00	Insertion of bone growth stimulator into phalanges of hand	9986	500	1,000
694-11-00	Removal of bone growth stimulator from phalanges of hand	9789	300	500
694-11-01	Non-operative removal of external fixation devices from phalanges of hand	9789	500	1,000
694-11-02	Non-operative removal of internal fixation devices from phalanges of hand		300	500
694-21-00	Incision of phalanges of hand	7714	5,000	12,000
694-24-00	Wedge osteotomy of phalanges of hand	7724	9,000	27,000
694-24-01	Osteoclasis of phalanges of hand	7874	1,000	2,000
694-24-08	Other division of phalanges of hand	7734	3,000	5,000
694-26-00	Debridement of open fracture site at phalanges	6963	7,000	15,000
	Debridement of compound fracture of phalanges			
694-26-01	Excision of lesion of phalanges of hand	7764	6,000	10,000
694-26-02	Excision of phalanges of hand for graft	7774	1,000	1,000
694-26-03	Partial ostectomy of phalanges of hand	7784	4,000	7,000
694-26-04	Total ostectomy of phalanges of hand	7794	5,000	12,000
694-28-00	Sequestrectomy of phalanges of hand	7704	3,000	6,000
694-36-00	Closed reduction of phalangeal fracture of hand	7903	1,000	2,000
694-36-01	Closed reduction of separate epiphysis of phalanges of hand	7943	1,000	2,000
694-36-10	Open reduction of phalangeal fracture of hand	7923	3,000	5,000
694-36-11	Open reduction of separate epiphysis of phalanges of hand	7953	3,000	5,000
649-37-00	Application of external fixation devices at phalanges of hand	7814	4,000	6,000
	Application of mini external fixator into phalanges of hand			
649-37-01	Internal fixation of phalanges of hand	7854	6,000	9,000
694-39-00	Repair of malunion or nonunion fracture of phalanges of hand	8944	5,000	9,000
694-39-08	Other repair or plastic operations on phalanges of hand	7844	4,000	8,000
694-42-00	Bone shortening procedures at phalanges of hand	7824	3,000	5,000



	ICD-9 Code	Mean	Percentile 90
694-43-00 Bone lengthening procedures at phalanges of hand	7834	4,000	9,000
694-45-00 Operative removal of external fixation devices from phalanges of hand	7864	1,000	2,000
694-45-01 Operative removal of internal fixation devices from phalanges of hand	7864	4,000	6,000
694-45-02 Operative removal of foreign body or material from phalangeal bones of hand	7864	4,000	6,000
Excludes : Operative removal of external fixation devices(694-45-00), Operative removal of internal fixation devices(694-45-01)			
694-47-00 Revision of fixation devices of phalanges of hand	7854	6,000	10,000
694-48-00 Reconstruction of phalanges of hand	7844	9,000	20,000
Excludes : Bone shortening procedures at phalanges of hand(694-42-00), Bone lengthening procedures at phalanges of hand(694-43-00)			
694-50-00 Bone graft of phalanges of hand	7804	6,000	10,000
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			
<i>Miscellaneous procedures</i>			
694-81-00 Injection of steroid or substance into phalanges of hand	8499	1,000	2,000
Injection of phenol into bone cyst of phalanges of hand			

*Other procedures and operations*

694-99-99 Other procedures and operations on phalanges of hand	7844	4,000	8,000
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## SHOULDER JOINT

*Diagnostic procedures*

697-00-00 Arthroscopy of shoulder joint	8021	4,000	11,000
697-04-00 Biopsy of shoulder joint	8031	4,000	11,000
Aspiration biopsy			
Note : see chapter 18 for more codes on radiology services of upper extremities			

*General procedures*

697-21-00 Removal of prosthesis from shoulder joint	8011	9,000	18,000
697-21-08 Other arthrotomy of shoulder joint		7,000	12,000
Arthrostomy			
697-22-00 Arthrocentesis of shoulder joint	8191	500	3,000
697-24-00 Division of shoulder joint capsule, ligaments or cartilage	8041	8,000	16,000
Release of:			
adherent or constrictive joint capsule			
joint			
ligament			
697-26-00 Debridement of shoulder joint	8081	7,000	15,000
697-26-01 Synovectomy of shoulder joint	8071	9,000	15,000
Complete or partial resection of synovium membrane			
697-26-02 Local excision of lesion of shoulder joint	8081	6,000	12,000



697-26-08  
697-28-0  
697-28-0  
697-29-00  
697-34-0  
697-36-00  
697-36-10  
697-39-0  
697-39-01  
697-39-1  
697-39-1  
697-45-00  
697-46-0  
697-46-01  
697-46-10  
697-47-1  
697-48-00  
697-48-08

Other procedures  
697-81-00  
697-81-1  
697-83-00

Other procedures  
697-9-01  
697-9-02  
697-99-99

Diagnostic  
698-00-0  
698-01-0

General  
698-21-1  
698-21-1  
698-22-1

	ICD-9 Code	Mean	Percentile 90
697-26-08 Other excision of shoulder joint	8081	8,000	16,000
697-28-00 Local destruction of lesion of shoulder joint	8081	9,000	18,000
697-28-08 Other destruction of shoulder joint	8081	10,000	18,000
697-29-00 Disarticulation of shoulder	8408	7,000	12,000
697-34-00 Fusion of shoulder joint (arthrodesis)	8123	13,000	25,000
697-36-00 Closed reduction of dislocation of shoulder joint	7971	2,000	4,000
697-36-10 Open reduction of dislocation of shoulder joint	7981	5,000	8,000
697-39-00 Suture of capsule of ligament of shoulder joint	8193	8,000	16,000
697-39-01 Repair of recurrent dislocation of shoulder	8182	10,000	20,000
697-39-02 Rotator cuff repair	8363	9,000	16,000
697-39-08 Other repair of shoulder joint	8196	9,000	16,000
697-45-00 Removal of fixation devices from shoulder joint	8199	8,000	16,000
697-46-00 Operative joint replacement of shoulder joint, partial	8183	12,000	25,000
697-46-01 Operative joint replacement of shoulder joint, total	8183	20,000	33,000
697-46-10 Revision of shoulder joint replacement	8183	24,000	42,000
697-47-00 Revision of operation of shoulder joint	8197	10,000	20,000
697-48-00 Arthroplasty of shoulder joint	8183	12,000	25,000
Excludes : Partial shoulder replacement(697-46-00),			
Total shoulder replacement(697-46-01)			
697-48-08 Other reconstruction of shoulder joint	8199	10,000	30,000

*Other procedures and operations*

697-81-00 Injection of therapeutic agent into shoulder joint	8192	1,000	2,000
697-81-01 Injection of steroid into shoulder joint	8192	600	1,000
697-83-00 Irrigation of shoulder joint	8199	4,000	7,000
Lavage of shoulder joint			

*Other procedures and operations*

697-99-01 Operation performed with minimally invasive technique	8199	5,000	10,000
697-99-02 Operation performed with arthroscopic technique	8199	6,000	11,000
697-99-99 Other procedures and operations on shoulder joint	8199	5,000	10,000

## ELBOW JOINTS

*Diagnostic procedures*

698-00-00 Arthroscopy of elbow joint	8022	4,000	11,000
698-04-00 Biopsy of elbow joint	8032	4,000	11,000
Aspiration biopsy			

Note : see chapter 18 for more codes on radiology services of upper extremities

*General procedures*

698-21-00 Removal of prosthesis from elbow joint	8012	9,000	18,000
698-21-08 Other arthrotomy of elbow joint	8010	7,000	12,000
Arthrostomy			
698-22-00 Arthrocentesis of elbow joint	8191	500	3,000

	ICD-9 Code	Mean	Percentile 90
<b>698-24-00</b> Division of elbow joint capsule, ligaments or cartilage	8042	8,000	16,000
Release of:			
adherent or constrictive joint capsule			
joint			
ligament			
<b>698-26-00</b> Debridement of elbow joint	8082	7,000	15,000
<b>698-26-01</b> Synovectomy of elbow joint	8072	9,000	15,000
Complete or partial resection of synovium membrane			
<b>698-26-02</b> Local excision of lesion of elbow joint	8082	6,000	12,000
<b>698-26-08</b> Other excision of elbow joint	8082	8,000	16,000
<b>698-28-00</b> Local destruction of lesion of elbow joint	8082	9,000	18,000
<b>698-28-08</b> Other destruction of elbow joint	8082	9,000	18,000
<b>698-29-00</b> Disarticulation of elbow	8406	7,000	12,000
<b>698-34-00</b> Fusion of elbow joint (arthrodesis)	8124	13,000	25,000
<b>698-36-00</b> Closed reduction of dislocation elbow joint	7972	2,000	4,000
<b>698-36-10</b> Open reduction of dislocation elbow joint	7982	5,000	8,000
<b>698-39-00</b> Suture of capsule or ligament of elbow joint	8193	8,000	16,000
<b>698-39-08</b> Other repair of elbow joint	8196	9,000	16,000
<b>698-45-00</b> Removal of fixation devices from elbow joint	8199	8,000	16,000
<b>698-46-00</b> Partial elbow replacement	8185	12,000	25,000
<b>698-46-01</b> Total elbow replacement	8184	20,000	33,000
<b>698-46-10</b> Revision of elbow joint replacement	8197	24,000	42,000
<b>698-47-00</b> Revision of operation of elbow joint	8197	10,000	20,000
<b>698-48-00</b> Arthroplasty of elbow joint	8184	12,000	25,000
Excludes : Partial elbow replacement(698-46-00), Total elbow replacement(698-46-01)			
<b>698-48-08</b> Other reconstruction of elbow joint	8199	10,000	30,000

#### Miscellaneous procedures

<b>698-82-00</b> Injection of therapeutic agent into elbow joint	8192	1,000	2,000
<b>698-82-01</b> Injection of steroid into elbow joint	8192	600	1,000
<b>698-83-00</b> Irrigation of elbow joint	8199	4,000	7,000
Lavage of elbow joint			

#### Other procedures and operations

<b>698-99-01</b> Operation performed with minimally invasive technique	8199	5,000	10,000
<b>698-99-02</b> Operation performed with arthroscopic technique	8199	6,000	11,000
<b>698-99-99</b> Other procedures and operations on elbow joint	8199	5,000	10,000

## HAND

Diagnostic procedures

Note : see chapter 18 for more codes on radiology services of upper extremities

#### General procedures

<b>726-81-00</b> Injection of therapeutic agent into carpal tunnel	8296	1,500	3,000
<b>726-81-01</b> Injection of steroid into carpal tunnel	8296	1,000	2,000

Diagnostic

727-04-00

727-04-

727-04-08

General pro

727-10-

727-11-

727-11-01

727-21-

727-21-01

722-22-

722-22-

727-22-08

727-24-

727-24-01

727-24-02

727-24-08

727-26-

727-26-1

727-26-02

727-26-3

727-26-04

727-26-05

727-26-6

727-26-07

727-26-08

727-26-0

727-37-00

727-38-0

727-38-01

727-39-00

727-39-01



# THUMB

Includes: Fascia of thenar muscle

Tendon of thumb

Thenar muscle

Thenar space

Thumb nail

Skin and subcutaneous tissue of thumb

## Diagnostic procedures

727-04-00	Biopsy of skin or subcutaneous tissue of thumb	8611	3,000	4,500
727-04-01	Biopsy of muscle of thumb	8321	1,000	3,000
727-04-08	Other biopsy of thumb	8321	4,000	6,000

Note : see chapter 18 for more codes on radiology services of upper extremities

## General procedures

727-10-00	Insertion of skeletal muscle stimulator into thumb	8392	1,000	2,000
727-11-00	Removal of skeletal muscle stimulator from thumb	8393	500	1,000
727-11-01	Replacement of skeletal muscle stimulator into thumb	8392	1,000	2,000
727-21-00	Exploration of tendon sheath of thumb	8201	3,000	5,000
	Release of trigger thumb			
727-21-01	Incision of thumb	8209	3,000	6,000
	Includes: Bursotomy			
	Myotomy			
722-22-00	Drainage of nail bed of thumb	8627	500	2,000
722-22-01	Drainage of thenar space	8204	4,000	6,000
727-22-08	Drainage of other part of soft tissue of thumb	8209	3,000	5,000
727-24-00	Tenotomy of thumb	8211	4,000	6,000
727-24-01	Fasciotomy of thumb	8212	2,000	5,000
727-24-02	Lysis of adhesions of thumb	8291	3,000	6,000
	Freeing of adhesions of fascia, muscle and tendon of thumb			
727-24-08	Other division of soft tissue of thumb	8219	3,000	6,000
727-26-00	Excision of lesion of thumb	8229	5,000	8,000
727-26-01	Excision thumb for graft	8234	1,000	1,000
727-26-02	Myectomy of thumb	8236	1,000	1,000
727-26-03	Tenectomy of thumb	8233	4,000	6,000
727-26-04	Fasciectomy of thumb	8235	4,000	6,000
727-26-05	Bursectomy of thumb	8231	3,000	5,000
727-26-06	Removal of nail, nailbed or nailfold of thumb	8623	1,500	2,000
727-26-07	Debridement of nail, nail bed or nailfold thumb	8627	1,000	1,500
727-26-08	Other excision of soft tissue of thumb	8239	4,000	9,000
727-29-00	Amputation of thumb	8402	3,000	8,000
727-37-00	Tenodesis of thumb	8285	6,000	10,000
727-38-00	Tendon transfer of thumb	8256	9,000	15,000
727-38-01	Muscle transfer of thumb	8258	9,000	14,000
727-39-00	Suture of laceration of thumb	8659	500	1,500
	Suture of nail bed of thumb			
727-39-01	Suture of tendon of thumb	8241	6,000	8,000



	ICD-9 Code	Mean	Percentile 90
727-39-01 Suture of tendon of thumb	8241	6,000	8,000
727-39-02 Suture of muscle or fascia of thumb	8246	3,000	5,000
727-39-03 Delay suture of laceration of thumb	8659	1,000	3,000
727-39-04 Delay suture of tendon of thumb	8243	6,000	9,000
727-39-05 Delay suture of muscle or fascia of thumb	8246	4,000	6,000
727-39-08 Other repair of thumb	8289	3,000	7,000
727-42-00 Recession, shortening of tendon of thumb	8252	5,000	8,000
727-43-00 Lengthening, advancement of tendon of thumb	8251	7,000	9,000
727-48-00 Pollicization operation carrying over nerves and blood supply	8261	10,000	24,000
727-48-01 Staged reconstruction of tendon of thumb	8269	9,000	14,000
727-48-08 Other reconstruction of thumb	8269	7,000	10,000
"Cocked-hat" procedure [skin flap and bone]			
Grafts:			
bone to thumb			
skin(pedicle)			
727-49-00 Reattachment of tendon of thumb	8253	7,000	15,000
727-49-02 Reattachment of muscle of thumb	8254	7,000	15,000

#### Miscellaneous procedures

727-81-00 Injection of therapeutic agents into bursa of thumb	8294	1,000	2,000
727-81-01 Injection of therapeutic agents into tendon sheath or soft tissue around tendon of thumb	8295	600	1,000
727-81-02 Injection of locally acting therapeutic agents into other soft tissue of thumb	8296	600	2,000
727-81-03 Injection of steroid into bursa of thumb	8294	500	1,000
727-81-04 Injection of steroid into tendon sheath or soft tissue around tendon of thumb	8295	300	500
727-81-05 Injection of steroid into other soft tissue of thumb	8296	300	1,000

#### Other procedures and operations

727-99-09 Other operation on thumb	8299	4,000	9,000
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## FINGER(S)

Includes: Fascia of hypothenar muscle

Hypothenar space

Nails except thumb nail

Tendon of fingers except thumb

Skin and subcutaneous tissue of fingers

Excludes: Thumb

#### Diagnostic procedures

728-04-00 Biopsy of skin or subcutaneous tissue of finger(s)	8611	3,000	4,500
728-04-01 Biopsy of muscle of finger(s)	8321	1,000	1,000
728-04-08 Other biopsy of finger(s)	8321	4,000	6,000

Note: see chapter 18 for more codes on radiology services of upper extremities



General proc.

728-10-0

728-11-0

728-12-00

728-21-0

728-21-01

728-22-0

728-22-0

728-22-08

728-24-0

728-24-01

728-24-0

728-24-08

728-26-0

728-26-01

728-26-0

728-26-0

728-26-04

728-26-0

728-26-00

728-26-07

728-26-03

728-29-00

728-37-00

728-38-0

728-38-01

728-39-0

728-39-01

728-39-02

728-39-03

728-39-04

728-39-05

728-39-08

728-40-00

728-40-00

728-48-00

728-40-01

728-48-02

728-48-03

728-40-04

General procedures				
728-10-00	Insertion of skeletal muscle stimulator into finger(s)	8392	1,000	2,000
728-11-00	Removal of skeletal muscle stimulator into finger(s)	8393	500	1,000
728-12-00	Replacement of skeletal muscle stimulator into finger(s)	8392	1,000	2,000
728-21-00	Exploration of tendon sheath of finger(s)	8201	3,000	5,000
	Release of trigger finger(s)			
728-21-01	Incision of finger(s)	8209	2,000	5,000
	Includes: Bursotomy			
	Myotomy			
728-22-00	Drainage of finger(s) nail bed	8604	500	2,000
728-22-01	Drainage of hypothenar space	8204	3,500	5,000
728-22-08	Drainage of other part of soft tissue of finger(s)	8209	3,000	5,000
	Drainage of felon			
728-24-00	Tenotomy of finger(s)	8211	4,000	6,000
728-24-01	Fasciotomy of finger(s)	8212	2,000	5,000
728-24-02	Lysis of adhesions of finger(s)	8291	3,000	6,000
	Freeing of adhesions of fascia, muscle and tendon of finger(s)			
728-24-08	Other division of soft tissue of finger(s)	8219	3,000	6,000
728-26-00	Excision of lesion of finger(s)	8229	5,000	8,000
728-26-01	Excision finger(s) for graft	8234	1,000	1,000
728-26-02	Myectomy of finger(s)	8236	1,000	1,000
728-26-03	Tenonectomy of finger(s)	8233	4,000	6,000
728-26-04	Fasciectomy of finger(s)	8235	4,000	6,000
728-26-05	Bursectomy of finger(s)	8231	3,000	5,000
728-26-06	Removal of nail, nailbed or nailfold of finger(s)	8623	1,500	2,000
728-26-07	Debridement of nail, nail bed or nailfold finger(s)	8627	1,000	1,500
728-26-08	Other excision of soft tissue of finger(s)	8239	4,000	9,000
728-29-00	Amputation of finger(s)	8401	3,000	8,000
728-37-00	Tenodesis of finger(s)	8285	6,000	10,000
728-38-00	Tendon transfer of finger(s)	8256	8,000	12,000
728-38-01	Muscle transfer of finger(s)	8258	9,000	14,000
728-39-00	Suture of laceration of finger(s)	8659	500	1,500
	Suture of nail bed			
728-39-01	Suture of tendon of finger(s)	8241	6,000	8,000
728-39-02	Suture of muscle or fascia of finger(s)	8246	3,000	5,000
728-39-03	Delay suture of laceration of finger(s)	8659	1,000	3,000
728-39-04	Delay suture of tendon of finger(s)	8243	6,000	9,000
728-39-05	Delay suture of muscle or fascia of finger(s)	8246	4,000	6,000
728-39-08	Other repair of finger(s)	8289	3,000	7,000
728-42-00	Recession, shortening of tendon of finger(s)	8252	5,000	8,000
728-43-00	Lengthening, advancement of tendon of finger(s)	8251	7,000	9,000
728-48-00	Reconstruction of finger(s)	8289	9,000	20,000
728-48-01	Staged reconstruction of tendon of finger(s)	8289	8,000	12,000
728-48-02	Tendon pulley reconstruction of finger(s)	8271	7,000	12,000
728-48-03	Repair of macrodactyly	8283	8,000	15,000
728-48-04	Repair of mallet finger	8284	6,000	9,000

### Miscellaneous procedures

### Other procedures and operations

## UPPER LIMP REGION

### General procedures

		ICD-9 Code	Mean	Percentile 90
730-49-01	Replantation of forearm	8423	55,000	111,000
	Reattachment of forearm			
730-49-02	Replantation of thumb	8421 -	60,000	100,000
	Reattachment of thumb			
730-49-03	Replantation of finger(s)	8422	70,000	100,000
	Reattachment of finger(s)			
730-49-08	Other replantation of upper limb	8424	20,000	50,000
<i>Other procedures and operations</i>				
730-99-99	Other procedures and operations on upper limb	8499	3,000	8,000

## CHAPTER 13

### PROCEDURES OF THE LOWER EXTREMITIES

ICD-9 Code Mean Percentile 90

#### LOWER EXTREMITY SKIN

Includes: Nail and nailbed of great toe and toes

Skin and subcutaneous tissue

Excludes: Bursa of lower extremity

Note: During coding operations on lower extremity skin, if coders can find more information of exact skin site (e.g. hip, knee, lower leg etc.), the coder must change anatomical axis code (608=lower extremity skin unspecified) into more specific code as specific anatomical code below.

732=Skin, hip; 733=Skin, lower thigh; 734=Skin, knee; 735=Skin, lower leg;

736=Skin, ankle; 737=Skin, foot; 738=Skin, toe

#### Diagnostic procedures

<b>739-04-00</b>	<b>Biopsy of lower extremity skin and subcutaneous tissue</b>	8611		
	shave biopsy		200	300
	punch biopsy		300	400
	incisional and excisional biopsies: lesion < 1 cm		800	1,100
	incisional and excisional biopsies: lesion 1-3 cm		2,000	2,600

#### General procedures

<b>739-10-02</b>	<b>Insertion of tissue expander into lower extremity skin</b>	8693	5,000	10,000
	Insertion of expander into lower extremities for development of skin flaps for donor use			
<b>739-11-00</b>	<b>Removal of sutures on lower extremity skin</b>	9784	300	500
<b>739-11-01</b>	<b>Removal of foreign body from lower extremity skin and subcutaneous tissue</b>	9827	1,000	5,000
<b>739-17-00</b>	<b>Application of pressure dressing on lower extremity skin</b>	9356	300	500
<b>739-21-00</b>	<b>Incision of pilonidal cyst or sinus of lower extremity skin</b>	8603	600	1,000
	Marsupialization of cyst			
	Incision of sebaceous cyst			
<b>739-21-08</b>	<b>Other incision of lower extremity skin and subcutaneous tissue</b>	8609	600	1,000
	Exploration of sinus tract			
	Undercutting of hair follicle			
<b>739-22-00</b>	<b>Aspiration of lower extremity skin and subcutaneous tissue</b>	8601	400	800
<b>739-22-01</b>	<b>Drainage of lower extremity skin and subcutaneous tissue</b>	8604	600	1,000
	Includes: Incision and drainage			
<b>739-24-00</b>	<b>Release of scar on lower extremity skin</b>	8684	3,000	10,000
<b>739-24-01</b>	<b>Relaxation of scar or web contracture of lower extremity skin</b>	8684	3,000	10,000
	Z-plasty of skin			
<b>739-26-00</b>	<b>Excisional debridement of wound, infection or burn of lower extremity skin</b>	8622	1,500	3,000
	Debridement of lower limb skin			
	Escharectomy			
<b>739-26-01</b>	<b>Excision of pilonidal cyst or sinus of lower extremity skin</b>	8621	3,000	5,000
<b>739-26-02</b>	<b>Debridement of nail, nail bed or nailfold great toe or toes</b>	8627	1,200	1,600
<b>739-26-03</b>	<b>Removal of nail, nailbed or nailfold of great toe or toes</b>	8623	1,000	1,500
<b>739-28-00</b>	<b>Chemotherapy of lower extremity skin</b>	8624	12,000	15,000
<b>739-28-01</b>	<b>Dermabrasion of lower extremity skin</b>	8625	10,000	13,000



	ICD-9 Code	Mean	Percentile 90
739-28-02 Ligation of dermal appendage of lower extremity skin	8626	1,000	3,000
739-28-03 Nonexcisional debridement of wound, infection or burn of lower extremity skin	8628 -	1,000	2,000
739-28-04 Electrolysis and other epilation of lower extremity skin	8692	8,000	11,000
739-26-08 Other local destruction of lesion of lower extremity skin and subcutaneous tissue	863	4,000	8,000
Destruction of lesion by:			
cauterization			
cryosurgery			
fulguration			
laser beam			
739-39-00 Suture of laceration of lower extremity skin	8659	1,000	3,000
Includes: Suture of nail bed			
739-39-08 Other repair of lower extremity skin	8689	1,000	3,000
739-47-00 Revision of pedicle or flap graft of lower extremity skin	8675	3,000	5,000
Debridement	}		
Defatting			
			of pedicle or flap graft
739-48-00 Advancement of pedicle graft of lower extremity skin	8672	6,000	10,000
739-48-01 Attachment of pedicle or flap graft of lower extremity skin	8674	6,000	10,000
Attachment by:			
advanced flap			
double pedicled flap			
free vascularization flap			
pedicle graft			
rotating flap			
sliding flap			
tube graft			
739-48-02 Lower extremity skin reduction plastic operation	8683	4,000	7,000
739-48-08 Other reconstruction of lower extremity skin	8689	3,000	8,000
739-50-01 Split-thickness lower extremity skin graft	8669	6,000	10,000
739-50-02 Full-thickness lower extremity skin graft	8663	6,000	10,000
<i>Miscellaneous procedures</i>			
739-80-00 Wound dressing on lower extremity skin	9357	300	500
739-83-00 Wound irrigation on lower extremity skin	9659	300	500
<i>Other procedures and operations</i>			
739-99-99 Other procedures and operations on lower extremity skin	8699	3,000	5,000

## SOFT TISSUE OF LOWER EXTREMITIES

Includes: Muscle, tendon, fascia of lower extremities

Note : During coding operations on lower extremity soft tissue, if coders can find more information of exact lower extremities site(e.g. hip, knee, lower leg etc.), the coder must change anatomical axis code(747=lower extremity soft tissue, unspecified) into more specific code as specific anatomical code below.

740=Soft tissue, hip; 741=Soft tissue, thigh; 742=Soft tissue, knee;

743=Soft tissue, lower leg; 744=Soft tissue, ankle; 745=Soft tissue, foot;

746= Soft tissue, toe

Excludes : Muscle, tendon, fascia of great toe 877 = Great toe

### Diagnostic procedures

747-04-00	Biopsy of soft tissue of lower extremities	8321	3,000	12,000
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Note : see chapter 18 for more codes on radiology services of lower extremities

### General procedures

747-10-00	Insertion of skeletal muscle stimulator into lower extremities muscle	8392	2,000	4,000
	Electrical muscular stimulation			
747-11-00	Removal of skeletal muscle stimulator from lower extremities muscle	8393	1,500	3,000
747-12-00	Replacement of skeletal muscle stimulator of lower extremities muscle	8392	2,800	5,000
747-21-00	Exploration of tendon sheath of lower extremities	8301	3,000	5,000
	Incision of tendon sheath			
	Removal of rice bodies from tendon sheath			
	Excludes : Exploration of tendon sheath of great toes			
747-21-01	Myotomy of lower extremities muscle	8302	5,000	7,000
747-21-02	Bursotomy of lower extremities	8303	4,000	6,000
	Removal of calcareous deposit of bursa			
747-21-08	Other incision of soft tissue of lower extremities	8309	2,000	7,000
	Incision of fascia			
747-22-00	Drainage of deep intramuscular abscess of lower extremities	8309	3,000	6,000
747-22-01	Drainage of deep infected bursa of lower extremities	8309	2,000	4,000
747-22-02	Drainage of deep infected hematoma of lower extremities	8309	3,000	8,000
747-22-08	Other drainage of soft tissue of lower extremities	8309	3,000	4,000
747-24-00	Tenotomy of tendon of lower extremities ,subcutaneous	8313	4,000	6,000
	Aponeurotomy			
	Division of tendon			
	Tendon release			
	Tendon transection			
747-24-01	Tenotomy of tendon of lower extremities, open	8313	6,000	9,000
747-24-02	Tenotomy of tendon of lower extremities, multiple	8313	8,000	15,000
747-24-03	Fasciotomy of lower extremities	8314	5,000	9,000
	Division of fascia			
	Fascia stripping			
	Release of Volkmann's contracture by fasciotomy			
747-24-04	Lysis of adhesions of lower extremities	8391	12,000	20,000
	Freeing of adhesions of fascia, muscle,tendon and bursa of lower extremities			



	ICD-9 Code	Mean	Percentile 90
<b>747-24-08 Other division of soft tissue of lower extremities</b>	8319	6,000	10,000
Division of muscle			
Muscle release			
Myotomy with division			
Total release of soft tissue of lower extremities in cerebral palsy			
Transection of muscle			
<b>747-26-00 Excision of lesion of lower extremities muscle</b>	8332	4,000	10,000
Excision of:			
heterotopic bone			
muscle scar for release of Volkmann's contracture			
myositis ossificans			
<b>747-26-01 Excision of tendon of lower extremities for graft</b>	8341	3,000	5,000
<b>747-26-02 Other tenonectomy of lower extremities</b>	8342	4,000	6,000
Excision of:			
aponeurosis			
tendon sheath			
Tenosynovectomy			
<b>747-26-03 Excision of muscle of lower extremities for graft</b>	8343	6,000	8,000
<b>747-26-04 Other myectomy of lower extremities</b>	8345	4,000	5,000
Debridement of muscle			
<b>747-26-05 Excision of fascia of lower extremities for graft</b>	8343	2,000	4,000
<b>747-26-08 Other fasciectomy of lower extremities</b>	8344	2,000	4,000
<b>747-26-10 Bursectomy of lower extremities</b>	835	3,000	6,000
<b>747-26-10 Marginal resection of soft tissue of lower extremities</b>	835	12,000	20,000
Marginal resection of soft tissue tumor of lower extremities			
<b>747-26-11 Wide resection of soft tissue of lower extremities</b>	8349	13,000	23,000
Wide resection of soft tissue tumor of lower extremities			
<b>747-26-18 Other excision of soft tissue of lower extremities</b>	8349	8,000	15,000
<b>747-37-00 Fixation, tenodesis of tendon of lower extremities</b>	8349	7,000	12,000
<b>747-38-00 Advancement of tendon of lower extremities</b>	8388	6,000	9,000
<b>747-38-01 Recession of tendon of lower extremities</b>	8371	5,000	8,000
<b>747-38-02 Tendon transfer of lower extremities</b>	8372	6,000	12,000
<b>747-38-03 Muscle transfer of lower extremities</b>	8375	9,000	14,000
<b>747-39-00 Suture of tendon sheath of lower extremities</b>	8377	3,000	5,000
<b>747-39-01 Delay suture of tendon sheath of lower extremities</b>	8361	4,000	6,000
<b>747-39-08 Other repair of soft tissue of lower extremities</b>	8362	3,000	6,000
<b>747-42-00 Shortening of tendon of lower extremities</b>	8399	6,000	8,000
<b>747-43-00 Lengthening of tendon of lower extremities</b>	8385	6,000	8,000
<b>727-44-00 Insertion of antibiotic impregnated bead in soft tissue of lower extremities</b>	8349	6,000	10,000
Insertion of gentamicin bead			
<b>747-45-00 Operative removal of foreign body or material from soft tissue of lower extremities</b>	8309	5,000	8,000
<b>747-48-00 Reattachment of tendon of lower extremities</b>	8373	7,000	15,000
<b>747-48-01 Reattachment of muscle of lower extremities</b>	8374	7,000	15,000
<b>747-48-02 Other lower extremities tendon transposition</b>	8376	6,000	10,000
<b>747-48-03 Other lower extremities muscle transposition</b>	8379	6,000	10,000
<b>747-48-04 Tendon pulley reconstruction at lower extremities</b>	8383	7,000	12,000

	ICD-9 Code	Mean	Percentile 90
<b>747-48-06 Other plastic repair operations on tendon of lower extremities</b>	<b>8388</b>	<b>9,000</b>	<b>18,000</b>
Myotenoplasty			
Tendon fixation			
Tendon plication			
Tenodesis			
Tenoplasty			
<b>747-48-07 Other plastic repair operations on muscle of lower extremities</b>	<b>8387</b>	<b>10,000</b>	<b>30,000</b>
Musculoplasty			
Myoplasty			
Muscle flap (Pedicle or free vascularized)			
<b>747-48-08 Other plastic repair operations on fascia of lower extremities</b>	<b>8389</b>	<b>6,000</b>	<b>14,000</b>
Fascia lengthening			
Fascioplasty			
Plication of fascia			
<b>747-50-00 Tendon transplantation at lower extremities</b>	<b>8375</b>	<b>14,000</b>	<b>20,000</b>
<b>747-50-01 Muscle transplantation at lower extremities</b>	<b>8377</b>	<b>14,000</b>	<b>30,000</b>
<b>747-50-02 Tendon graft of lower extremities</b>	<b>8381</b>	<b>7,000</b>	<b>12,000</b>
<b>747-50-03 Muscle graft of lower extremities</b>	<b>8382</b>	<b>9,000</b>	<b>16,000</b>
<b>747-50-04 Fascia graft of lower extremities</b>	<b>8382</b>	<b>6,000</b>	<b>10,000</b>
<i>Miscellaneous procedures</i>			
<b>747-81-00 Injection of therapeutic agents into bursa of lower extremities</b>	<b>8396</b>	<b>1,000</b>	<b>2,000</b>
<b>747-81-01 Injection of therapeutic agents into tendon sheath or soft tissue around tendon of lower extremities</b>	<b>8397</b>	<b>600</b>	<b>1,000</b>
<b>747-81-02 Injection of locally-acting therapeutic agents into other soft tissue of lower extremities</b>	<b>8398</b>	<b>600</b>	<b>1,000</b>
<b>747-81-03 Injection of steroid into bursa of lower extremities</b>	<b>9923</b>	<b>600</b>	<b>1,000</b>
<b>747-81-04 Injection of steroid into tendon sheath or soft tissue around tendon of lower extremities</b>	<b>9923</b>	<b>300</b>	<b>500</b>
<b>747-81-08 Injection of steroid into other soft tissue of lower extremities</b>	<b>9923</b>	<b>300</b>	<b>500</b>
<i>Other procedures and operations</i>			
<b>747-99-99 Other operation on soft tissue of lower extremities</b>	<b>8399</b>	<b>4,000</b>	<b>10,000</b>

## LOWER EXTREMITY ARTERY

Includes: Artery of great toe and toes (Anatomy code = 754)

Anterior tibial artery (Anatomy code = 751 or 752)

Femoral artery (Anatomy code = 748 or 749)

Peroneal artery (Anatomy code = 751)

Popliteal artery (Anatomy code = 750)

Posterior tibial artery (Anatomy code = 751 or 752)

Note: During coding operations on lower extremity artery, if coders can find more information of exact artery site (e.g. hip, knee, lower leg etc.), the coder must change anatomical axis code (755=lower extremity artery, unspecified) into more specific code as specific anatomical code below.

748=Artery, hip and inguinal area; 749=Artery, lower thigh; 750=Artery, knee;

751=Artery, lower leg; 752=Artery, ankle; 753=Artery, foot; 754=Artery, toe



	ICD-9 Code	Mean	Percentile 90
<i>General procedures</i>			
755-21-01 Incision of lower extremity artery	3808	16,000	27,000
Embolectomy			
Thrombectomy			
Thrombectomy of graft with revision		23,000	38,000
755-24-00 Freeing of lower extremity artery	3991	8,000	14,000
755-25-00 Control of hemorrhage following arterial surgery of lower extremity artery	3941	11,000	18,000
755-26-00 Endarterectomy of lower extremity artery	3818	25,000	48,000
- aortoiliac			
- iliofemoral			
- iliac			
- common femoral			
- deep femoral			
- femoropopliteal			
Endarterectomy with:			
embolectomy			
patch graft			
temporary bypass during procedure			
thrombectomy			
755-26-01 Resection of lower extremity artery with anastomosis	3838	24,000	40,000
Angiectomy			
Excision of:			
aneurysm (arteriovenous)			
blood vessel (lesion)			
			with anastomosis
755-30-00 Ligation of lower extremity artery	3888	12,000	20,000
755-35-00 Aorta-femoral bypass	3925	38,000	64,000
755-35-01 Aorta-bifemoral bypass	3925	38,000	64,000
755-35-02 Iliac-femoral bypass - vein graft	3925	31,000	52,000
- synthetic graft		29,000	48,000
755-35-03 Femoro-femoral bypass - vein graft	3929	26,000	44,000
- synthetic graft		24,000	40,000
755-35-04 Femoral-popliteal bypass - vein graft	3929	31,000	52,000
- synthetic graft		30,000	50,000
755-35-05 Axillo-femoral bypass - vein graft	3929	30,000	50,000
- synthetic graft		29,000	48,000
755-36-06 Axillo-bifemoral bypass - vein graft	3929	31,000	52,000
- synthetic graft		34,000	56,000
755-35-08 Other arterial bypass of lower extremity artery	3929		
- Femorotibial, Femoroperoneal		31,000	52,000
- Popliteal-tibial, popliteal-peroneal		30,000	50,000
- Ilio-iliac		29,000	48,000
- Aorta iliac		36,000	64,000
- Aorto femoro popliteal bypass		36,000	60,000

	ICD-9 Code	Mean	Percentile 90
<b>755-39-02 Repair of arteriovenous fistula of lower extremity artery</b>	3953	26,000	44,000
Repair of arteriovenous fistula or arteriovenous malformation by:			
clipping			
coagulation			
ligation and division			
<b>755-39-03 Repair of lower extremity artery with tissue patch graft</b>	3956	19,000	32,000
<b>755-39-04 Repair of lower extremity artery with synthetic patch graft</b>	3957	19,000	32,000
<b>755-39-05 Repair of lower extremity artery with unspecified patch graft</b>	3958	19,000	32,000
<b>755-39-08 Other repair of lower extremity artery - vein graft</b>	3959	27,000	44,000
other than vein graft		2,300	38,000
<b>755-46-00 Resection of lower extremity artery with replacement</b>	3868	25,000	40,000
Angiectomy			
Excision of:			
aneurysm			
- Femoral			
- Femoral (ruptured)			
- Popliteal			
- Popliteal (ruptured)			
aortic			
Resection of ruptured aneurysm - femoral artery			
- popliteal artery			
Excision of infected graft of lower extremity		19,000	32,000
<b>755-48-00 Angioplasty of lower extremity artery</b>	3950	14,000	24,000
Percutaneous transluminal angioplasty (PTA) of lower extremity artery			

## LOWER EXTREMITY VEIN

Includes: Anterior tibial vein (Anatomy code = 759)  
 Deep femoral vein (Anatomy code = 756 or 757)  
 Femoral vein (Anatomy code = 756 or 757)  
 Greater saphenous vein (Anatomy code = 757 or 758 or 759 or 760)  
 Lesser saphenous vein (Anatomy code = 758 or 759 or 760)  
 Peroneal vein (Anatomy code = 759)  
 Popliteal vein (Anatomy code = 758)  
 Posterior tibial vein (Anatomy code = 759)  
 Superficial vein of thigh and leg (Anatomy code = 757 or 758 or 759)  
 Vein of great toe and toes (Anatomy code = 762)

Note: During coding operations on lower extremity vein, if coders can find more information of exact vein site (e.g. hip, knee, lower leg etc.), the coder must change anatomical axis code (763=lower extremity vein, unspecified) into more specific code as specific anatomical code below.

756=Vein, hip and inguinal area; 757=Vein, lower thigh; 758=Vein, knee;  
 759=Vein, lower leg; 760=Vein, ankle; 761=Vein, foot; 762=Vein, toe

### General procedures

<b>763-10-00 Venous catheterization of lower extremity vein for renal dialysis</b>	3895	4,000	6,000
<b>763-12-00 Replacement of artery to venous cannula of lower extremity vein</b>	3994	11,000	18,000



763-21-00  
 763-21-12  
 763-21-30  
 763-26-00

763-31-00

763-35-00  
 763-31-01

763-31-08

763-41-00  
 763-48-00

763-81-00

Includes:

	ICD-9 Code	Mean	Percentile 90
<b>763-21-00 Puncture of lower extremity vein</b>	3899	500	1,000
<b>763-21-02 Venous cutdown of lower extremity vein</b>	3894	3,000	5,000
<b>763-25-00 Control of hemorrhage following venous surgery of lower extremity vein</b>	3941	11,000	18,000
<b>763-26-00 Venous stripping of lower extremity vein</b>	3859		
- Greater or lesser saphenous venous stripping		8,000	14,000
- Both greater and lesser saphenous venous stripping		12,000	20,000
Ligation, division and/or excision of recurrent or secondary varicose veins			
(clusters) one leg		1,000	2,000
Ligation, and complete stripping of greater and lesser saphenous veins with radical excision of ulcer and skin graft			
and/or interruption of communicating vein		21,000	35,000
<b>763-30-00 Ligation of lower extremity vein</b>	3889	8,000	14,000
Ligation of perforators, subfascial, radical (Linton type with or			
without skin graft)		24,000	40,000
Ligation and division of lesser saphenous vein at saphenoPopliteal junction		2,000	4,000
<b>763-35-00 Venous bypass of lower extremity vein</b>	3929	30,000	50,000
<b>763-35-01 Arteriovenostomy bypass of lower extremity vein</b>	3927		
- Direct anastomosis		16,000	26,000
- autogenous graft		17,000	29,000
<b>763-39-08 Other repair of lower extremity vein</b>	3959		
Valvuloplasty, femoral vein		14,000	24,000
Venous valve transposition (any vein donor)		18,000	38,000
<b>763-47-00 Revision of arteriovenous shunt of lower extremity vein</b>	3942	11,000	18,000
<b>763-48-00 Resection of lower extremity vein with replacement</b>	3849		
Valvuloplasty, femoral vein		14,000	24,000
Venous value transposition ( any vien donor)		18,000	30,000
Miscellaneous procedures			
<b>763-81-00 Injection of sclerosing agent into lower extremity vein</b>	3992		
- single vein		1,000	1,000
- multiple veins		1,000	2,000
- spidor veins		1,000	2,000

## LOWER EXTREMITY NERVE

Includes: Femoral nerve (Anatomy code = 764 or 765)

Lumbar plexus (Anatomy code = 764)

Nerve of great toe and toe (Anatomy code = 770)

Peroneal nerve (Anatomy code = 767)

Sciatic nerve (Anatomy code = 764 or 765)

Sural nerve (Anatomy code = 767)

Note : During coding operations on lower extremity nerve, if coders can find more information of exact nerve site (e.g. hip, knee, lower leg etc.), the coder must change anatomical axis code (771=lower extremity nerve, unspecified) into more specific code as specific anatomical code below.

764=Nerve, hip and inguinal area; 765=Nerve, thigh; 766=Nerve, knee;

767=Nerve, lower leg; 768=Nerve, ankle; 769=Nerve, foot; 770= Nerve, toe



	ICD-9 Code	Mean	Percentile 90
<i>Diagnostic procedures</i>			
771-02-00	Conduction study on lower extremity nerve	8915	2,800 5,000
771-04-00	Closed biopsy of lower extremity nerve	0411	4,000 7,000
<i>General procedures</i>			
771-10-00	Implantation of peripheral neurostimulator into lower extremity nerve	0479	600 1,000
771-11-00	Removal of peripheral neurostimulator from lower extremity nerve	0493	300 500
771-21-00	Incision of lower extremity nerve	0404	2,000 4,000
771-24-00	Division of lower extremity nerve	0403	3,000 6,000
771-24-01	Release of tarsal tunnel	0449	8,000 15,000
771-24-02	Decompression of lower extremity nerve	0449	10,000 18,000
771-24-08	Other lysis of adhesions of lower extremity nerve	0449	10,000 20,000
	Lower extremity nerve neurolysis		
771-26-00	Excision of lower extremity nerve	0407	6,000 18,000
	Curettage		
	Debridement		
	Resection		
	Excision of peripheral neuroma		
771-28-00	Destruction of lower extremity nerve	042	4,000 8,000
	Destruction of lower extremity nerve by:		
	cryoanalgesia		
	injection of neurolytic agent		
	radiofrequency		
771-35-00	Lower extremity nerve bypass	0474	9,000 16,000
771-39-00	Lower extremity nerve repair	0479	10,000 18,000
771-48-00	Revision of lower extremity nerve repair	0475	9,000 16,000
771-50-01	Lower extremity nerve graft	046	16,000 24,000
771-50-01	Lower extremity nerve transplantation of transposition	046	10,000 14,000
<i>Miscellaneous procedures</i>			
771-81-00	Injection of anesthetic agent into lower extremity nerve	0481	500 3,000
771-81-08	Injection of other agent into lower extremity nerve	0489	1,000 3,000
<i>Other procedures and operations</i>			
771-99-99	Other procedures and operations of lower extremity nerve	0499	3,000 10,000

## PELVIS

Note : During coding operations on pelvis, if coders can find more information of exact pelvis site(e.g. pubis, ischium etc.), the coder must change anatomical axis code(784=pelvis, unspecified) into more specific code as specific anatomical code below.

780=iliac bone; 781=pubic part or pelvis; 782=ischium bone; 783=acetabulum

### Diagnostic procedures

784-04-00	Biopsy of pelvis	7749	4,000 13,000
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Note : see chapter 18 for more codes on radiology services of lower extremities



	ICD-9 Code	Mean	Percentile 90
<i>General procedures</i>			
784-10-00 Insertion of bone growth stimulator into pelvis	7899	1,000	2,000
784-11-00 Removal of bone growth stimulator from pelvis	7869	500	1,000
784-11-01 Non-operative removal of external fixation devices from pelvis	9789	1,000	2,000
784-11-02 Non-operative removal of internal fixation devices from pelvis	9789	500	1,500
784-21-00 Incision of pelvis	7719	4,000	13,000
Opening of bone cortex of pelvis			
784-24-00 Wedge osteotomy of pelvis	7729	16,000	40,000
784-24-01 Osteoclasis of pelvis	7879	12,000	35,000
784-24-08 Other division of pelvis	7739	10,000	30,000
Osteoarthrotomy			
784-26-00 Debridement of open fracture site at pelvis	7969	5,000	15,000
Debridement of compound fracture of pelvis			
784-26-01 Excision of lesion of pelvis	7769	4,000	15,000
784-26-02 Excision of pelvis for graft	7779	4,000	15,000
784-26-03 Partial ostectomy of pelvis	7789	5,000	27,000
784-26-04 Total ostectomy of pelvis	7799	12,000	48,000
784-28-00 Sequestrectomy of pelvis	7709	5,000	27,000
784-29-00 Hindquarter amputation	8419	10,000	25,000
Hemipelvectomy			
Transpelvic amputation			
784-36-00 Closed reduction of fracture of pelvis	7909	7,000	14,000
784-36-01 Closed reduction of separate epiphysis of pelvis	7949	2,000	5,000
784-36-10 Open reduction of fracture pelvis	7929	8,000	15,000
784-36-11 Open reduction of separate epiphysis of pelvis	7959	5,000	15,000
784-37-00 Application of external fixation devices at pelvis	7819	5,000	30,000
784-37-01 Internal fixation of pelvis	7859	10,000	40,000
784-37-02 Repair of malunion or nonunion fracture of pelvis with internal fixation	7849	25,000	40,000
784-39-00 Repair of malunion or nonunion fracture of pelvis without internal fixation	7849	10,000	20,000
784-39-08 Other repair or plastic operations on pelvis	7849	5,000	10,000
784-42-00 Bone shortening procedures at pelvis	7829	1,000	1,000
784-43-00 Bone lengthening procedures at pelvis	7839	1,000	1,000
784-45-00 Operative removal of external fixation devices from pelvis	7869	3,500	6,000
784-45-01 Operative removal of internal fixation devices from pelvis	7869	9,000	11,000
784-45-02 Operative removal of foreign body or material from pelvis	7999	9,000	11,000
Excludes : Operative removal of external fixation devices(784-45-00),			
Operative removal of internal fixation devices(784-45-01)			
784-46-00 Revision of fixation devices of pelvis	7859	9,000	40,000
784-47-00 Reconstruction of pelvis	7849	20,000	40,000
Excludes : Bone shortening procedures at pelvis(784-42-00),			
Bone lengthening procedures at pelvis(784-43-00)			

	ICD-9 Code	Mean	Percentile 90
<b>784-50-00 Bone graft of pelvis</b>	<b>7809</b>	<b>10,000</b>	<b>20,000</b>
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			
<i>Other procedures and operations</i>			
<b>784-99-99 Other procedures and operations on pelvis</b>	<b>7841</b>	<b>10,000</b>	<b>20,000</b>

## FEMUR

Note : During coding operations on femur, if coders can find more information of exact femur site(e.g. tuberosity, shaft, supracondylar etc.), the coder must change anatomical axis code(798=femur, unspecified site) into more specific code as specific anatomical code below.

785=Proximal femur; 786=Femoral head; 787=Femur neck;  
 788=Femur, intertrochanteric; 789=Femur, subtrochanteric;  
 790=Epiphysis of upper femur; 791=Femur, shaft; 792=Distal femur  
 793=Distal femur, supracondylar; 794=Distal femur, medial condyle;  
 795=Distal femur, lateral condyle; 796=Distal femur, epicondyle;  
 797=Epiphysis of distal femur

### Diagnostic procedures

<b>798-04-00 Biopsy of femur</b>	<b>7745</b>	<b>7,000</b>	<b>13,000</b>
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Note : see chapter 18 for more codes on radiology services of lower extremities

### General procedures

<b>798-10-00 Insertion of bone growth stimulator into femur</b>	<b>9986</b>	<b>1,000</b>	<b>2,000</b>
<b>798-11-00 Removal of bone growth stimulator from femur</b>	<b>9789</b>	<b>500</b>	<b>1,000</b>
<b>798-11-01 Non-operative removal of external fixation devices from femur</b>	<b>9789</b>	<b>1,000</b>	<b>2,000</b>
<b>798-11-02 Non-operative removal of internal fixation devices from femur</b>	<b>9789</b>	<b>800</b>	<b>1,500</b>
<b>798-21-00 Incision of femur</b>	<b>7715</b>	<b>5,000</b>	<b>13,000</b>
Opening of bone cortex of femur			
<b>798-24-00 Wedge osteotomy of femur</b>	<b>7725</b>	<b>9,000</b>	<b>18,000</b>
<b>798-24-01 Osteoclasis of femur</b>	<b>7875</b>	<b>4,000</b>	<b>8,000</b>
<b>798-24-08 Other division of femur</b>	<b>7735</b>	<b>6,000</b>	<b>10,000</b>
Osteoarthrotomy			
<b>798-26-00 Debridement of open fracture site at femur</b>	<b>7965</b>	<b>8,000</b>	<b>15,000</b>
Debridement of compound fracture of femur			
<b>798-26-01 Excision of lesion of femur</b>	<b>7765</b>	<b>8,000</b>	<b>16,000</b>
<b>798-26-02 Excision of femur for graft</b>	<b>7775</b>	<b>1,000</b>	<b>1,000</b>
<b>798-26-03 Partial ostectomy of femur</b>	<b>7785</b>	<b>9,000</b>	<b>23,000</b>
<b>798-26-04 Total ostectomy of femur</b>	<b>7795</b>	<b>10,000</b>	<b>40,000</b>
<b>798-28-00 Sequestrectomy of femur</b>	<b>7705</b>	<b>9,000</b>	<b>23,000</b>
<b>798-29-00 Amputation through femur</b>	<b>8417</b>	<b>9,000</b>	<b>20,000</b>
Above-knee amputation			



	ICD-9 Code	Mean	Percentile 90
798-36-00 Closed reduction of fracture of femur	7905	4,500	8,000
798-36-01 Closed reduction of separated epiphysis of femur	7945	5,000	14,000
798-36-10 Open reduction of fracture of femur	7925	5,000	14,000
798-36-11 Open reduction of separated epiphysis of femur	7955	6,000	14,000
798-37-00 Application of external fixation devices at femur	7815	8,000	20,000
798-37-01 Internal fixation of femur , with wire , k-wire or screws	7855	7,000	18,000
798-37-02 Internal fixation of femur , plate and screws fixation	7855	13,000	34,000
798-37-03 Internal fixation of femur , intramedullary nail	7855	20,000	28,000
798-37-04 Internal fixation of femur , other implants	7855	10,000	34,000
798-37-05 Internal fixation of epiphysis of femur	7855	7,000	18,000
798-37-06 Repair of malunion or nonunion fracture of femur with internal fixation	7845	17,000	34,000
798-39-00 Repair of malunion or nonunion fracture of femur without internal fixation	7845	15,000	15,000
798-39-08 Other repair or plastic operations on femur	7845	7,000	15,000
798-42-00 Bone shortening procedures at femur	7825	11,000	30,000
Epiphyseal stapling			
Open epiphysiodesis			
Percutaneous epiphysiodesis			
Resection/osteotomy			
798-43-00 Bone lengthening procedures at femur	7835	15,000	34,000
Distraction technique with or without corticotomy/osteotomy			
798-45-00 Operative removal of external fixation devices from femur	7865	3,500	6,000
798-45-01 Operative removal of internal fixation devices from femur	7865	9,000	11,000
798-45-02 Operative removal of foreign body or material from femur	7865	9,000	11,000
Excludes : Operative removal of external fixation devices(798-45-00),			
Operative removal of internal fixation devices(798-45-01)			
798-47-00 Revision of fixation devices of femur	7855	18,000	34,000
798-48-00 Reconstruction of femur	7845	18,000	34,000
Excludes : Bone shortening procedures at femur(798-42-00),			
Bone lengthening procedures at femur(798-43-00)			
798-50-00 Bone graft of femur	7805	9,000	18,000
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			
<i>Miscellaneous procedures</i>			
798-81-00 Injection of steroid or substance into femur	8499	4,000	7,000
Injection of phenol into bone cyst of femur			
<i>Other procedures and operations</i>			
798-99-01 Operation performed with minimally invasive technique	7845	4,500	8,000
798-99-99 Other procedures and operations on femur	7845	13,000	24,000

**TIBIA**

Note : During coding operations on tibia, if coders can find more information of exact bone site(e.g. shaft, plateau, condyle etc.), the coder must change anatomical axis code(814=tibia, unspecified site) into more specific code as specific anatomical code below.

800=Proximal tibia; 801=Proximal tibia, extraarticular part; 802=Tibial tuberosity

803=Proximal tibia, medial condyle; 804=Proximal tibia, lateral condyle

805=Proximal tibia, intraarticular part;

806=Tibial spine and intercondylar eminence of proximal tibia;

807=Epiphysis of proximal tibia; 808=Tibia, shaft; 809=Distal end of tibia

810=Distal tibia, extraarticular part; 811=Tibia, distal articular part (Pilon);

812=Distal tibia, intraarticular part; 813=Epiphyseal of distal tibia

*Diagnostic procedures*

814-04-00	Biopsy of tibia	7747	5,000	10,000
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Note : see chapter 18 for more codes on radiology services of lower extremities

*General procedures*

814-10-00	Insertion of bone growth stimulator into tibia	9986	800	1,500
814-11-00	Removal of bone growth stimulator from tibia	9789	500	1,000
814-11-01	Non-operative removal of external fixation devices from tibia	9789	1,000	2,000
814-11-02	Non-operative removal of internal fixation devices from tibia	9789	800	1,500
814-21-00	Incision of tibia	7717	4,000	10,000
	Opening of bone cortex of tibia			
814-24-00	Wedge osteotomy of tibia	7727	9,000	15,000
814-24-01	Osteoclasis of tibia	7877	3,000	7,000
814-24-08	Other division of tibia	7737	5,000	9,000
	Osteoarthrotomy			
814-26-00	Debridement of open fracture site at tibia	7966	8,000	15,000
	Debridement of compound fracture of tibia			
814-26-01	Excision of lesion of tibia	7767	7,000	14,000
814-26-02	Excision of tibia for graft	7777	1,000	1,000
814-26-03	Partial ostectomy of tibia	7787	9,000	20,000
814-26-04	Total ostectomy of tibia	7797	10,000	35,000
814-28-00	Sequestrectomy of tibia	7707	9,000	20,000
814-29-00	Amputation through lower leg	8417	8,000	16,000
	Below-knee amputation			
814-36-00	Closed reduction of fracture of tibia	7906	6,000	13,000
814-36-01	Closed reduction of separate epiphysis of tibia	7946	5,000	12,000
814-36-10	Open reduction of fracture of tibia	7926	5,000	12,000
814-36-11	Open reduction of separate epiphysis of tibia	7956	5,000	12,000
814-37-00	Application of external fixation devices at tibia	7817	9,000	18,000
814-37-01	Internal fixation of tibia, with wire, k-wire or screws	7817	7,000	16,000
814-37-02	Internal fixation of tibia, plate and screws fixation	7857	9,000	30,000
814-37-03	Internal fixation of tibia, intramedullary nail	7857	12,000	25,000
814-37-04	Internal fixation of tibia, other implants	7857	7,000	30,000
814-37-05	Internal fixation of epiphysis of tibia	7857	6,000	16,000

814-37-06 Repair

814-39-00 Re ar

814-39-08 Other

814-42-00 Bo sl

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814-43-00 Bone le

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814-45-00 Operat

814-45-01 Operat

814-45-02 Operat

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814-47-00 Re sic

814-48-00 Recons

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814-50-00 Bone g

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814-81-00 Inj ti

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Other procedu

814-99-01 Operat

814-99-99 Ot r

Diagnostic pro

817-04-00 Bi sy

Note :

General procedu

817-10-00 Inserti

817-11-00 Re ov

817-11-01 Non-o



	ICD-9 Code	Mean	Percentile 90
814-37-06 Repair of malunion or nonunion fracture of tibia with internal fixation	7847	11,000	30,000
814-39-00 Repair of malunion or nonunion fracture of tibia without internal fixation	7847	10,000	20,000
814-39-08 Other repair or plastic operations on tibia	7847	6,000	13,000
814-42-00 Bone shortening procedures at tibia	7827	7,000	15,000
Epiphyseal stapling			
Open epiphysiodesis			
Percutaneous epiphysiodesis			
Resection/osteotomy			
814-43-00 Bone lengthening procedures at tibia	7837	20,000	30,000
Distraction technique with or without corticotomy/osteotomy			
814-45-00 Operative removal of external fixation devices from tibia	7867	3,000	5,000
814-45-01 Operative removal of internal fixation devices from tibia	7867	8,000	10,000
814-45-02 Operative removal of foreign body or material from tibia	7867	8,000	10,000
Excludes : Operative removal of external fixation devices(814-45-00),			
Operative removal of internal fixation devices(814-45-01)			
814-47-00 Revision of fixation devices of tibia	7857	15,000	30,000
814-48-00 Reconstruction of tibia	7847	15,000	30,000
Excludes : Bone shortening procedures at tibia(814-42-00),			
Bone lengthening procedures at tibia(814-43-00)			
814-50-00 Bone graft of tibia	7807	8,000	16,000
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			
<i>Miscellaneous procedures</i>			
814-81-00 Injection of steroid or substance into tibia	8499	3,000	6,000
Injection of phenol into bone cyst of tibia			
<i>Other procedures and operations</i>			
814-99-01 Operation performed with minimally invasive technique	7847	4,000	7,000
814-99-99 Other procedures and operations on tibia	7847	10,000	20,000

## FIBULA

<i>Diagnostic procedures</i>			
817-04-00 Biopsy of fibula	7747	4,000	8,000
Note : see chapter 18 for more codes on radiology services of lower extremities			
<i>General procedures</i>			
817-10-00 Insertion of bone growth stimulator into fibula	9986	800	1,500
817-11-00 Removal of bone growth stimulator from fibula	9789	500	1,000
817-11-01 Non-operative removal of external fixation devices from fibula	9789	1,000	2,000



	ICD-9 Code	Mean	Percentile 90
817-11-02 Non-operative removal of internal fixation devices from fibula		800	1,500
817-21-00 Incision of fibula	7717	3,000	7,000
817-24-00 Wedge osteotomy of fibula	7727	6,000	10,000
817-24-01 Osteoclasis of fibula	7877	2,500	5,000
817-24-08 Other division of fibula	7737	4,000	8,000
Osteoarthrotomy			
817-26-00 Debridement of open fracture site at fibula	7966	6,000	10,000
Debridement of compound fracture of fibula			
817-26-01 Excision of lesion of fibula	7767	6,000	13,000
817-26-02 Excision of fibula for graft	7777	8,000	15,000
817-26-03 Partial ostectomy of fibula	7787	9,000	15,000
817-26-04 Total ostectomy of fibula	7797	10,000	20,000
817-28-00 Sequestrectomy of fibula	7707	9,000	15,000
817-36-00 Closed reduction of fracture fibula	7906	2,000	6,000
817-36-01 Closed reduction of separate epiphysis of fibula	7946	2,000	6,000
817-36-10 Open reduction of fracture fibula	7926	4,000	10,000
817-36-11 Open reduction of separate epiphysis of fibula	7956	4,000	10,000
817-37-00 Application of external fixation devices at fibula	7817	8,000	15,000
817-37-01 Internal fixation of fibula	7857	7,000	16,000
Exclude : internal fixation of malleolus for ankle fracture (817-37-02,817-37-03,817-37-04)			
817-37-02 Internal fixation of mono-malleolus for ankle fracture	7847	7,000	16,000
817-37-03 Internal fixation of bi-malleolus for ankle fracture	7847	9,000	24,000
817-37-04 Internal fixation of tri-malleolus for ankle fracture	7847	12,000	32,000
817-37-05 Repair of malunion or nonunion fracture of fibula with internal fixation	7847	15,000	35,000
817-39-00 Repair of malunion or nonunion fracture of fibula without internal fixation	7847	9,000	18,000
817-39-08 Other repair or plastic operations on fibula	7847	5,000	10,000
Repair of malunion or nonunion fracture			
817-45-00 Operative removal of external fixation devices from fibula	7867	2,000	4,000
817-45-01 Operative removal of internal fixation devices from fibula	7867	4,000	8,000
817-45-02 Operative removal of foreign body or material from fibula	7867	4,000	8,000
Excludes : Operative removal of external fixation devices(817-45-00), Operative removal of internal fixation devices(817-45-01)			
817-47-04 Revision of fixation devices of fibula	7850	10,000	20,000
817-48-01 Reconstruction of fibula	7840	10,000	20,000
Excludes : Bone shortening procedures at fibula(817-42-00), Bone lengthening procedures at fibula(817-43-00)			
817-50-00 Bone graft of fibula	7807	8,000	16,000
Bone:			
bank graft			
graft(autogenous)(heterogenous)			
That with debridement of bone graft site(removal of sclerosed, fibrous, or necrotic bone or tissue)			
Transplantation of bone			

*Miscellaneous procedures*

817-81-00	Injection of steroid or substance into fibula	8499	2,500	5,000
	Injection of phenol into bone cyst of fibula			

*Other procedures and operations*

817-99-00	Operation performed with minimally invasive technique	8499	3,000	6,000
817-99-99	Other procedures and operations on fibula	8499	8,000	15,000

**HIP JOINT***Diagnostic procedures*

829-00-00	Arthroscopy of hip joint	8022	7,000	13,000
829-04-00	Biopsy of hip joint	8035	8,000	15,000
	Aspiration biopsy			
	Note: see chapter 18 for more codes on radiology services of lower extremities			

*General procedures*

829-21-00	Removal of prosthesis from hip joint	8015	12,000	22,000
829-21-08	Other arthrotomy of hip joint	8015	8,000	15,000
	Arthrostomy			
829-22-00	Arthrocentesis of hip joint	8191	2,000	4,000
829-24-00	Division of hip joint capsule, ligaments or cartilage	8045	11,000	20,000
	Release of:			
	adherent or constrictive joint capsule			
	joint			
	ligament			
829-26-00	Debridement of hip joint	8085	10,000	18,000
829-26-01	Synovectomy of hip joint	8075	10,000	18,000
	Complete or partial resection of synovium membrane			
829-26-02	Local excision of lesion of hip joint	8085	8,000	15,000
829-26-08	Other excision of hip joint	8085	11,000	19,000
829-28-00	Local destruction of lesion of hip joint	8085	12,000	22,000
829-28-08	Other destruction of hip joint	8085	12,000	22,000
829-29-00	Disarticulation of hip	8418	8,000	14,000
	Amputation at hip level			
829-34-00	Fusion of hip joint (arthrodesis)	8121	17,000	30,000
829-36-00	Closed reduction of dislocation of hip joint	7975	3,000	5,000
829-36-10	Open reduction of dislocation of hip joint	7985	6,000	10,000
829-39-00	Suture of capsule of ligament of hip joint	8195	11,000	20,000
829-39-01	Repair of recurrent dislocation of hip	8196	13,000	24,000
829-39-08	Other repair of hip joint	8196	8,000	24,000
829-45-00	Removal of fixation devices from hip joint	8199	11,000	20,000
829-46-00	Partial hip replacement	8152	17,000	30,000
	Bipolar endoprosthesis			
	Hemiarthroplasty of hip			

	ICD-9 Code	Mean	Percentile 90
829-46-01 Total hip replacement	8151	22,000	40,000
Replacement of both femoral head and acetabulum by prosthesis			
Total reconstruction of hip			
829-46-10 Revision hip replacement, partial	8153	28,000	50,000
829-46-11 Revision hip replacement, total	8153	33,000	60,000
829-47-00 Revision of operation of hip joint	8153	17,000	30,000
829-48-00 Arthroplasty of hip joint	8140	17,000	30,000
Excludes: Partial hip replacement(829-46-00), Total hip replacement(828-46-01)			
829-48-08 Other reconstruction of hip joint	8199	10,000	35,000
829-81-00 Injection of therapeutic agents into hip joint	8192	2,000	4,000
829-81-01 Injection of steroid into hip joint	8192	1,000	2,000
829-83-00 Irrigation of hip joint	8199	5,000	9,000
Lavage of hip joint			

#### Other procedures and operations

829-99-01 Operation performed with minimally invasive technique	8199	6,000	11,000
829-99-02 Operation performed with arthroscopic technique	8199	7,000	12,000
829-99-99 Other procedures and operations on hip joint	8199	8,000	15,000

## KNEE JOINTS

Include: Articular cartilage

Lateral meniscus

Medial meniscus

#### Diagnostic procedures

833-00-00 Arthroscopy of knee joint	8022	7,000	13,000
833-04-00 Biopsy of knee joint	8036	8,000	15,000

Aspiration biopsy

Note: see chapter 18 for more codes on radiology services of lower extremities

#### General procedures

833-21-00 Removal of prosthesis from knee joint	8016	12,000	22,000
833-21-08 Other arthrotomy of knee joint	8016	8,000	15,000
Arthrostomy			
833-22-00 Arthrocentesis of knee joint	8191	2,000	4,000
833-24-00 Division of knee joint capsule, ligaments or cartilage	8046	11,000	20,000
Release of:			
adherent or constrictive joint capsule			
joint			
ligament			
833-26-00 Debridement of knee joint	8086	10,000	18,000
833-26-01 Synovectomy of knee joint	8076	10,000	18,000
Complete or partial resection of synovium membrane			
833-26-02 Local excision of lesion of knee joint	8086	8,000	15,000



833-26-03 E  
E  
833-26-08 O  
833-28-00 L  
833-28-08 O  
833-29-00 D  
A  
833-34-00 Fr  
833-36-00 Cl  
833-36-10 O  
833-39-00 St  
833-39-01 Fi  
M  
ad  
833-39-02 Tr  
M  
me  
O  
833-39-03 Re  
833-39-04 Re  
833-39-05 Re  
833-39-08 Ot  
833-45-00 Re  
833-46-00 Pa  
Un  
833-46-01 To  
To  
Bic  
833-46-10 Re  
833-46-11 Re  
833-47-00 Re  
833-48-00 Re  
AC  
PC  
833-48-01 Re  
833-48-02 Ar  
Ex  
833-48-08 Du  
Miscellaneous  
833-81-00 nj  
833-81-01 Inj  
833-83-01 tri  
La

	ICD-9 Code	Mean	Percentile 90
833-26-03 Excision of meniscus of knee	8199	11,000	19,000
Excision of semilunar cartilage of knee			
833-26-08 Other excision of knee joint	8086	-11,000	19,000
833-28-00 Local destruction of lesion of knee joint	8086	12,000	22,000
833-28-08 Other destruction of knee joint	8086	12,000	22,000
833-29-00 Disarticulation of knee	8416	8,000	14,000
Amputation at knee level			
833-34-00 Fusion of knee joint (arthrodesis)	8122	17,000	30,000
833-36-00 Closed reduction of dislocation knee joint	7976	3,000	5,000
833-36-10 Open reduction of dislocation knee joint	7986	6,000	10,000
833-39-00 Suture of capsule of knee joint	8195	11,000	20,000
833-39-01 Five-in-one repair of knee	8196	13,000	24,000
Medial meniscectomy, medial collateral ligament repair, vastus medialis advancement, semitendinosus advancement, and pes anserinus transfer			
833-39-02 Triad knee repair	8147	13,000	24,000
Medial meniscectomy with repair of the anterior cruciate ligament and the medial collateral ligament			
O'Donoghue procedure			
833-39-03 Repair of the cruciate ligaments of knee	8145	13,000	24,000
833-39-04 Repair of the collateral ligaments of knee	8146	11,000	20,000
833-39-05 Repair of meniscus of knee	8147	13,000	24,000
833-39-08 Other repair of knee joint	8196	8,000	24,000
833-45-00 Removal of fixation devices from knee joint	8199	11,000	20,000
833-46-00 Partial knee replacement	8151	17,000	30,000
Unicompartmental knee replacement			
833-46-01 Total knee replacement	8154	22,000	40,000
Total knee arthroplasty			
Bicompartmental, Tricompartmental knee replacement			
833-46-10 Revision of knee joint replacement, partial	8155	28,000	50,000
833-46-11 Revision of knee joint replacement, total	8155	33,000	60,000
833-47-00 Revision of operation of knee joint	8155	17,000	30,000
833-48-00 Reconstruction of cruciate ligaments of knee	8140	17,000	30,000
ACL reconstruction			
PCL reconstruction			
833-48-01 Reconstruction of collateral ligaments of knee	8145	13,000	24,000
833-48-02 Arthroplasty of knee joint	8146	17,000	30,000
Excludes: Partial knee replacement(833-46-00), Total knee replacement(833-46-01)			
833-48-08 Other reconstruction of knee joint	8199	10,000	35,000
<i>Miscellaneous procedures</i>			
833-81-00 Injection of therapeutic agent into knee joint	8192	1,000	2,000
833-81-01 Injection of steroid into knee joint	8192	500	1,000
833-83-01 Irrigation of knee joint	8199	4,000	7,000
Lavage of knee joint			

*Other procedures and operations*

833-99-01	Operation performed with minimally invasive technique	8199	6,000	11,000
833-99-02	Operation performed with arthroscopic technique	8199	7,000	12,000
833-99-99	Other procedures and operations on knee joint	8199	5,000	10,000

**LOWER LIMB REGION***General procedures*

880-16-00	Fitting of Hindquarter prosthesis	8445	1,000	2,000
880-16-01	Fitting of prosthesis of hip area	8445	800	1,500
880-16-02	Fitting of prosthesis above knee	8445	800	1,500
880-16-03	Fitting of prosthesis of knee area	8447	600	1,200
880-16-04	Fitting of prosthesis below knee	8446	600	1,200
880-16-05	Fitting of prosthesis of ankle area	8446	500	1,000
880-16-06	Fitting of prosthesis of foot area	8446	500	1,000
880-16-09	Fitting of prosthesis of lower limb, not otherwise specified	8448	500	2,000
880-16-10	Fitting of orthosis of hip	9323	300	500
880-16-11	Fitting of orthosis of thigh	9323	300	500
880-16-12	Fitting of orthosis of knee	9323	300	500
880-16-13	Fitting of orthosis of leg	9323	300	500
880-16-14	Fitting of orthosis of ankle	9323	250	400
880-16-15	Fitting of orthosis of foot	9323	250	400
880-16-19	Fitting of orthosis of lower limb, not otherwise specified	9323	250	500

# CHAPTER 14 OTHER DIAGNOSTIC OR THERAPEUTIC PROCEDURES

ICD-9 Code Mean Percentile 90

When there are specified codes available in chapter 1-13, coders should use code in that chapter first. All codes in this chapter are provided to use in circumstances that coders can not use any code from chapter 1-13 for coding some procedures.

## TOTALBODY (ANY SITES)

### General procedures

900-11-00	Removal of external immobilization device	9788	300	500
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### Miscellaneous procedures

900-81-00	Injection or infusion of thrombolytic agent	9910	500	900
900-81-20	Injection or infusion of cancer chemotherapeutic substance	9925		
	Time use per session < 3 hrs.		300	500
	Time use per session > 3 hrs.		500	1,000
900-82-01	Exchange transfusion	9901	1,000	2,000
900-85-02	Therapeutic plasmapheresis	9971	1,000	2,000

## SKIN (UNSPECIFIED SITE)

### General procedures

901-10-00	Insertion of totally implantable infusion pump	8606	10,000	16,000
901-10-02	Insertion of totally implantable vascular access device	8607	10,000	14,000
901-12-00	Replacement of wound catheter	9789	1,000	1,600
901-12-01	Replacement of wound packing or drain	9789	1,000	1,600
901-21-00	Incision of pilonidal cyst or sinus	8603	600	1,000
901-21-08	Other incision of skin and subcutaneous tissue	8609	1,000	2,400
901-22-00	Aspiration of skin and subcutaneous tissue	8601	2,000	2,600
901-22-01	Liposuction, any site	8683	500	1,000
901-22-01	Drainage of skin and subcutaneous tissue	8683	1,000	1,600
901-26-00	Excisional debridement of wound, infection or burn	8622	1,000	2,000
901-26-01	Excision of pilonidal cyst or sinus	8621	5,000	8,000
901-26-02	Removal of nail, nailbed or nailfold	8627	1,000	1,500
901-26-03	Debridement of nail, nail bed or nailfold	8623	1,200	1,600
901-28-01	Dermabrasion	8625	10,000	13,000
901-28-03	Nonexcisional debridement of wound, infection or burn	8628	1,000	2,000
901-28-04	Electrolysis and other epilation of skin	8692	5,000	6,500

### Miscellaneous procedures

901-83-00	Irrigation of wound	9659	1,000	1,600
901-83-01	Irrigation of wound catheter	9658	1,000	1,600

### Other procedures and operations

901-99-99	Other procedures and operations on skin	8699		
	Removal of implantable intravenous infusion pump		7,000	12,000



Removal of implanted intravenous infusion part

5,000

8,000

## SOFT TISSUES AND FASCIA

## Diagnostic procedures

902-04-00	Biopsy of soft tissue	8321	1,000	3,000
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## General procedures

902-81-00	Injection of soft tissue	8602	500	1,000
902-21-00	Incision of soft tissue	8309	500	2,000
	Bursotomy			
902-22-00	Drainage of soft tissue	8309	500	3,000
902-24-00	Fasciotomy	8314	2,000	7,000
902-24-01	Lysis adhesions of soft tissue	8391	3,000	6,000
902-24-08	Other division of soft tissue	8319	500	4,000
902-26-00	Excision of lesion of soft tissue	8339	2,000	4,000
902-26-01	Excision for graft of soft tissue	8343	2,000	4,000
902-26-02	Fasciectomy	8344	2,000	4,000
902-26-08	Other excision of soft tissue	8349	2,000	3,000
902-37-00	Fixation of soft tissue	8399	2,000	4,000
902-38-00	Transfer of soft tissue	8399	4,000	8,000
902-39-00	Suture of soft tissue	8365	500	3,000
902-39-01	Delay suture of soft tissue	8365	500	4,000
902-39-08	Other repair of soft tissue	8399	500	4,000
902-42-00	Recession, shortening of soft tissue	8399	500	3,000
902-43-02	Lengthening, advancement of soft tissue	8399	1,000	4,000
902-48-00	Reconstruction of soft tissue	8399	3,000	5,000

## Other procedures and operations

902-99-99	Other operation on soft tissue	8399	500	5,000
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## MUSCLE

## Diagnostic procedures

903-04-00	Biopsy of muscle	8321	1,000	4,000
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## General procedures

903-10-00	Insertion of skeletal muscle stimulator	8392	500	1,000
903-11-00	Removal of skeletal muscle stimulator	8393	500	1,000
903-21-00	Incision of muscle	8302	1,000	3,000
	Myotomy			
903-22-00	Drainage of muscle	8302	500	3,000
903-24-00	Lysis adhesion of muscle	8391	3,000	6,000
903-24-08	Other division of muscle	8319	500	3,000
903-26-00	Excision of lesion of muscle	8332	3,000	5,000
903-26-01	Excision for muscle graft	8343	4,000	6,000
903-26-02	Myectomy	8345	3,000	4,000



# CHAPTER 14 Other diagnostic or therapeutic procedures

	ICD-9 Code	Mean	Percentile 90
903-26-08 Other excision of muscle	8345	3,000	4,000
903-37-00 Fixation of muscle	8387	2,000	4,000
903-38-00 Transfer of muscle	8377	4,000	8,000
903-39-00 Suture of muscle	8365	1,000	4,000
903-39-01 Delay suture of muscle	8387	2,000	5,000
903-39-08 Other repair of muscle	8399	1,000	5,000
903-42-00 Recession, shortening of muscle	8372	1,000	3,000
903-43-00 Lengthening, advancement of muscle	8371	3,000	5,000
903-48-00 Reconstruction of muscle	8377	5,000	8,000
903-50-00 Transplantation of muscle	8377	7,000	10,000
903-81-00 Injection into muscle	8398	1,000	2,000

## Other procedures and operations

903-99-99 Other operation on muscle	8399	1,000	8,000
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## TENDON

### General procedures

904-04-00 Biopsy of tendon	8321	2,000	4,000
904-21-00 Incision of tendon	8313	2,000	4,000
904-22-00 Drainage of tendon sheath	8313	1,000	3,000
904-24-00 Tenotomy	8313	3,000	5,000
904-24-01 Lysis adhesions of tendon	8391	5,000	9,000
904-24-08 Other division of tendon	8313	3,000	5,000
904-26-00 Excision of lesion of tendon	8342	3,000	6,000
904-26-01 Excision for graft of tendon	8341	2,000	4,000
904-26-02 Tenonectomy	8342	4,000	6,000
904-26-08 Other excision of tendon	8342	2,000	4,000
904-37-00 Fixation of tendon	8388	3,000	6,000
Tenodesis			
904-39-00 Suture of tendon	8364	3,000	5,000
904-39-01 Delay suture of tendon	8362	3,000	6,000
904-39-08 Other repair of tendon	8399	3,000	4,000
904-38-00 Transfer of tendon	8375	5,000	9,000
904-42-00 Recession, shortening of tendon	8372	3,000	5,000
904-43-00 Lengthening, advancement of tendon	8371	4,000	6,000
904-48-00 Reconstruction of tendon	8364	5,000	9,000
904-50-00 Transplantation of tendon	8375	7,000	10,000
904-81-00 Injection of tendon	8397	600	1,000

### Other procedures and operations

904-99-99 Other operation on tendon	8399	3,000	5,000
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## NERVE

*Diagnostic procedures*

905-04-00	Closed biopsy of nerve	411	1,500	4,000
905-04-01	Open biopsy of nerve	412	3,000	5,000

*General procedures*

905-10-00	Implantation of peripheral neurostimulator into nerve	479	600	1,000
905-11-00	Removal of peripheral neurostimulator into nerve	493	300	500
905-21-00	Incision of nerve	404	1,500	3,000
905-24-00	Division of nerve	403	2,000	4,000
905-24-01	Lysis of adhesions of nerve	449	3,000	6,000
905-26-00	Excision of nerve	407	2,000	4,000
905-28-00	Destruction of nerve	42	2,000	5,000
905-35-00	Nerve bypass	474	6,000	9,000
905-39-00	Nerve repair	479	4,000	6,000
905-47-00	Revision of nerve repair	476	5,000	7,000
905-48-00	Nerve graft	45	5,000	7,000
905-50-00	Nerve transplantation or transposition	46	5,000	7,000
905-81-00	Injection of anesthetic agent into nerve	481	500	2,000
905-81-08	Injection of other agent into nerve	489	1,000	2,000

## ARTERY

*Diagnostic procedures*

907-04-00	Biopsy of artery	3821	2,000	3,000
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*General procedures*

907-10-00	Arterial catheterization	3891	800	1,000
907-21-01	Incision of artery	3800	24,000	40,000
	Embolectomy			
907-26-00	Endarterectomy	3810	31,000	52,000
907-39-02	Repair of arteriovenous fistula	3953	38,000	64,000

*General procedures*

908-10-00	Venous catheterization for renal dialysis	3893	1,500	2,500
908-21-02	Venous cutdown	3894	1,500	3,000
908-30-00	Ligation of vein	3880	12,000	20,000
908-30-01	Interruption of vena cava	387	18,000	30,000
908-44-00	Insertion of venous catheter(semipermanent or permanent) for renal dialysis	3993	1,500	2,500

**LYMPHATIC VESSELS***General procedures*

909-04-00	Biopsy of lymphatic vessels	4011	6,000	10,000
909-21-00	Incision of lymphatic vessels	400	6,000	10,000
909-26-00	Excision of lymphatic vessels	4029	7,000	12,000
909-30-00	Ligation of lymphatic vessels	409	6,000	10,000

**LYMPH NODE(S)***Diagnostic procedures*

910-04-00	Biopsy of lymph node(s)	4011	5,000	8,000
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*General procedures*

910-21-00	Incision of lymph node(s)	400	2,000	4,000
910-26-00	Excision of lymph node(s)	4029	5,000	8,000
910-26-01	Wide excision of regional lymph nodes	403	12,000	20,000
910-26-02	Radical excision of regional lymph nodes	4050	25,000	42,000

**JOINTS***Diagnostic procedures*

913-04-00	Biopsy of joint	8030		
	closed needle synovial biopsy		1,000	2,000

*General procedures*

913-22-00	Arthrocentesis	8191	500	1,000
913-81-00	Injection of therapeutic substance into joint	8192	500	1,000

**BONE MARROW***General procedures*

915-04-00	Biopsy of bone marrow by aspiration	4131	1,000	1,500
915-04-98	Biopsy of bone marrow by other means	4131	1,500	2,000
Excludes : aspiration biopsy of bone marrow(915-04-00)				

**BLOOD***Specialty specific procedures*

916-85-00	Hemodialysis	3995	500	1,000
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## RESPIRATION SYSTEM

## General procedures

923-10-01	Intubation of respiratory tract	9605	800	1,500
923-90-02	Continuous mechanical ventilation of unspecified duration	9670	1,000	2,000
940-02-13	Rotation tests	9545	500	900
	Barany chair			
940-02-18	Other vestibular function tests	9546	300	550

## PSYCHE

## Diagnostic procedures

942-00-00	Psychiatric mental status determination	9411	500	900
	Clinical psychiatric mental status determination			
	Evaluation for criminal responsibility			
	Evaluation for testamentary capacity			
	Medicolegal mental status determination			
	Mental status determination			
908-10-88	Central venous catheterization (subclavian, internal jugular, femoral etc.)	3893	800	1,200

CHA 1  
EVALU

001-00-00

002-00-00

005-00-00

006-00-00

008-00-00

009-00-00

013-00-00

# CHAPTER 15 EVALUATION AND MANAGEMENT

ICD-9 Code Mean Percentile 90

Notes: Codes in this chapter are provided to be use in circumstances that it is required to record doctor service to out-patients and in-patients.

001-00-00	<b>First Outpatient Care</b>		
	การตรวจรักษากรณีผู้ป่วยนอกครั้งแรก		
	General และ/หรือ uncomplicated		
	Short visit (<10 นาที)	200	300
	Intermediate visit (10 - 30 นาที)	300	500
	Long visit (> 30 นาที)	500	1,000
	Specialty และ/หรือ complicated		
	Short visit (<10 นาที)	300	500
	Intermediate visit (10 - 30 นาที)	500	1,000
	Long visit (> 30 นาที)	1,000	2,000
002-00-00	<b>Follow up Outpatient Care for the Same Illness</b>		
	การตรวจรักษากรณีผู้ป่วยนอก ครั้งต่อไป สำหรับปัญหาเดียวกัน		
	General และ/หรือ uncomplicated		
	Short visit (<10 นาที)	200	300
	Intermediate visit (10 - 30 นาที)	300	500
	Long visit (> 30 นาที)	500	1,000
	Specialty และ/หรือ complicated		
	Short visit (<10 นาที)	300	500
	Intermediate visit (10 - 30 นาที)	500	1,000
	Long visit (> 30 นาที)	1,000	2,000
005-00-00	<b>Initial Inpatient Evaluation and Management</b>		
	การตรวจรักษากรณีผู้ป่วยในครั้งแรก สำหรับการรับตัวครั้งนั้น		
	General และ/หรือ uncomplicated	500	1,000
	Specialty และ/หรือ complicated	1,000	2,000
006-00-00	<b>Subsequent Inpatient Care</b>		
	การตรวจรักษากรณีผู้ป่วยใน ครั้งต่อไป สำหรับการรับตัวครั้งนั้น (ต่อวัน)		
	General และ/หรือ uncomplicated	300	500
	Specialty และ/หรือ complicated	500	1,000
008-00-00	<b>Initial Inpatient Evaluation and Management-Intensive Care (H-'1')</b>	1,500	3,000
	การตรวจรักษากรณีผู้ป่วยใน ครั้งแรก สำหรับการรับตัวในห้องผู้ป่วยหนัก		
009-00-00	<b>Subsequent Inpatient Care-Intensive Care (H-'1')</b>	800	1,200
	การตรวจรักษากรณีผู้ป่วยใน ครั้งต่อไป สำหรับการรับตัวในห้องผู้ป่วยหนัก		

## EVALUATION AND MANAGEMENT (CONT.)

013-00-00	<b>Home visit</b>	1,000	2,000
	การตรวจประเมินผู้ป่วยที่บ้าน		



# CHAPTER 16

## DENTAL PROCEDURES

(ไม่มีการกำหนดค่าธรรมเนียมแพทย์)



900-00-30 1

900-00-31 1

900-00-39 1

900-06-01 A

900-06-02 A

900-06-03 A

900-06-04 M

900-06-05 M

900-06-06 M

900-06-07 F

900-06-08 R

900-06-09 B

900-06-10 G

900-06-11 G

900-06-12 L

900-06-13 B

900-06-14 A

900-06-99 P

933-02-00 Ne

933-02-01 Ne

933-02-02 Ne

933-02-03 Re

933-02-04 Ne

933-02-05 Ne

## CHAPTER 17 REHABILITATION, PHYSICAL THERAPY AND RELATED PROCEDURES

ICD-9 Code Mean Percentile 90

All codes in chapter 17 will be arranged in ascending order by root operation (middle) axis.

### REHABILITATION CERTIFICATION

900-00-30	Medical rehabilitation certification, for disablement by rehabilitation act	1,000	2,000
900-00-31	Medical rehabilitation certification, for impairment by other laws	1,000	2,000
	พ.ร.บ. กองทุนเงินทดแทน		
900-00-39	Medical certification, unspecified	300	500

### PHYSICAL TESTS

900-06-01	Aerobic fitness capacity standard methods	1,500	3,000
	Maximum exercise testing		
900-06-02	Aerobic fitness capacity alternative methods (submaximum or indirect exercise testing)	1,500	3,000
900-06-03	Anaerobic fitness capacity	1,500	3,000
	Wingate testing		
900-06-04	Muscle strength testing using special sport equipment	9304	1,500
	Excludes : manual muscle testing		
900-06-05	Muscle strength testing using isokinetic machine	9304	1,500
900-06-06	Muscle power testing using special sport equipment	9304	1,500
	Excludes : manual muscle testing (see Musculoskeletal assessment)		
900-06-07	Flexibility testing	1,000	3,000
	Excludes : ROM testing		
900-06-08	Response time testing	1,000	3,000
900-06-09	Biodynamic analysis	1,000	3,000
900-06-10	Gait analysis using observation	1,000	3,000
900-06-11	Gait analysis using motion analysis	1,000	3,000
900-06-12	Lung vital capacity	8937	1,000
	Excludes : pulmonary function testing		
900-06-13	Body composition measurement	9307	1,000
900-06-14	Anthropometric measurement	1,000	3,000
900-06-99	Physical test, using other devices or techniques, unspecified	1,000	3,000

### DIAGNOSTIC STUDY

933-02-00	Nerve conduction study 1-3 nerves	9309	1,000	3,000
	Motor and sensory conduction study including late component			
	e.g. H-reflex, Blink reflex, F-wave study			
933-02-01	Nerve conduction study 4-7 nerves	9309	1,500	3,000
933-02-02	Nerve conduction study > 7 nerves	9309	1,800	4,000
933-02-03	Repetitive nerve stimulation [Decrement test]		1,500	3,000
933-02-04	Needle electromyography 1-3 muscles	9308	1,200	3,000
933-02-05	Needle electromyography 4-7 muscles	9308	1,500	3,000



	ICD-9 Code	Mean	Percentile 90
933-02-06 Needle electromyography > 7 muscles	9308	1,800	4,000
933-02-10 Quantitative electromyography	9308	2,000	3,000
933-02-11 Single fiber electromyography	9308	2,000	3,000
933-02-12 Somatosensory evoked potentials	9308	2,500	3,000
933-02-13 Intraoperative somatosensory evoked potential		3,000	4,000
933-02-14 Brain stem auditory evoked potentials [Auditory evoked responses]		2,500	4,000
933-02-15 Autonomic responses [tests]		3,000	4,000
Sympathetic skin responses (SSR), heart rate variability (RR interval)			
933-02-16 Visual evoked potentials		2,500	4,000
933-02-20 Motor evoked potentials using electrical stimulation		2,500	4,000
933-02-21 Motor evoked potentials using magnetic stimulation at peripheral nerves		2,500	4,000
933-02-22 Motor evoked potentials using magnetic stimulation at spinal cord		2,500	4,000
933-02-23 Motor evoked potentials using magnetic stimulation at brain		3,000	4,000
skin sensory testing using special equipment			
Monofilament			

## ACUPUNCTURE

900-10-01 Acupuncture with electrical stimulation	9992	1,000	2,000
900-10-02 Acupuncture without electrical stimulation	9992	1,200	2,000
900-10-03 Acupuncture with moxibustion	9992	1,200	2,000
900-10-04 Acupuncture using cupping	9992	1,200	2,000

## TREATMENT MASSAGE AND MANIPULATION

Excludes : Therapeutic exercises, Physical modalities, Trainings

Note: The coder can change the anatomic code axis (1st 3 digits) into more specific part of the body as below, also see Appendix A1:

100 head unspecified; 154 face unspecified; 255 neck unspecified;  
 202 strap muscle neck; 300 chest unspecified; 307 chest muscles;  
 400 abdomen unspecified; 410 abdominal muscles; 550 cervical spine;  
 551 thoracic spine; 552 lumbar spine; 554 sacrum;  
 594 upper back soft tissue; 595 lower back soft tissue; 600 upper extremity  
 609 shoulder muscle, tendon, fascia; 610 upper arm muscle, tendon, fascia;  
 611 elbow muscle, tendon, fascia; 612 forearm muscle, tendon, fascia;  
 613 wrist muscle, tendon, fascia; 614 hand muscle, tendon, fascia;  
 615 finger muscle, tendon, fascia; 697 shoulder joint  
 698 elbow joint 702 wrist joint 704 metacarpal joint  
 705 interphalangeal joint 721 shoulder region 722 upper arm region  
 723 elbow region 724 forearm region 725 wrist region  
 726 hand region 727 thumb region 728 finger region  
 731 lower extremity 740 hip muscle, tendon, fascia;  
 741 thigh muscle, tendon, fascia; 742 knee muscle, tendon, fascia;  
 743 lower leg muscle, tendon, fascia; 744 ankle muscle, tendon, fascia;  
 745 foot muscle, tendon, fascia; 746 toe muscle, tendon, fascia;  
 829 hip joint; 833 knee joint; 871 hip region;  
 872 thigh region; 873 knee region; 874 lower leg region;  
 875 ankle region; 876 foot region;



Massage and

900-15-

900-15-01

902-15-03

903-15-

903-15-05

904-15-

913-15-

R

600-17-

600-17-13

731-17-

731-17-

901-17-14

938-17-

923-22-

923-22-02

923-22-

923-22-04

Hypertherm.

900-56-

900-56-01

Therap. uti.

937-58-

937-58-12

937-58-

937-58-14

937-58-

937-58-16

*Massage and manipulation*

900-15-00	Massage, at any site and whole body		1,300	2,500
900-15-01	Acupressure at any site and whole body	9992	1,300	2,500
902-15-03	Soft tissue stretching unspecified site	9329	1,300	2,500
903-15-04	Muscle stretching unspecified site	9327	1,300	2,500
903-15-05	Muscle stretching with coolant spray unspecified site	9327	1,300	2,500
904-15-06	Tendon stretching unspecified site	9327	1,300	2,500
913-15-07	Joint manipulation/play unspecified site	9329	1,300	2,500

**TRACTION AND NON-INVASIVE PHYSIATRIC TREATMENTS**

600-17-11	Stump bandaging, upper extremity	9356	500	2,000
600-17-13	Elastic stocking, upper extremity	9356	500	2,000
731-17-11	Stump bandaging, lower extremity	9356	500	2,000
731-17-13	Elastic stocking, lower extremity	9356	500	2,000
901-17-14	Skin pressure garment (scar treatment)	9356	500	2,000
938-17-10	Strapping and taping	9358	1,200	2,000

**PULMONARY REHABILITATION TREATMENT**

923-22-01	Postural drainage for respiratory system without percussion or vibration technique	9399	500	2,000
923-22-02	Postural drainage for respiratory system with percussion technique	9399	1,000	2,000
923-22-03	Postural drainage for respiratory system with vibration technique	9399	1,000	2,000
923-22-04	Sustained maximum inspiration using incentive spirometer	8937	1,000	2,000

**HYPERTHERMIA AND HYPOTHERMIA**

Note: Change the anatomic code (1st 3 digits), see Note in Treatment, Massage and Acupressure

*Hyperthermia*

900-56-03	Ultrasound therapy	9335	200	500
900-56-07	Laser therapy	9335	500	1,000

**EXERCISES***Therapeutic exercise*

937-58-11	Passive range of motion (PROM) exercise	9317	500	1,500
937-58-12	Passive range of motion exercise, using PNF or other special techniques	9317	500	1,500
937-58-13	Passive range of motion exercise, using continuous PROM machine (Continuous Passive Motion)	9317	500	1,500
937-58-14	Passive stretching, manual	9317	500	1,000
937-58-15	Active assisted ROM exercise	9311	300	1,000
937-58-16	Active assisted ROM exercise, using PNF technique	9311	300	1,000



		ICD-9 Code	Mean	Percentile 90
937-58-17	Generalized conditioning exercise using equipments	9311	300	1,000
937-58-18	Generalized conditioning exercise not using equipments	9311	300	1,000
937-58-19	Resistive/strengthening, using isometric exercise	9313	300	1,000
937-58-20	Resistive/strengthening, using isotonic exercise	9313	300	1,000
937-58-21	Resistive/strengthening, using isokinetic machine	9313	300	1,000
937-58-22	Exercise for Aerobic capacity, using treadmill	9312	300	1,000
937-58-23	Exercise for Aerobic capacity, using ergometer device	9312	300	1,000
	Stationary bicycle, arm ergometer			
937-58-24	Exercise for Aerobic capacity, using others or unspecified	9312	300	1,000
937-58-25	Aquatic/water and pool exercise	9331	600	1,500
937-58-99	Other therapeutic exercises, unclassified	9319	500	1,500

## PHYSIATRIC TREATMENTS : INVASIVE

### Minor invasive procedures

902-81-00	Nerve and motor point block at nerve branches supply to unspecified muscles, using therapeutic agent	8398	2,000	4,000
	Phenol block, alcohol block (EMG guided)			
	Excludes : peripheral nerve block, epidural block, Botulinum toxin injection			
902-81-01	Botulinum toxin injection	8398	2,000	4,000
	Excludes : Botulinum toxin injection into detrusor muscle			
902-81-02	Trigger point injection, using therapeutic agents, at unspecified muscles	8398		
902-81-03	Trigger point injection, using dry needle, at unspecified muscles	8398	1,500	4,000
913-81-00	Local injection with therapeutic substance into joint	8192	1,500	4,000

CHAPTER  
RADIO

219-04-60

300-04-00

302-04-00

302-04-60

463-04-00

473-04-00

477-04-60

478-04-00

507-04-60

914-04-00

915-04-00

Head and neck

105-05-00

105-05-01

105-05-02

105-05-03

107-05-00

155-05-00

157-05-00

159-05-00

159-05-01

161-05-00

162-05-00

162-05-01

165-05-00

177-05-00

183-05-00

183-05-01

184-05-00



## CHAPTER 18 RADIOLOGY SERVICES

ICD-9 Code    Mean    Percentile 90

All codes in chapter 18 will be arranged in ascending order by root operation(middle) axis.

หัตถการในบทนี้แบ่งหัตถการมีตัวเลข 2 ตัว ตัวเลขแรกเป็นค่าทำหัตถการ

ตัวที่ 2 ค่าแปรผล

## IMAGING GUIDED BIOPSY

219-04-60	Thyroid biopsy, imaging guided (FNA)	611	2,000	4,000
300-04-60	Lung biopsy, imaging guided (FNA)	3327	2,000	4,000
302-04-60	Breast biopsy, imaging guided (FNA)	8511	2,000	4,000
302-04-60	Breast biopsy under stereotactic guided, imaging guided (core needle)	8511	2,000	4,000
463-04-60	Liver biopsy, imaging guided (FNA)	5011	2,000	4,000
473-04-60	Pancreas biopsy, imaging guided (FNA)	5219	2,000	4,000
477-04-60	Adrenal gland biopsy, imaging guided (FNA)	711	2,000	4,000
478-04-60	Renal biopsy, imaging guided (FNA)	5523	2,000	4,000
507-04-60	Prostate biopsy, imaging guided (FNA)	6011	2,000	4,000
914-04-60	Bone biopsy, imaging guided	7740	2,000	4,000
915-04-60	Bone marrow biopsy, imaging guided	4131	2,000	4,000

## PLAIN RADIOGRAPHY

## Head and neck

105-05-00	Plain radiography of skull (PA and lateral)	8717	140	200
105-05-01	Plain radiography of skull series (AP and lateral and Towne's view)	8717	210	300
105-05-02	Plain radiography of skull, special view	8717	70	100
	Lateral view		70	100
	PA view		70	100
	Tangential view		70	100
	Towne's view		70	100
	Water's view		70	100
105-05-92	Cephalogram	8717	70	100
107-05-00	Plain radiography of sella turcica	8717	70	100
155-05-00	Plain radiography of zygomatic arch	8716	70	100
157-05-00	Plain radiography of nasal bone	8716	70	100
159-05-00	Plain radiography of mandible(AP and both oblique)	8716	210	300
159-05-02	Plain radiography of mandible(panoramic)	8712	70	100
161-05-00	Plain radiography of facial bones	8716	210	300
162-05-00	Plain radiography of temporomandibular joint (both sides with closed and open mouth view)	8716	70	100
162-05-02	Plain radiography of temporomandibular joint (panoramic)	8712	70	100
165-05-60	Dacryocystography (using iodinated oil contrast, under general x-ray)	8705 00/500=100 700/1000=1700		
177-05-00	Plain radiography of orbits (AP and lateral)	9731	140	200
183-05-00	Plain radiography of mastoids	8717	140	200
183-05-01	Plain radiography of styloid processes	8717	140	200
184-05-00	Plain radiography of internal auditory canal (IAC) (3 views)	8717	70	100
			210	300



		ICD-9 Code	Mean	Percentile 90
193-05-00	Plain radiography of paranasal sinus	2253	70	100
	Caldwell's view		70	100
	Water's view		70	100
194-05-00	Plain radiography of nasopharynx	8709	70	100
	Lateral view		70	100
	Submentovertex view		70	100
197-05-60	Sialogram (using iodinated oil contrast)	8709	500/500=1000	700/1000=1700
200-05-00	Plain radiography of neck (AP and lateral)	8709	140	200
200-05-02	Plain radiography of neck (lateral)	8709	70	100

*Thorax*

300-05-00	Plain radiography of chest (PA)	8744	70	100
300-05-01	Plain radiography of chest (PA and lateral)	8744	140	200
300-05-02	Plain radiography of chest, special view	8744	70	100
	Lateral decubitus view		70	100
	Lordotic view		70	100
	Spot view		70	100
375-05-07	Lung Tomogram	8742	N/A	N/A
300-05-09	Plain radiography of chest (lateral)	8744	70	100
386-05-00	Plain radiography of ribs (AP and both oblique)	8743	210	300
386-05-02	Plain radiography of ribs (oblique)	8743	140	200

*Breast*

302-05-00	Mammogram (bilateral)	8737	500	1000
302-05-02	Mammogram (unilateral)	8737	400	1000
302-05-50	Ductogram		500/500=1000	700/1000=1700

*Abdomen*

400-05-00	Plain radiography of abdomen (supine and upright)	8809	140	200
400-05-01	Plain radiography of acute abdomen series (plain abdomen supine and upright with additional chest)	8809	210	300
400-05-02	Plain radiography of abdomen, single view	8809	70	100
	Supine view		70	100
	Lateral decubitus view		70	100

*Uterus*

526-05-00	X-ray of gravid uterus	8781	70	100
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*Spine*

539-05-00	Plain radiography of sacroiliac joints (3 views)	8826	210	300
540-05-00	Plain radiography of sacrococcygeal (AP, lateral)	8826	140	200
550-05-00	Plain radiography of cervical spine (AP, lateral)	8722	140	200
550-05-01	Plain radiography of cervical spine series (4 views)	8722	280	400
550-05-02	Plain radiography of cervical spine (lateral, flexion/extension)	8722	140	200
550-05-02	Plain radiography of cervical spine (open mouth)	8722	70	100
551-05-00	Plain radiography of thoracic spine (AP, lateral)	8722	140	200
555-05-00	Plain radiography of thoracolumbar spine (AP and lateral)	8722	140	200



ICD-9 Code	Mean	Percentile 90
555-05-02 Plain radiography of thoracolumbar spine (lateral, flexion/extension)	7749	140 200
556-05-00 Plain radiography of lumbosacral spine (AP, lateral)	8722	140 200
556-05-01 Plain radiography of lumbosacral spine series (4 views)	8722	280 400
556-05-02 Plain radiography of lumbosacral spine, less than 4 views	8722	
Bending view		70 100
Flexion/extension view		140 200
Lateral view		70 100
Standing view		70 100
558-05-88 Bone densitometry using x-ray technique at spine (unspecified region)	8898	300 600

Upper extremity bone

649-05-00 Plain radiography of clavicle	8743	70 100
650-05-00 Plain radiography of scapula (AP and lateral)	8821	140 200
664-05-00 Plain radiography of humerus (AP and lateral)	8821	140 200

Upper extremity joints

696-05-00 Plain radiography of acromio-clavicular joint	8835	70 100
697-05-00 Plain radiography of shoulder (AP)	8821	70 100
697-05-01 Plain radiography of shoulder (internal/external rotation)	8821	140 200
697-05-02 Plain radiography of shoulder, special view (transaxillar)	8821	70 100
Transaxilla view		70 100
Transscapula view		70 100
697-05-02 Plain radiography of shoulder (transscapula)	8821	70 100
698-05-00 Plain radiography of elbow (AP and lateral)	8822	140 200
681-05-00 Plain radiography of forearm (AP and lateral)	8822	140 200
702-05-00 Plain radiography of wrist (AP and lateral)	8823	140 200
702-05-01 Plain radiography of wrist (AP and lateral and oblique)	8823	210 300
702-05-02 Plain radiography of wrist, special view	8823	
Carpal tunnel view		70 100
Dorsi flexion view		70 100
Plamar flexion view		70 100
Radial deviation view		70 100
Ulnar deviation view		70 100
703-05-00 Plain radiography of carpal joint	8823	140 200

Hand and fingers

705-05-88 Bone densitometry using x-ray technique at wrist region	8898	300 600
706-05-00 Plain radiography of hand (AP and oblique)	8823	140 200
706-05-02 Plain radiography of hand	8823	70 100
(AP, includes wrist for bone age)		
707-05-00 Plain radiography of thumb	8823	70 100
708-05-00 Plain radiography of finger (AP and lateral)	8823	140 200

Lower extremity bones

804-05-00 Plain radiography of pelvis (AP)	8826	70 100
808-05-00 Plain radiography of femur (AP, lateral)	8826	140 200
809-05-00 Plain radiography of heel (calcaneous)(lateral, transaxial)	8828	140 200



	ICD-9 Code	Mean	Percentile 90
<i>Lower extremity joints</i>			
829-05-00 Plain radiography of hips(s)	8826		
AP view	70	100	
Frog leg view	70	100	
829-05-02 Plain radiography of hip(s), special view	8826		
Judet view	70	100	
Lateral cross	70	100	
Launstein view	70	100	
Lateral cross view	70	100	
833-05-00 Plain radiography of knee (or knee standing)(AP and lateral)	8827	140	200
833-05-01 Plain radiography of knee series (AP and lateral and skyline)	8827	210	300
833-05-02 Plain radiography of transcondylar (knee)	8827	70	100
837-05-00 Plain radiography of ankle (AP and lateral and mortise)	8828	210	300
874-05-00 Plain radiography of leg (AP and lateral)	8827	140	200
876-05-00 Plain radiography of foot (or foot standing)(AP and oblique)	8828	140	200
877-05-00 Plain radiography of great toe (AP and lateral)	8828	140	200
878-05-00 Plain radiography of toe (AP and lateral)	8828	140	200

*Bone survey and bone density*

914-05-00 Plain radiography of bone survey	8831	70/site	100/site
914-05-88 Bone density using x-ray technique, unspecified site	8898	300	600

*Urinary system*

930-05-00 Plain radiography of KUB	8779	70	100
930-05-41 Intravenous pyelography (I.V.P) (using low osmolar contrast)	8773	550	700

*Tomogram*

999-05-07 Unspecified body site tomogram (without contrast)		N/A	N/A
999-05-17 Unspecified body site tomogram (with contrast)		N/A	N/A

**FLUROGRAPHY**

162-06-92 Arthrography of temporomandibular joint	8713	500/500=1000	600/1000=1600
165-06-60 Dacryocystography (using iodinated oil contrast, under fluoroscopic)	8705	500/500=1000	700/1000=1700
244-06-10 Barium swallowing study	8761	500	700
367-06-40 Bronchogram (using low osmolality contrast)	3732	500	700
439-06-10 Esophagogram (using oral barium sulphate)	8761	500	700
439-06-40 Esophagogram (using low osmolar contrast)	8761	500	700
443-06-40 Duodenography (Water soluble duodenography)	8769	500	700
446-06-10 Small bowel series	8763	600	800
Excludes : upper GI study (927-06-10)			
**Use 2 code for Long GI series			
(Upper GI 927-06-10 & Small bowel 446-06-10)		700	1000
453-06-10 Barium enema (using single contrast barium sulphate)	8764	700	900
453-06-20 Barium enema with air contrast	8764	700	900



		ICD-9 Code	Mean	Percentile 90
453-06-15	Barium enema via colostomy	8764	700	900
468-06-54	T tube cholangiogram using high osmolality contrast	8754	500	600
468-06-57	Intraoperative cholangiogram using high osmolality contrast	8753	500	600
481-06-94	Voiding cystogram	8777	500	800
483-06-50	Urethrogram (high osmolality iodinated contrast)	5822	500	800
	**Use 2 codes above for cystourethrogram(481-06-94, 483-06-50)		500	800
569-06-52	Myelography		700/region	1200/region
632-06-41	Venogram of upper extremity (using low osmolality contrast)	8867	500/500=1000	600/1000=1600
695-06-92	Arthrography of sternoclavicular joint	8832	500/500=1000	600/1000=1600
696-06-92	Arthrography of acromioclavicular joint	8832	500/500=1000	600/1000=1600
697-06-92	Arthrography of shoulder joint	8832	500/500=1000	600/1000=1600
698-06-92	Arthrography of elbow joint	8832	500/500=1000	600/1000=1600
701-06-92	Arthrography of radioulnar joint	8832	500/500=1000	600/1000=1600
702-06-92	Arthrography of wrist joint	8832	500/500=1000	600/1000=1600
703-06-92	Arthrography of carpal joint	8832	500/500=1000	600/1000=1600
763-06-41	Venogram of lower extremity (using low osmolality contrast)	8867	500/500=1000	600/1000=1600
829-06-92	Arthrography of hip joint	8832	500/500=1000	600/1000=1600
833-06-07	Operative arthrography of knee joint (C arm fluoroscope in OR)	8832	500/500=1000	600/1000=1600
833-06-92	Arthrography of knee joint	8832	500/500=1000	600/1000=1600
836-06-02	Arthrography of tibiofibular joint		500/500=1000	600/1000=1600
837-06-02	Arthrography of ankle joint	8832	500/500=1000	600/1000=1600
838-06-02	Arthrography of subtalar joint	8832	500/500=1000	600/1000=1600
839-06-02	Arthrography of tarsal joint	8832	500/500=1000	600/1000=1600
840-06-02	Arthrography of tarsometatarsal joint	8832	500/500=1000	600/1000=1600
841-06-92	Arthrography of metatarsophalangeal joints	8832	500/500=1000	600/1000=1600
900-06-53	Fistulogram (using high osmolality contrast)		500/500=1000	600/1000=1600
908-06-41	Venogram (using low osmolality contrast / unspecified site)		500/500=1000	600/1000=1600
908-06-51	Venogram (using high osmolality contrast)		500/500=1000	600/1000=1600
913-06-92	Arthrogram (code 6th can be exchanged to any digit according to contrast material used)	8832	500/500=1000	600/1000=1600
927-06-10	Upper GI study	8762	500	700
932-06-40	Hysterosalpingogram (using low osmolality contrast)	8783	500/500=1000	600/1000=1600

## ULTRASONOGRAPHY

### Head, neck and breast

126-07-00	Ultrasonography of brain	8871	500	700
126-07-01	Echoencephalogram		N/A	N/A
195-07-00	Ultrasonography of parotid gland	8871	500	700
219-07-00	Ultrasonography of thyroid gland	8871	500	700
302-07-00	Ultrasonography of breast	8873	500	700

### Abdomen and pelvis

400-07-00	Ultrasonography of whole abdomen	8874	800	1200
927-07-00	Ultrasonography of upper abdomen	8876	500	700
928-07-00	Ultrasonography of lower abdomen	8876	500	700



	ICD-9 Code	Mean	Percentile 50
478-07-00 Ultrasonography of kidneys	8875	500	700
504-07-00 Ultrasonography of testis	8879	500	700
524-07-01 Ultrasonography of follicle study (transvaginal approach)	8879	400	700
526-07-00 Obstetric ultrasound (superficial approach)	8878	500	700
526-07-01 Obstetric ultrasound (transvaginal approach)	8878	500	700
930-07-00 Ultrasonography of KUB system	8876	500	700
932-07-01 Ultrasonography of pelvis, transvaginal study	8879	500	700

*Other parts*

616-07-00 Ultrasonography of soft tissue of upper extremities	8879	500	700
725-07-88 Bone densitometry at wrist region using ultrasound technique	8898	300	600
747-07-00 Ultrasonography of soft tissue of lower extremities	8879	500	700
937-07-00 Ultrasonography of musculoskeletal system	8879	500	700

*Doppler ultrasound*

112-07-20 Transcranial doppler ultrasonography	8871	1500	3000
999-07-30 Color doppler ultrasound unspecified body site superficial approach	8879	1500	3000

*Echocardiogram*

338-07-30 Color doppler ultrasound of the heart superficial approach	8872	800	1200
338-07-31 Color doppler ultrasound of the heart transesophageal approach	8872	1800	2200

**CT SCAN***Head and neck*

106-08-00 Computed tomography of base of skull	8703	800	1200
126-08-00 Computed tomography of brain	8703	800	1200
132-08-00 Computed tomography of pituitary	8703	800	1200
161-08-00 Computed tomography of facial bones	8703	800	1200
177-08-00 Computed tomography of orbits	8703	800	1200
184-08-00 Computed tomography of internal auditory canal (IAC)	8703	800	1200
193-08-00 Computed tomography of paranasal sinuses	8703	800	1200
194-08-00 Computed tomography of nasopharynx	8703	800	1200
200-08-00 Computed tomography of neck	8838	800	1200
247-08-00 Computed tomography of larynx	8838	800	1200

*Thorax*

300-08-00 Computed tomography of chest	8741	800	1,200
300-08-02 High resolution computed tomography of the chest using conventional technique	8741	800	1,200
314-08-00 Computed tomography of thoracic aorta (plain study with conventional technique)	8741	800	1,200
314-08-23 Computed tomography of thoracic aorta (IV contrast with spiral and special technique)	8741	800	1,200

*Spine*

550-08-00 Computed tomography of cervical spine	8729	800	1,200
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551-08-00 Co  
552-08-00 Co  
554-08-00 Co  
555-08-00 Co  
556-08-00 Co  
558-08-00 Co

*Abdomen*

400-08-00 Co  
412-08-00 Co  
478-08-00 Co  
478-08-20 Co

927-08-00 Co  
927-08-31 Co  
928-08-00 Co

*Extremity*

664-08-00 Co  
697-08-00 Co  
698-08-00 Co  
724-08-00 Co  
726-08-00 Co  
798-08-00 Co  
829-08-00 Co  
833-08-00 Co  
837-08-00 Co  
874-08-00 Co  
876-08-00 Co

*Special study*

906-08-23 CT  
999-08-03 3D

*Head and neck*

107-09-20 MR  
126-09-00 IR  
126-09-20 MR  
126-09-01 IR  
126-09-02 IR  
MR  
IR



ICD-9 Code	Mean	Percentile 90
551-08-00 Computed tomography of thoracic spine	8729	800 1,200
552-08-00 Computed tomography of lumbar spine	8729	800 1,200
554-08-00 Computed tomography of cervicothoracic spine	8729	1,500 2,000
555-08-00 Computed tomography of thoracolumbar spine	8729	1,500 2,000
556-08-00 Computed tomography of lumbosacral spine	8729	1,500 2,000
558-08-00 Computed tomography myelogram	8729	2,000 3,000

*Abdomen*

400-08-00 Computed tomography of whole abdomen	8801	1,600 2,500
412-08-00 Computed tomography of abdominal aorta	8801	1,600 2,500
478-08-00 Computed tomography of kidneys	8771	800 1,200
478-08-20 Computed tomography of kidneys (IV contrast using conventional technique)	8771	800 1,200
927-08-00 Computed tomography of upper abdomen	8801	800 1,200
927-08-31 Computed tomography of upper abdomen (GI and IV contrast using spiral technique)	8801	800 1,200
928-08-00 Computed tomography of lower abdomen	8801	800 1,200

*Extremity*

664-08-00 Computed tomography of humerus	8838	800 1,200
697-08-00 Computed tomography of shoulder	8838	800 1,200
698-08-00 Computed tomography of elbow joint	8838	800 1,200
724-08-00 Computed tomography of forearm	8838	800 1,200
726-08-00 Computed tomography of hand	8838	800 1,200
798-08-00 Computed tomography of femur	8838	800 1,200
829-08-00 Computed tomography of hip	8838	800 1,200
833-08-00 Computed tomography of knee	8838	800 1,200
837-08-00 Computed tomography of ankle	8838	800 1,200
874-08-00 Computed tomography of leg	8838	800 1,200
876-08-00 Computed tomography of foot	8838	800 1,200

*Special study*

906-08-23 CT angiography (contrast study of the vessels with spiral and special technique)	8840	2,000 3,000
999-08-03 3D Computed tomography (non contrast study of unspecified site with spiral and special technique)	8838	2,000 3,000

**MRI***Head and neck*

107-09-20 MRI of base of skull (with IV contrast)	8891	800 1,200
126-09-00 MRI of brain (without contrast)	8891	800 1,200
126-09-20 MRI of brain (with IV contrast)	8891	800 1,200
126-09-01 MRA or MRV of brain (without contrast)	8891	800 1,200
126-09-02 MRI and MRV of brain (with or without contrast)	8891	1,200 2,000
MRI and MRA of brain (with intravenous contrast)		1,200 2,000
MRI and MRA and MRV of brain without contrast		1,600 2,500



		ICD-9 Code	Mean	Percentile 90
126-09-25	MRI and MRA and MRV of brain with IV contrast (and functional study)	8891	2,000	3,000
132-09-20	MRI of pituitary gland (with IV contrast)	8897	800	1,200
161-09-20	MRI of face (with IV contrast)	8897	800	1,200
177-09-20	MRI of orbits (with IV contrast)	8897	800	1,200
184-09-20	MRI of internal auditory canal (IAC) (with IV contrast)	8897	800	1,200
193-09-20	MRI of paranasal sinuses (with IV contrast)	8897	800	1,200
194-09-20	MRI of nasopharynx (with IV contrast)	8897	800	1,200
200-09-20	MRI of neck (with IV contrast)	8897	800	1,200
200-09-01	MRA of neck (without contrast)	8849	800	1,200
200-09-22	MRI and MRA of neck (with IV contrast)	8897	1,200	2,000

#### Thorax

300-09-00	MRI of chest	8892	800	1,200
314-09-00	MRI of thoracic aorta (without contrast)	8892	800	1,200
314-09-22	MRI and MRA of thoracic aorta (with IV contrast)	8892	1,200	2,000

#### Abdominal organs

400-09-00	MRI of whole abdomen	8897	1,600	2,400
412-09-00	MRI of abdominal aorta	8897	800	1,200
463-09-00	MRI of liver	8897	800	1,200
473-09-00	MRI of pancreas	8897	800	1,200
478-09-00	MRI of kidneys	8897	800	1,200
507-09-00	MRI of prostate	8895	800	1,200
519-09-00	MRI of uterus	8897	800	1,200

#### Spine

550-09-00	MRI of cervical spine	8897	800	1,200
554-09-00	MRI of cervicothoracic spine	8897	1,600	2,400
551-09-00	MRI of thoracic spine	8897	800	1,200
555-09-00	MRI of thoracolumbar spine	8897	1,600	2,400
552-09-00	MRI of lumbar spine	8897	800	1,200
556-09-00	MRI of lumbosacral spine	8897	1,600	2,400

#### Extremity

664-09-00	MRI of humerus	8897	800	1,200
697-09-00	MRI of shoulder	8894	800	1,200
724-09-00	MRI of forearm	8894	800	1,200
726-09-00	MRI of hand	8894	800	1,200
798-09-00	MRI of femur	8897	800	1,200
829-09-00	MRI of hip	8894	800	1,200
833-09-00	MRI of knee	8894	800	1,200
837-09-00	MRI of ankle	8894	800	1,200
874-09-00	MRI of leg	8894	800	1,200
876-09-00	MRI of foot	8894	800	1,200

#### Whole abdomen

927-09-00	MRI of upper abdomen	8897	800	1,200
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928-09-00  
928-09-01  
928-09-02

Percutaneous  
468-12-60  
478-12-60  
375-12-60  
378-12-60

Cardiac cath  
338-28-50  
Code also an  
439-31-6

Percutaneous  
375-22-60  
378-22-60  
438-22-60  
463-22-60  
468-22-60  
473-22-60  
476-22-60

Transcatheter  
138-30-59

209-30-  
320-30-59  
415-30-  
415-30-59

420-30-59

		ICD-9 Code	Mean	Percentile 90
928-09-00	MRI of lower abdomen	8897	800	1,200
928-09-01	MRA of lower abdomen (without contrast)	8840	800	1,200
928-09-02	MRI and MRA of lower abdomen (without contrast)	8897	1,200	2,000

## INTERVENTIONAL RADIOLOGY

Stent placement 15,000 30,000

Note : see codes on stent placement in chapter 1 to 14 according to anatomy of organ stent placement was done

### *Percutaneous device revise and reinsertion*

468-12-60	Revise/reinsert percutaneous transhepatic biliary drainage (PTBD)	5198	5,000	8,000
478-12-60	Revise/reinsert nephrostomy tube	5589	5,000	8,000
375-12-60	Revise/reinsert drainage tube, lung	9729	5,000	8,000
378-12-60	Revise/reinsert drainage tube, pleural	9729	5,000	8,000

Angioplasty: Percutaneous Transluminal Angioplasty (PTA)

Note : see codes on stent placement in chapter 1 to 14 according to anatomy of organ stent placement was done

### *Cardiac ablation*

338-28-50 Cardiac Ablation

Imaging guided balloon dilatation

### *Code also any synchronus stent placement*

439-31-60	Balloon dilatation of esophagus	4292	8,000	12,000
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### *Percutaneous drainage*

375-22-60	Drainage of lung, imaging guided	331	5,000	8,000
378-22-60	Drainage of pleural cavity, imaging guided	3404	5,000	8,000
438-22-60	Drainage of peritoneal cavity, imaging guided	5419	5,000	8,000
463-22-60	Drainage of liver, imaging guided	500	5,000	8,000
468-22-60	Percutaneous transhepatic biliary drainage (PTBD)	5198	5,000	8,000
473-22-60	Drainage of pancreas, imaging guided	2198	5,000	8,000
476-22-60	Drainage of retroperitoneal, imaging guided	5419	5,000	8,000
478-22-60	Nephrostomy, imaging guided	5502	5,000	8,000
478-22-61	Drainage of renal or perirenal area, imaging guided	5501	5,000	8,000

### *Transcatheter embolization*

138-30-59	Transcatheter embolization of cerebral artery	3881	15,000	30,000
	Transcatheter embolization in carotid cavernous sinus fistula			
209-30-59	Transcatheter embolization of head & neck artery	3882	15,000	30,000
320-30-59	Transcatheter embolization of thoracic artery	3885	10,000	20,000
415-30-51	Transcatheter embolization of branches of superior mesenteric arteries for treatment of GI bleed, embolized by gelfoam particles	3886	10,000	20,000
415-30-59	Transcatheter embolization of branches of superior mesenteric arteries, unspecified agent	3886	10,000	20,000
420-30-59	Transcatheter embolization of abdominal artery	3886	10,000	20,000



ICD-9 Code Mean Percentile 90

420-30-50	Transcatheter embolization of abdominal artery (with gelfoam particle)	3886	10,000	20,000
624-30-59	Transcatheter embolization of peripheral artery, upper extremity	3883	10,000	20,000
755-30-59	Transcatheter embolization of peripheral artery, lower extremity	3888	10,000	20,000

*Percutaneous ostomy*

441-33-60	Percutaneous gastrostomy, imaging guided	4311	5,000	8,000
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*Percutaneous bypass shunt*

423-35-50	Transjugular intrahepatic portosystemic shunt (TIPS)	391	20,000	30,000
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*Reduction of intussusception*

453-36-60	Reduction of colonic intussusception using barium sulphate under fluoroscope	9629	800	1,200
453-36-67	Reduction of colonic intussusception using water under ultrasound	9629	1,000	1,500

*Transcatheter thrombolysis*

135-41-50	Thrombolysis of middle cerebral artery occlusion using thrombolytic agent	3950	15,000	25,000
135-41-51	Transcatheter thrombolysis of middle cerebral artery occlusion using mechanical removal	3950	15,000	25,000
138-41-50	Transcatheter thrombolysis of cerebral artery using thrombolytic agent	3950	15,000	25,000
138-41-51	Transcatheter thrombolysis of cerebral artery using mechanical removal	3950	15,000	25,000
209-41-50	Transcatheter thrombolysis of head & neck artery using thrombolytic agent	9910	15,000	25,000
209-41-51	Transcatheter thrombolysis of head & neck artery using mechanical removal	9910	15,000	25,000
320-41-50	Transcatheter thrombolysis of thoracic artery using thrombolytic agent	9910	10,000	20,000
320-41-51	Transcatheter thrombolysis of thoracic artery using mechanical removal	9910	10,000	20,000
420-41-50	Transcatheter thrombolysis of abdominal artery using thrombolytic agent	9910	10,000	20,000
420-41-51	Transcatheter thrombolysis of abdominal artery using mechanical removal	3816	10,000	20,000
620-41-52	Thrombolysis of dialysis graft (graft at forearm) using thrombolytic agent	9910	10,000	20,000
620-41-53	Transcatheter thrombolysis of dialysis graft (graft at forearm) using mechanical removal	3863	10,000	20,000
624-41-50	Transcatheter thrombolysis of peripheral artery, upper extremity using thrombolytic agent	9910	10,000	20,000
624-41-51	Transcatheter thrombolysis of peripheral artery, upper extremity using mechanical removal	3863	10,000	20,000
755-41-50	Transcatheter thrombolysis of peripheral artery, lower extremity using thrombolytic agent	9910	10,000	20,000



755-41-51

906-41-50

906-41-51

Transcatheter

906-45-50

Diagnosis

138-81-50

138-81-51

205-81-50

209-81-50

209-81-51

210-81-50

211-81-50

314-81-50

315-81-50

316-81-50

320-81-50

320-81-51

321-81-50

322-81-50

326-81-50

329-81-50

336-81-50

343-81-50

344-81-50

345-81-50

412-81-50

413-81-50

414-81-50

415-81-50

416-81-50

419-81-50

420-81-50

420-81-51

422-81-50

423-81-50

427-81-50

468-81-50

478-81-61

526-81-50

	ICD-9 Code	Mean	Percentile 90
<b>755-41-51</b> Transcatheter thrombolysis of peripheral artery, lower extremity using mechanical removal	3868	10,000	20,000
<b>906-41-50</b> Thrombolysis of any vessels, unspecified using thrombolytic agent	9910	10,000	20,000
<b>906-41-51</b> Transcatheter thrombolysis of any vessels, unspecified using mechanical removal	3863	10,000	20,000
<i>Transcatheter foreign body removal</i>			
<b>906-45-50</b> Transcatheter foreign body retrieval	9820	10,000	20,000
<i>Diagnostic angiography or transcatheter infusion</i>			
<b>138-81-50</b> Arteriography of cerebral artery	8841	5,000	8,000
<b>138-81-51</b> Transcatheter infusion of cerebral artery	3950	5,000	8,000
<b>205-81-50</b> Arteriography of carotid artery	8841	5,000	8,000
<b>209-81-50</b> Arteriography of head & neck artery	8849	5,000	8,000
<b>209-81-51</b> Transcatheter infusion of head & neck artery	3997	5,000	8,000
<b>210-81-50</b> Venography of jugular veins	8861	5,000	8,000
<b>211-81-50</b> Venography of veins of head and neck	8861	5,000	8,000
<b>314-81-50</b> Aortography of thoracic aorta	8842	5,000	8,000
<b>315-81-50</b> Arteriography of subclavian artery	8849	5,000	8,000
<b>316-81-50</b> Arteriography of pulmonary artery	8843	5,000	8,000
<b>320-81-50</b> Arteriography of thoracic artery, unspecified	8844	5,000	8,000
<b>320-81-51</b> Transcatheter infusion of intra thoracic artery	8843	5,000	8,000
<b>321-81-50</b> Venography of superior vena cava	8851	5,000	8,000
<b>322-81-50</b> Venography of inferior vena cava	8851	5,000	8,000
<b>326-81-50</b> Venography of pulmonary veins	8851	5,000	8,000
<b>329-81-50</b> Venography of intrathoracic veins	8851	5,000	8,000
<b>336-81-52</b> Arteriography of coronary artery using two catheters	8856	5,000	8,000
<b>343-81-50</b> Right ventriculography	8852	8,000	8,000
Right heart angiography			
<b>344-81-50</b> Left ventriculography	8853	5,000	8,000
Left heart angiography			
<b>345-81-50</b> Left and right ventriculography	8854	10,000	15,000
<b>412-81-50</b> Aortography of abdominal aorta	8842	5,000	8,000
<b>413-81-50</b> Arteriography of renal artery	8845	5,000	8,000
<b>414-81-50</b> Arteriography of celiac artery	8845	5,000	8,000
<b>415-81-50</b> Arteriography of superior mesenteric artery	8845	5,000	8,000
<b>416-81-50</b> Arteriography of inferior mesenteric artery	8845	5,000	8,000
<b>419-81-50</b> Arteriography of iliac artery	8845	5,000	8,000
<b>420-81-50</b> Arteriography of abdominal artery, unspecified	8845	5,000	8,000
<b>420-81-51</b> Transcatheter infusion of intra abdominal artery	9910	10,000	15,000
<b>422-81-50</b> Venography of renal vein	8851	5,000	8,000
<b>423-81-50</b> Venography of portal vein	8851	5,000	8,000
Venography of hepatic vein			
<b>427-81-50</b> Venography of intra-abdominal vein	8851	5,000	8,000
<b>468-81-60</b> Percutaneous cholangiography(PTC)	8754	1,500	5,000
<b>478-81-61</b> Retrograde pyelogram	8773	1,500	5,000
<b>526-81-50</b> Arteriography of placenta artery	8846	5,000	8,000



ICD-9 Code Mean Percentile 90

564-81-60	Diskography	8721	5,000	8,000
624-81-50	Arteriography of upper extremity artery, unspecified	8849	5,000	8,000
624-81-51	Transcatheter infusion of peripheral artery, upper extremity	9929	5,000	8,000
632-81-50	Venography of upper extremity vein	8867	5,000	5,000
755-81-50	Arteriography of lower extremity artery, unspecified	8849	5,000	8,000
755-81-51	Transcatheter Infusion of peripheral artery, lower extremity	9929	5,000	8,000
763-81-50	Venography of lower extremity vein	8867	5,000	5,000
907-81-50	Arteriography of other specified sites	8840	5,000	8,000
908-81-50	Venography, unspecified site	8860	5,000	5,000
930-81-61	Antegrade pyelogram	8875	1,500	5,000

## NUCLEAR MEDICINE

### Planar scan

113-64-16	Brain scan (using Tc-99m ECD)	9211	1,500	2,000
113-64-17	Brain scan (using Tc-99m HMPAO)	9211	1,500	2,000
126-64-07	Brain scan (Tc-99m DTPA)	9211	700	1,000
197-64-01	Salivary gland scan (Tc-99m Pertechnetate)	9219	700	1,000
219-64-01	Thyroid scan (Tc-99m Pertechnetate)	9201	700	1,000
219-64-60	Thyroid scan (using I-131)	9201	700	1,000
219-92-60	Treatment of Hyperthyroidism using (using I-131)	9229	700	1,000/VISIT
220-64-04	Parathyroid scan (using Tc-99m MIBI)	9213	1,500	2,000
338-64-22	Cardiac scan (MUGA)	9025	700	1,000
338-64-85	Cardiac scan (Myocardium, using Tl-201)	9205	2,000	3,000
375-64-13	Lung scan (perfusion and/or ventilation)	9215	1,500	2,000
463-64-13	Liver scan (using Tc99m sulfur colloid)	9202	700	1,000
463-64-21	Liver scan (using Tc99m RBC)	9202	1,500	2,000
474-64-13	Spleen scan (using Tc99m sulfur colloid)	9205	700	1,000
478-64-07	Renal scan (analysis, using Tc-99m DTPA)	9203	700	1,000
478-64-61	Renal scan (analysis, using I-131 Hippuran)	9203	700	1,000
504-64-01	Testicular scan (Tc-99m Pertechnetate)	8838	700	1,000
900-64-04	Tumor Imaging (using Tc-99m MIBI)	9219	1,500	2,000
900-64-19	Immunoscintigraphy (using Tc-99m AntiCEA)	9219	2,000	3,000
900-64-52	Tumor Imaging (using I-131 MIBG)	9219	1,500	2,000
900-64-60	Total body scan (for CA thyroid, using I-131)	9218	700	1,000
900-64-85	Tumor Imaging (using Tl-201)	9219	1,500	2,000
900-64-90	Gallium scan	9219	2,000	3,000
909-64-13	Lymphatic scan (using Tc-99m Colloid)	9214	700	1,000
914-64-01	Bone scan	9214	700	1,000
914-64-06	Bone scan (dynamic for osteomyelitis)	9214	700	1,000
914-92-30	Systemic treatment for Bone pain (using Sm-153)	9229	700	1,000/VISIT
914-92-40	Systemic treatment for Bone pain (using Sr-89)	9229	700	1,000/VISIT
915-64-13	Bone marrow scan (using Tc-99m Colloid)	9205	1,500	2,000
917-64-23	WBC scan	9219	1,500	2,000
918-64-07	CSF scan (using Tc-99m DTPA)	9219	700	1,000
929-64-12	Hepatobiliary scan (IDA compound)	9219	700	1,000



		ICD-9 Code	Mean	Percentile 90
926-64-21	GI System scan (for GI bleeding, using Tc-99m RBC)	9219	1,500	2,000
	Venogram		700	1,000
	Reflux/ voiding cystogram		1,200	1,500

## RADIO THERAPY

184-92-50	Stereotactic radiosurgery of acoustic neuroma of the inner ear	92330	20,000	30,000
194-92-10	Brachytherapy of the nasopharynx tumor	9229	4,500	6,000
194-92-20	Teleradiotherapy of the nasopharynx tumor	9226	20,000	30,000
214-92-20	Teleradiotherapy of the cervical nodes tumor	9226	20,000	30,000
215-92-20	Teleradiotherapy of the supraclavicular lymph nodes tumor	9226	20,000	30,000
303-92-20	Teleradiotherapy of right breast tumor	9226	20,000	30,000
306-92-20	Teleradiotherapy of axilla	9229	20,000	30,000
310-92-20	Teleradiotherapy of chest wall (for post op mastectomy)	9226	20,000	30,000
401-92-01	Superficial radiation of abdominal wall (keloid)	9221	2,000	3,000
507-92-30	Implantation or insertion of radioisotope for prostate tumor	9227	15,000	20,000
900-60-59	Stereotactic radiosurgery, unspecified	9230	20,000	30,000
900-92-09	Superficial radiation, unspecified	9221	2,000	3,000
900-92-29	Teleradiotherapy (using Cobolt-60/Linear accelerator), unspecified	9223	20,000	30,000
900-92-39	Implantation or insertion of radioactive elements, unspecified	9227	15,000	20,000
900-92-49	Injection or instillation of radioisotope, unspecified	9228	15,000	20,000



## CHAPTER 19

### LABORATORY SERVICES

	ICD-9 Code	Mean	Percentile 90
<b>SURGICAL PATHOLOGY</b>			
030-02-50 Surgical specimen - Level 1, gross examination only		100	200
030-04-50 Surgical specimen - Level 2, gross and microscopic examination - identification only		150	300
030-06-50 Surgical specimen - Level 3, gross and microscopic examination - uncomplicated		200	400
030-08-50 Surgical specimen - Level 4, gross and microscopic examination - complicated without dissection		300	600
030-10-50 Surgical specimen - Level 5, gross and microscopic examination - complicated with dissection		500	1,000
030-12-50 Surgical specimen - Level 6, gross and microscopic examination - complex		1,000	1,500
030-22-50 Surgical specimen, microscopic examination only, slide(s) and/or block(s) only		100	200

### AUTOPSY

031-02-75 Autopsy, gross and microscopic examination	3,000	5,000
031-04-75 Autopsy, gross and microscopic examination, with brain	1,000	3,000
031-06-75 Autopsy, gross and microscopic examination, with brain and spinal cord	1,000	3,000
031-08-75 Autopsy, gross and microscopic examination, limited [e.g. single organ or region]	1,000	3,000
031-10-75 Autopsy, gross and microscopic examination, medico-legal/forensic	3,000	5,000
031-12-75 Autopsy, gross examination only	1,000	2,000
031-14-75 Autopsy, gross examination only, with brain	500	1,000
031-16-75 Autopsy, gross examination only, with brain and spinal cord	500	1,000
031-18-75 Autopsy, gross examination only, limited [e.g. single organ/region/external exam]	500	1,000
031-20-75 Autopsy, gross examination only, medico-legal/forensic	1,500	2,000

### CYTOLOGY

032-02-03 Cytology screening (of smears), urine	150	300
032-02-09 Cytology screening (of smears), sputum	150	300
032-02-15 Cytology screening (of smears), fluid NEC	150	300
032-02-71 Cytology screening (of smears), slide/smear NEC	150	300
032-02-77 Cytology screening (of smears), cervico-vaginal [e.g. GYN specimen] inc. exam of PAP smear	80	150
032-02-78 Cytology screening (of smears), fine needle aspirate (any site)	150	300
032-02-79 Cytology screening (of smears), brushing/washing (any site)	150	300
032-32-71 Sex chromatin identification, slide/smear NEC	80	100
032-34-71 Cyto hormonal evaluation, slide/smear NEC	80	100



## ELECTRON MICROSCOPY

033-02-15	Electron microscopy, fluid NEC	500	1,000
033-02-50	Electron microscopy, tissue NEC	500	1,000
033-02-70	Electron microscopy, isolate (microbial)	500	1,000
033-02-74	Electron microscopy, block	500	1,000
033-02-76	Electron microscopy, grid	500	1,000

## MORPHOMETRIC ANALYSIS

034-02-26	Morphometric analysis, muscle	500	1,000
034-02-31	Morphometric analysis, solid tumor	500	1,000
034-02-33	Morphometric analysis, bone	500	1,000
034-02-34	Morphometric analysis, nerve	500	1,000
034-02-50	Morphometric analysis, tissue NEC	500	1,000

## SEMEN ANALYSIS

035-02-08	Semen analysis, complete examination	500	1,000
035-04-08	Semen analysis, motility and count only	500	1,000
035-04-77	Semen analysis, motility and count only, on post-coital vaginal secretions	500	1,000
035-06-08	Semen analysis, presence and/or motility of sperm only	500	1,000
035-08-77	Semen analysis, motility and/or viability of sperm, in the presence of cervical mucus	500	1,000

## TISSUE PREPARATION

036-12-50	Frozen section(s), preparation of, tissue NEC	500	1,000
036-44-50	Cryopreservation of tissue/organ, tissue NEC	500	1,000
036-62-34	Teasing, Nerve	500	1,000

## CONSULTATION

038-02-00	consultation, surgical pathology	500	1,500
038-06-00	consultation, autopsy	1,000	2,000
038-10-00	consultation, electron microscopy	500	1,500
038-12-00	consultation, GYN cytology	500	1,500
038-14-00	consultation, Non-GYN cytology	500	1,500

## INTRA-OPERATIVE CONSULTATION

039-02-00	Intra-operative consultation, with frozen section(s)	1,000	1,500
039-04-00	Intra-operative consultation, without frozen section(s)	500	1,000



ICD-9 Code    Mean    Percentile 90

## PATHOLOGY REVIEW

041-02-00	Pathology review, surgical pathology	500	1,000
041-06-00	Pathology review, autopsy	2,000	3,000
041-10-00	Pathology review, electron microscopy	500	1,000
041-12-00	Pathology review, GYN cytology	500	1,000
041-14-00	Pathology review, Non-GYN cytology	500	1,000

หลักก

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2

4

1. Basic

เป็น

ก่อนให้

ผู้ป่วยหลัง

ที่ใช้เวลา 10

ค่า

ค่า

2. Under

หม

เป็นอย่า

ของร่างกาย

ความรู้

2.1

2

2.3

2.4

3. Type of

อาจเกิด

01



## อัตราค่าบริการทางวิสัญญีแพทย์

### หลักการคิดค่าบริการของวิสัญญีแพทย์

อัตราค่าบริการคิดจากองค์ประกอบ 4 อย่างรวมกัน คือ

1. Basic unit
2. Underlying condition ของผู้ป่วย
3. Tyton และ special procedure ทางวิสัญญี
4. Time unit

#### 1. Basic unit

เป็นจำนวนหน่วยคิดค่าบริการพื้นฐานแรกเมื่อเริ่มต้นให้บริการทางวิสัญญี ประกอบด้วย การประเมินผู้ป่วยก่อนให้การรับความรู้สึก และการดูแลผู้ป่วยในระยะหลังจากให้การรับความรู้สึกจนผู้ป่วยปลอดภัย และการประเมินผู้ป่วยหลังการผ่าตัด อัตราค่าบริการรวมการทำ procedure ไม่ว่าจะเป็นการตรวจหรือการทำหัตถการทางศัลยกรรมที่ใช้เวลา 30 นาที หรือน้อยกว่า โดยคิดหน่วยบริการพื้นฐานนี้เริ่มต้นดังนี้

- ค่าบริการราคาสูง เริ่มต้น 6 unit คิด unit ละ 1,000 บาท = 6,000 บาท
- ค่าบริการราคากลาง เริ่มต้น 6 unit คิด unit ละ 400 บาท = 2,400 บาท

#### 2. Underlying condition

หมายถึง สภาพของผู้ป่วย ความแข็งแรงของร่างกาย มีการดำเนินโรคอื่นของผู้ป่วยที่จะมีผลต่อการให้การรับความรู้สึกเป็นอย่างไรมีความจำเป็นต้องเตรียมผู้ป่วยให้พร้อมก่อนผ่าตัดหรือไม่ มีการเปลี่ยนแปลงของระบบการทำงานต่างๆของร่างกายที่ทำให้เกิดความเสี่ยง หรือผู้ป่วยนั้นมีลักษณะเฉพาะทางกายวิภาคที่เพิ่มอัตราเสี่ยงในการให้การรับความรู้สึก

- 2.1 ผู้ป่วยที่สุขภาพแข็งแรงดี ไม่มีโรคหรือสภาวะที่ทำให้มีความเสี่ยง 0 unit
- 2.2 ผู้ป่วยฉุกเฉิน หรือ emergency ผู้ป่วยมีอายุมากกว่า 70 ปี หรืออายุน้อยกว่า 3 เดือน คิดเพิ่ม 1 unit
- 2.3 ผู้ป่วยที่มีลักษณะเฉพาะที่เพิ่มความเสี่ยงเช่น morbid abese ผู้ป่วยที่มีปัญหา airway difficulty ผู้ป่วยที่มีสภาพร่างกายที่แสดงว่าอวัยวะของร่างกายระบบใดระบบหนึ่งสูญเสียการทำงานอย่างถาวรหรือเป็นโรคซึ่งผู้ป่วยไม่สามารถควบคุมได้ หรือควบคุมได้ไม่ดี ทำให้เพิ่มอัตราเสี่ยงการให้การรับความรู้สึก ASA Classification 3 คิดเพิ่ม 2 unit
- 2.4 ผู้ป่วยที่มีสภาพของร่างกายที่แสดงว่าอวัยวะของร่างกายมากกว่า 1 ระบบ สูญเสียการทำงานอย่างถาวร ASA Classification 4-5 คิดเพิ่ม 4 unit

#### 3. Type of operation and required special anesthetic procedure or special monitoring

เป็นชนิดของการผ่าตัดที่มีผลทำให้เพิ่มอัตราเสี่ยงต่อการให้การรับความรู้สึกหรือการให้การรับความรู้สึกเองอาจเกิดความเสี่ยงต่อผลของการผ่าตัด หรือทั้งสองอย่าง หรือจำเป็นต้อง monitor เป็นพิเศษมากกว่าปกติ

- 3.1 Special anesthetic procedure for monitoring หรือ หัตถการเพิ่มพิเศษทางวิสัญญี (Group A) ได้แก่ การทำ direct pressure, central venous pressure line หรือการ monitor สำหรับ sitting position หรือการใส่ double Lumen tube ให้คิดอัตราค่าบริการเพิ่มอย่างละ 2 unit

- 3.2 Special anesthetic procedure (Group B) ได้แก่ผู้ป่วยที่จำเป็นต้องได้รับการใส่ pulmonary artery catheter หรือ fiberoptic endotracheal intubation หรือ controlled hypotensive anesthesia หรือ Intentional hypothermia technique คิดเพิ่มอีกอย่างละ 4 unit
- ในกรณีที่ผู้ป่วยได้รับการใส่ monitor เหล่านี้มาแล้วและจำเป็นต้องใช้ monitor เหล่านี้เฝ้าระวังตลอดการ

ผ่าตัดให้คิดค่าบริการเพิ่ม 1 unit ต่อชนิดของ monitor

- 3.3 การผ่าตัดที่เพิ่มอัตราเสี่ยงระดับปานกลาง (moderate surgical risk) ได้แก่
- 3.3.1 การผ่าตัดในช่องทรวงอก ปอด หลอดอาหาร คิดเพิ่ม 4 unit
  - 3.3.2 การผ่าตัด open craniotomy in headinjuries คิดเพิ่ม 4 unit
  - 3.3.3 การผ่าตัดเกี่ยวกับ Larynx และ trachea ยกเว้น tracheostomy คิดเพิ่ม 4 unit
  - 3.3.4 หัตถการที่ต้องอยู่ในห้อง MRI, X-ray หรือ cardiac intervention การใส่ pacemaker คิดเพิ่ม 4 unit
  - 3.3.5 การผ่าตัดปลูกถ่ายไต คิดเพิ่ม 4 unit
  - 3.3.6 การทำผ่าตัด repair retinal detachment, corneal transplant, repair penetrating cornea คิดเพิ่ม 4 unit
- 3.4 การผ่าตัดที่เพิ่มอัตราเสี่ยงระดับสูง (high surgical risk) ได้แก่
- 3.4.1 การผ่าตัด open craniotomy ที่ไม่ใช่ head injuries คิดเพิ่ม 8 unit
  - 3.4.2 การผ่าตัด base of skull หรือ major reconstruction ของ cranium และ facialbones โดยศัลยแพทย์มากกว่า 1 สาขาให้คิดเพิ่ม 8 unit
  - 3.4.3 การผ่าตัดหลอดเลือดโป่งพองของสมอง คิดเพิ่ม 8 unit
  - 3.4.4 การผ่าตัด closed heart ที่ไม่ใช่ cardiopulmonary by pass) คิดเพิ่ม 8 unit
- 3.5 การผ่าตัดที่เพิ่มอัตราเสี่ยงสูงมาก (very high surgical risk)
- 3.5.1 การผ่าตัดสมองที่ต้องใช้ cardiopulmonary by pass คิดเพิ่ม 8 unit
  - 3.5.2 การผ่าตัดหลอดเลือดแดงใหญ่ (aorta) ในช่องท้อง หรือ ทรวงอก คิดเพิ่ม 12 unit
  - 3.5.3 การผ่าตัด major organ transplant ได้แก่ หัวใจ, ปอด หรือ ทั้งปอดและหัวใจรวมกัน หรือตับ (ยกเว้นไตและกระเจกตา) คิดเพิ่ม 15 unit

#### 4. Time unit

- 4.1 ระยะเวลาที่เริ่มและสิ้นสุดการบริการ
- เวลาเริ่ม ให้นับเวลาตั้งแต่เริ่มฉีดยานำสลบหรือทำหัตถการไม่ว่าจะเป็นการ block nerve หรือ spinal หรือ epidural block หรือใส่สายสวนสำหรับ invasive monitor
- เวลาสิ้นสุด ให้นับเวลาที่ย้ายผู้ป่วยออกจากห้องผ่าตัด
- 4.2 เวลาที่ให้การระงับความรู้สึกที่นานกว่า 30 นาที คิดระยะเวลาที่เพิ่มขึ้นทุก 15 นาที เป็น limit (เศษเวลา 0-7 นาที ไม่คิด unit, เศษเวลา 8-15 นาที คิดเป็น 1 unit)

#### 5. Conversion factor unit คิด unit (ดังนี้)

อัตราสูงสุด	1,000 บาท	ต่อ unit
อัตราเฉลี่ย	400 บาท	ต่อ unit

#### 6. ในกรณีที่จำเป็นต้องมีวิสัญญีแพทย์ผู้ช่วย

ให้คิดอัตราค่าบริการของวิสัญญีแพทย์ผู้ช่วยได้ไม่เกิน 30 % ของวิสัญญีคนแรก



ตัวอย่างที่ 1 ผู้ป่วยอายุ 20 ปี แข็งแรงดี ทำผ่าตัด hernia ใช้เวลาผ่าตัด 1 ชั่วโมง อัตราค่าบริการคิดดังนี้  
อัตราสูงสุด 2547 = 6 unit + 2 unit + 0  
= 6 x 1000 + 2 unit x 1,000  
= 8,000

อัตราเฉลี่ย 2547 basic unit+time unit+no risk  
= 1/2 ชม.แรก + 2 unit  
= 2,400 - 2 unit + 0  
= 2,400 + 2 x 400 + 0  
= 3,200

ตัวอย่างที่ 2 ผู้ป่วยอายุ 58 ปี เป็น CRF, On Hemodialysis และมีปัญหา pulmonary edema on ventilator  
ต้องมารับการผ่าตัด Explor Lap. เป็นเวลา 2 ชม.

ค่าบริการ = basic unit + time unit + risk  
= 1/2 ชม.แรก + 6 unit + risk ตามข้อ 2.4  
= 2,400 + 2,400 + 4 unit  
= 2,400 + 2,400 + 1600  
= 6,400

ตัวอย่างที่ 3 ผู้ป่วยอายุ 60 ปี เป็น CA Lung จะมาทำ thoracotomy ไม่มี underlying risk แต่ต้องการใส่  
double lumen tube ใช้เวลาผ่าตัด 2 1/2 ชม.

ค่าบริการ = basic unit + time unit + operative risk (ตามข้อ 3.3.1) + special procedure  
= 2,400 + 8 unit + 4 unit + 2 unit  
= 2,400 + 3,200 + 1,600 + 800  
= 8,000

ตัวอย่างที่ 4 ผู้ป่วยอายุ 30 ปี car accident มี epidural hematoma จะทำ Craniectomy เพื่อ remove clot ใช้เวลา  
2 ชม.

ค่าบริการ = basic unit + time unit + moderate surgical risk (ตามข้อ 3.3.2) + emergency  
= 2,400 + 6 unit + 4 unit + 2 unit  
= 2,400 + 2,400 + 1,600 + 800  
= 7,200

ภาคผนวก

ICD-10-TM

INDEX TO PROCEDURES

ตัวอย่างที่ 1

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ตัวอย่างที่ 4

ตัวอย่างที่ 1 ผู้ป่วยอายุ 20 ปี แข็งแรงดี ทำผ่าตัด hernia ใช้เวลาผ่าตัด 1 ชั่วโมง อัตราค่าบริการคิดดังนี้  
อัตราสูงสุด 2547  $= 6 \text{ unit} + 2 \text{ unit} + 0$   
 $= 6 \times 1000 + 2 \text{ unit} \times 1,000$   
 $= 8,000$

อัตราเฉลี่ย 2547 basic unit+time unit+no risk  
 $= 1/2 \text{ ชม.แรก} + 2 \text{ unit}$   
 $= 2,400 - 2 \text{ unit} + 0$   
 $= 2,400 + 2 \times 400 + 0$   
 $= 3,200$

ตัวอย่างที่ 2 ผู้ป่วยอายุ 58 ปี เป็น CRF, On Hemodialysis และมีปัญหา pulmonary edema on ventilator ต้องมารับการผ่าตัด Explor Lap. เป็นเวลา 2 ชม.

ค่าบริการ  $= \text{basic unit} + \text{time unit} + \text{risk}$   
 $= 1/2 \text{ ชม.แรก} + 6 \text{ unit} + \text{risk ตามข้อ 2.4}$   
 $= 2,400 + 2,400 + 4 \text{ unit}$   
 $= 2,400 + 2,400 + 1600$   
 $= 6,400$

ตัวอย่างที่ 3 ผู้ป่วยอายุ 60 ปี เป็น CA Lung จะมาทำ thoracotomy ไม่มี underlying risk แต่ต้องการใส่ double lumen tube ใช้เวลาผ่าตัด 2 1/2 ชม.

ค่าบริการ  $= \text{basic unit} + \text{time unit} + \text{operative risk (ตามข้อ 3.3.1)} + \text{special procedure}$   
 $= 2,400 + 8 \text{ unit} + 4 \text{ unit} + 2 \text{ unit}$   
 $= 2,400 + 3,200 + 1,600 + 800$   
 $= 8,000$

ตัวอย่างที่ 4 ผู้ป่วยอายุ 30 ปี car accident มี epidural hematoma จะทำ Craniectomy เพื่อ remove clot ใช้เวลา 2 ชม.

ค่าบริการ  $= \text{basic unit} + \text{time unit} + \text{moderate surgical risk (ตามข้อ 3.3.2)} + \text{emergency}$   
 $= 2,400 + 6 \text{ unit} + 4 \text{ unit} + 2 \text{ unit}$   
 $= 2,400 + 2,400 + 1,600 + 800$   
 $= 7,200$

கட்சனக

ICD-10-TM  
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- nerve (cranial) (peripheral) 905-28-00
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  - anastomosis 907-26-01
  - abdominal
    - artery 420-26-01
    - vein 427-26-01
  - aorta (arch) (ascending) (descending) 314-26-01
  - head and neck NEC 907-26-01
  - intracranial NEC 138-26-01
  - lower limb
    - artery 755-26-01
    - vein 763-26-01
  - thoracic NEC 320-26-01
  - upper limb (artery) (vein) 624-26-01
- graft replacement (interposition) 907-46-00
  - abdominal
    - aorta 412-46-00
    - artery 420-46-00
    - vein 427-46-00
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    - abdominal 412-46-00
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  - head and neck NEC 907-46-00
  - intracranial NEC 138-46-00
  - lower limb
    - artery 755-46-00
    - vein 763-48-00
    - thoracic NEC 320-46-00
  - upper limb (artery) (vein) 624-46-00
    - abdominal
      - artery 420-26-08
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- aorta (arch) (ascending) (descending) 314-26-01
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- head and neck NEC 907-26-08
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- intracranial NEC 138-26-08

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  - artery 755-26-08
  - vein 763-26-08
- sinus of Valsalva 351-99-98
- thoracic NEC 907-26-08
- upper limb (artery) (vein) 624-26-08
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Aneurysmorrhaphy NEC 907-39-01

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Aneurysmectomy, by site

--- with

---- anastomosis—see Aneurysmectomy, with anastomosis, by site

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# Angiectomy

- with

-- anastomosis 907-26-01

--- abdominal

---- artery 420-26-01

---- vein 427-26-01

--- aorta (arch) (ascending) (descending) 314-26-01

--- head and neck NEC 907-26-01

--- intracranial NEC 138-26-01

--- lower limb

---- artery 755-26-01

---- vein 763-26-01

--- thoracic vessel NEC 320-26-01

--- upper limb (artery) (vein) 624-26-01

-- graft replacement (interposition) 907-46-00

--- abdominal

---- aorta 412-46-00

---- artery 420-46-00

---- vein 427-46-00

--- aorta (arch) (ascending) (descending thoracic)

---- abdominal 412-46-00

---- thoracic 314-46-00

---- thoracoabdominal 420-46-00 [412-46-00]

--- head and neck NEC 907-46-00

# Angiectomy

# Angiectomy—

- with—cl

-- graft re ac

--- intracranial

--- lower limb

--- artery 55

--- vein 133-

--- thoracic NI

--- upper nb

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- carbon diox

- combined rig

- left heart io

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-- combined w

- right hea (a

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-- combined w

- vena cava (in

Angiogra y

907-81-00—

- by radioisot

- by ultra un

- basilar 138

- brachial 624-

- caroid (intern

- celiac 41 81

- cerebral pos

- coronary NEC

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- neck 209 1-

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- renal 413-81-

- specified r

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- balloon (per

-- coronary a

-- with cor

-- multiple v

-- other sites

on

- coronary 36

- open chest

- percutane

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-- with cor

-- multiple ve

- percuta ou

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**with—continued**
**graft replacement (interposition)—continued**

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--- lower limb

---- artery 755-46-00

---- vein 763-48-00

--- thoracic NEC 320-46-00

--- upper limb (artery) (vein) 624-46-00

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-- coronary (balloon) (single vessel) 336-31-50

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-- vein 763-21-01

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- intracranial NEC 138-21-00

- lower limb

-- artery 755-21-01

-- vein 763-21-01

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# Apicoectomy see Chapter 16, vol.3

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- bone growth stimulator (surface)

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- Bryant's traction 938-13-11

- with reduction of fracture or dislocation—see

Reduction, fracture and Reduction,dislocation

- Buck's traction 938-13-10

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- with reduction of fracture or dislocation—see

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- with reduction of fracture or dislocation—see

Reduction, fracture and Reduction,dislocation

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-- clavicle 649-37-00

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-- metacarpal 690-37-00

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- Jewett extension brace 901-99-99

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- Lyman Smith traction 938-13-11

- with reduction of fracture or dislocation—see

Reduction, fracture and Reduction, dislocation

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- minifixator device (bone)—see category 78.1

- neck support (molded) 200-13-01

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- orthodontic appliance (obturator) (wiring)

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- pelvic sling 938-13-11

- with reduction of fracture or dislocation—see

Reduction fracture and Reduction, dislocation

- peridental splint (orthodontic) see Chapter 16, vol.3

- plaster jacker 558-13-00

-- Minerva 200-13-01

- pressure

-- dressing (bandage) (Gibney) (Robert Jone's) (Shanz)

938-17-00

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- with reduction of fracture or dislocation—see

Reduction, fracture and Reduction, dislocation

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938-13-00

- with fracture reduction—see Reduction, fracture

- stereotactic head frame 901-99-99

# Application

# Application-

-Thomas' coll

-- with r luc

Red

-traction

-- with r luc

Red

-- adhesive ta

-- boot 9 -1

-- Bryan 92

-- Buck's 938

-- Cotrel's 551

-- Dunlo s 9

-- gallow 331

-- Lyman Smi

-- Russel : 9

-- skeletal NE

-- intermitten

-- skin, limbs

-- spinal 3C

-- with ulul

(Cru

ony

-- with nc

-Thomas' spl

-Unna's nast

-vasopne ma

-Velpau res

-Yinke tongs

-wound ess

Arc lamp—s

Arrest

- bone gr yth

-- by sta ing

-- femur 798

-- fibula 7-4

-- humer 66

-- radius 665-

-- tibia 814-42

-- ulna 67 42

-cardiac, adu

-circulatory, i

-hemorrhage

Arsian o ra

Arteriotomy

- with

-- anasto osi

-- abdom na

-- aorta (arc

-- head d i

-- intrac nia

-- lower limb

-- thoracic N

-- upper ml

-- graft replac

-- abdomina

-- aorta 112

-- aorta arc

-- abdomin

-- thoracic

**Application—continued**

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- traction
  - with reduction of fracture or dislocation—*see* Reduction, fracture and Reduction, dislocation
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- Buck's 938-13-10
- Cotrel's 558-13-00
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- skeletal NEC 938-13-11
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  - (Crutchfield) (Gardner-Wells)(Vinke)
  - (tongs) 558-13-00
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  - 105-10-00
- wound dressing 901-83-00
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- Arrest**
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  - by stapling—*see* Stapling, epiphyseal plate
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  - fibula 817-42-00
  - humerus 664-42-00
  - radius 665-42-00
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  - with
    - anastomosis 907-26-01
    - abdominal 420-26-01
    - aorta (arch) (ascending) (descending) 314-26-01
    - head and neck NEC 907-26-01
    - intracranial NEC 138-26-01
    - lower limb 755-26-01
    - thoracic NEC 320-26-01
    - upper limb 624-26-01
    - graft replacement (interposition) 907-46-00
    - abdominal
      - aorta 412-46-00
      - aorta (arch) (ascending) (descending thoracic)
      - abdominal 412-46-00
      - thoracic 314-46-00

**Arterectomy—continued**

- with - *continued*
- graft replacement (interposition) - *continued*
- aorta - *continued*
  - thoracoabdominal 314-46-00 [412-46-00]
  - head and neck NEC 907-46-00
  - intracranial NEC 138-46-00
  - lower limb 755-46-00
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- abdominal 420-26-08
- aorta (arch) (ascending) (descending) 314-26-01
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  - basilar 138-81-50
  - brachial 624-81-50
  - carotid (internal) 205-81-50
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  - coronary (direct) (selective) NEC 336-31-50
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  - head and neck 138-81-50
  - intra-abdominal NEC 420-81-50
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  - lower extremity 755-81-50
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  - renal 413-81-50
  - specified site NEC 907-81-50
  - superior mesenteric artery 420-81-50
  - transfemoral 755-81-50
  - ultrasound—*see* Ultrasonography, by site
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- Arteriorrhaphy** 907-39-00
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  - abdominal 420-21-01
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- intervertebral disc—see catetory 564-26-xx
- knee 833-26-08
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- spine NEC 559-26-08
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- for arthrography—see Arthrogram

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- 34-00
- ankle 837-34-00
- carporadial 703-34-00
- cricoarytenoid 247-39-99
- elbow 698-34-00
- finger 705-34-00
- foot NEC 842-34-01
- hip 829-34-00
- interphalangeal
- - finger 705-34-00
- - toe NEC 842-34-00
- - - claw toe repair 878-48-03
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- ischiofemoral 829-34-00
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- carpocarpal 703-48-00
- - with prosthetic implant 703-46-00
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- Carroll and Taber (proximal interphalangeal joint) 705-48-00
- elbow 698-48-00
- - with prosthetic replacement (total) 698-46-01
- femoral head NEC 829-48-00
- - with prosthetic implant 829-46-00
- finger(s) 705-48-00
- - with prosthetic implant 705-46-00
- foot (metatarsal) with joint replacement 840-46-01
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- - with prosthetic implant 704-46-00
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- - femoral head NEC 829-48-00
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- - total replacement 829-46-01
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- - revision 833-47-00
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- - with prosthetic implant 704-48-00
- shoulder 697-48-00
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- - - total 697-46-01
- - for recurrent dislocation 697-39-01
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- toe NEC 842-48-00
- - with prosthetic replacement 842-46-00
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- elbow 698-00-00
- finger see Anatomy of joint
- foot see Anatomy of joint
- hand see Anatomy of joint
- hip 829-00-00
- knee 833-00-00
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- specified site NEC see Anatomy of joint
- toe 842-00-00
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**Arthroscopy (see also Arthrotomy) 913-21-08**

**Arthrotomy 913-21-08**

- as operative approach—omit code

Arthrotomy

**Arthrotomy**

- with
- - arthro ar
- - arthrosc
- - injection
- - removal
- - joint
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- - transabdominal (operative) 444-00-01
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- - transabdominal (operative) 441-00-01
- thorax (transpleural) 300-00-00

## - thorax (transpleural) 300-00-00

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**Enterocentesis 446-21-09**

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**Enterocoelectomy NEC 453-26-08**

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**Enterocenterostomy 446-35-09**

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**Enterolysis 438-24-08**

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-- loop 453-38-01

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-- percutaneous (endoscopic) 444-33-00

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- pelvic blood clot (by incision) 400-21-08

- - by

- - - culdocentesis 525-22-00

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- - with curettage 526-45-00

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- abscess—see Excision, lesion, by site

- accessory tissue—see also Excision, lesion, by site of tissue origin

- abscess—see Excision, lesion, by site

- accessory tissue—see also Excision, lesion, by site of tissue origin

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- - spleen 474-26-00

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- - with tonsillectomy 245-26-05

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- - ventricle (heart) 338-26-10

- anus (complete) (partial) 455-26-10

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- - testis 504-26-00

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- facial NEC 161-26-01
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- muscle 903-26-00
- hand 614-26-08
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- tendon 904-26-00
- hand 614-26-18
- mandible 160-26-00
- with arthrodesis—*see* Arthrodesis
- total 160-26-11
- with reconstruction 160-48-98
- spur—*see* Excision, lesion, bone
- total
- facial NEC 161-26-01
- with reconstruction 161-48-98
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- hemisphere 126-26-03
- lobe 126-26-02
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- accessory 302-26-03
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- nipple 305-26-00
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- bulbourethral gland 483-26-00
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- Baker's (popliteal) 742-26-08

## Excision

## Excision—continued

- cyst—*see also* Excision, lesion, by site
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- broad ligament 520-26-00
- bronchus 367-26-08
- endoscopic 367-26-00
- buccal mucosa 233-26-99
- bulbourethral gland 483-26-00
- bulbous tuberosities (mandible) (maxilla) (fibrous) (osseous) 236-26-00
- bunion (*see also* Bunionectomy) 824-26-03

**Excision—continued**

- cyst—continued
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- broad ligament 520-26-00
- bronchogenic 367-26-08
- endoscopic 367-26-00
- cervix 518-26-98
- dental 160-26-00
- epididymis 506-26-00
- fallopian tube 521-26-00
- Gartner's duct 517-26-98
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- labia 516-26-98
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- radicular 160-26-01
- spleen 474-26-01
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- urachal (bladder) 403-26-01
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- large 453-26-00
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- eyelid 163-26-99
- redundant skin 163-48-00
- falciform ligament 438-26-00
- fallopian tube—see Salpingectomy
- fascia 902-26-02
- for graft 902-26-01
- hand 614-26-03
- hand 614-26-08
- for graft 614-26-05
- fat pad NEC 902-26-08
- knee (inflatellar) (prepatellar) 742-26-08
- fibroadenoma breast 302-26-00
- fissure, anus 455-26-08
- endoscopic 455-26-02
- fistula—see also Fistulectomy
- anal 455-21-11
- arteriovenous (see also Aneurysmectomy) 907-26-08
- ileorectal 454-39-05
- lacrimal
- gland 164-26-00
- sac 165-26-00
- rectal 454-39-05

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- fistula—continued
- vesicovaginal 481-39-05
- frenulum, frenum 235-26-00
- labial (lip) 226-26-00
- lingual (tongue) 235-26-00
- ganglion (hand) (tendon sheath) (wrist) 904-26-00
- gasserian 145-26-00
- site other than hand or nerve 904-26-00
- symphathetic nerve 589-26-08
- trigeminal nerve 145-26-00
- gastrocolic ligament 438-26-00
- gingiva 236-26-00
- glomus jugulare tumor 180-26-01
- goiter—see Thyroidectomy
- gum 236-26-00
- hamartoma, mammary 302-26-00
- hallux valgus—see also Bunionectomy with prosthetic implant 824-26-03
- hematocele, tunica vaginalis 503-26-02
- hematoma—see Drainage, by site
- hemorrhoids (external) (internal) (tag) 456-26-00
- heterotopic bone, from
  - muscle 903-26-00
  - hand 614-26-00
  - skin 901-26-08
  - tendon 904-26-00
  - hand 614-26-02
- hydatid of Morgagni
- female 521-26-00
- male 504-26-00
- hydatid cyst, liver 463-28-00
- hydrocele
  - canal of Nuck (female) 520-28-98
  - male 510-26-01
  - round ligament 520-28-98
  - spermatic cord 510-26-01
  - tunica vaginalis 503-26-00
- hygroma, cystic 909-26-00
- hymen (tag) 517-26-00
- hymeno-urethral fusion 517-26-00
- intervertebral disc—see Excision, disc
  - intervertebral (NOS) 564-26-00
- intestine (see also Resection, intestine) 446-26-00
  - for interposition NA
  - large 453-24-00
  - small 446-24-00
  - large (total) 453-26-20
  - for interposition 453-24-00
  - local 453-26-00
  - endoscopic 453-28-01
  - segmental 453-26-08
  - multiple 453-26-10
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  - for interposition 446-24-00
  - local 446-26-00
  - partial 446-26-08
  - segmental 446-26-08
  - multiple 446-26-01
  - intraductal papilloma 302-26-00
  - iris prolapse 169-26-00

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- joint (see also Arthroectomy) 913-26-08
- keloid (scar), skin 901-28-08
- labia—see Vulvectomy
- lacrimal
  - gland 164-26-99
  - partial 164-26-01
  - total 164-26-02
- passage 165-26-00
- sac 165-26-00
- lesion (local)
  - abdominal wall 405-26-00
  - accessory sinus—see Excision, lesion, nasal sinus
  - adenoids 245-26-00
  - adrenal gland(s) 477-26-00
  - alveolus 160-26-01
  - ampulla of Vater 470-26-00
  - anterior chamber (eye) NEC 171-45-99
  - anus 455-26-08
  - endoscopic 455-26-02
  - apocrine gland 901-26-08
  - artery 907-26-08
  - abdominal 420-26-08
  - aorta (arch) (ascending) (descending thoracic) 314-26-01
  - with end-to-end anastomosis 320-46-00
  - abdominal 412-46-00
  - thoracic 320-46-00
  - thoracoabdominal 320-46-00 [412-46-001]
  - with interposition graft replacement 320-46-00
  - abdominal 412-46-00
  - thoracic 320-46-00
  - thoracoabdominal 320-46-00 [412-46-00]
  - head and neck NEC 907-26-08
  - intracranial NEC 138-26-08
  - lower limb 755-26-08
  - thoracic NEC 320-26-08
  - upper limb 624-26-98
  - atrium 338-26-01
  - auditory canal meatus, external 178-26-06
  - radical 178-26-12
  - auricle, ear 178-26-03
  - radical 178-26-10
  - biliary ducts 468-26-01
  - endoscopic 468-28-00
  - bladder (transurethral) 481-26-00
  - open 481-26-01
  - suprapubic 481-26-01
  - blood vessel 907-26-08
  - abdominal
    - artery 420-26-08
    - vein 427-26-08
  - aorta (arch) (ascending) (descending) 314-26-01
  - head and neck NEC 907-26-08
  - intracranial NEC 138-26-08
  - lower limb
    - artery 755-26-08
    - vein 763-26-08
  - thoracic NEC 320-26-08
  - upper limb (artery) (vein) 624-26-98

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 Excision carpal 689-26-01  
 Excision clavicle 649-26-01  
 Excision facial 161-26-01  
 Excision femur 798-26-01  
 Excision fibula 817-26-01  
 Excision humerus 664-26-01  
 Excision jaw 160-26-01  
 Excision dental 160-26-01  
 Excision metacarpal 690-26-01  
 Excision metatarsal 824-26-01  
 Excision scapula 799-26-01  
 Excision pelvic 784-26-01  
 Excision phalanges of foot (hand) 828-26-01  
 Excision phalanges of hand 694-26-01  
 Excision radius 665-26-01  
 Excision ribs 386-26-01  
 Excision scapula 650-26-01  
 Excision skull 105-26-01  
 Excision sternum 385-26-01  
 Excision tarsal 823-26-01  
 Excision tibia 814-26-01  
 Excision tibia 673-26-01  
 Excision vertebrae 558-26-01  
 Excision (in (trans)temporal approach) NEC 126-26-08  
 Excision by stereotactic radiosurgery 900-60-59  
 Excision cobalt 60 900-92-29 *see* Chapter 18 vol. 3  
 Excision linear accelerator (LINAC) 60 *see* Chapter 18 vol. 3  
 Excision multi-source *see* Chapter 18 vol. 3  
 Excision particle beam *see* Chapter 18 vol. 3  
 Excision particulate *see* Chapter 18 vol. 3  
 Excision radiosurgery NEC *see* Chapter 18 vol. 3  
 Excision single source photon *see* Chapter 18 vol. 3  
 Excision last (segmental) (wedge) 302-26-00  
 Excision ligament 520-28-98  
 Excision meniscus NEC 367-26-08  
 Excision endoscopic 367-26-00  
 Excision tibial (cortex) NEC 126-26-08  
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 Excision skin (myoma) 518-26-98  
 Excision stomach wall 300-26-01  
 Excision thyroid plexus 130-26-00  
 Excision uterine body 170-26-00  
 Excision uterine 453-26-00  
 Excision endoscopic NEC 453-26-01  
 Excision polypectomy 453-26-01  
 Excision conjunctiva 166-26-00  
 Excision cornea 167-26-09  
 Excision ciliary 105-26-01  
 Excision ciliary-sac (Douglas) 525-26-00  
 Excision tongue (jaw) 160-26-01  
 Excision pharynx 384-26-00  
 Excision larynx (local) 443-26-08  
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 Excision external 178-26-03  
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 Excision endometrium 519-26-98  
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 Excision -- eye, eyeball 176-26-00  
 Excision --- anterior segment NEC 171-45-99  
 Excision -- eyebrow (skin) 163-26-99  
 Excision -- eyelid 163-26-99  
 Excision --- by  
 Excision ---- halving procedure 163-26-05  
 Excision ---- wedge resection 163-26-05  
 Excision --- major  
 Excision ---- full-thickness 163-26-05  
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 Excision --- minor 163-26-03  
 Excision -- fallopian tube 521-26-00  
 Excision -- fascia 902-26-00  
 Excision --- hand 614-26-08  
 Excision -- groin region (abdominal wall) (inguinal) 405-26-00  
 Excision --- skin 901-26-08  
 Excision --- subcutaneous tissue 901-26-08  
 Excision -- gum 236-26-00  
 Excision -- heart 338-26-01  
 Excision -- hepatic duct 468-26-01  
 Excision -- inguinal canal 405-26-00  
 Excision -- intestine  
 Excision --- large 453-26-00  
 Excision ---- endoscopic NEC 453-26-01  
 Excision ---- polypectomy 453-26-01  
 Excision --- small NEC 446-26-00  
 Excision -- intracranial NEC 126-26-08  
 Excision -- intranasal 186-26-03  
 Excision -- intraspinal 580-26-00  
 Excision -- iris 169-26-01  
 Excision -- jaw 160-26-00  
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 Excision -- joint 913-26-01  
 Excision --- ankle 837-26-01  
 Excision --- elbow 698-26-01  
 Excision --- hip 829-26-01  
 Excision --- interphalangeal  
 Excision ---- finger 705-26-01  
 Excision ---- toe 842-26-01  
 Excision --- knee 833-26-01  
 Excision --- shoulder 697-26-01  
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 Excision --- wrist 702-26-01  
 Excision -- kidney 478-26-00  
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 Excision -- labia 516-26-98  
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 Excision --- gland (frontal approach) 164-26-00  
 Excision --- passage 165-26-00  
 Excision --- sac 165-26-00  
 Excision -- larynx 247-26-00  
 Excision -- ligament (joint) (*see also* Excision, lesion, joint)  
 Excision 913-26-01  
 Excision --- broad 520-28-98  
 Excision --- round 520-28-98  
 Excision --- uterosacral 520-28-98

### Excision—continued

- lesion (local) —continued
- lip 225-26-99
- by wide excision 225-26-00
- liver 463-28-00
- lung NEC 375-26-08
- by wide excision 375-26-02
- endoscopic 375-26-00
- lymph structure(s) (channel) (vessel) NEC 909-26-00
- node—see Excision, lymph, node
- mammary duct 302-26-00
- mastoid (bone) 183-26-99
- mediastinum 380-26-00
- meninges (cerebral) 108-26-00
- spinal 570-26-00
- mesentery 438-26-00
- middle ear 180-26-00
- mouth NEC 233-26-99
- muscle 903-26-00
- hand 614-26-00
- ocular 175-26-00
- myocardium 338-26-01
- nail 901-26-02
- nasal sinus 193-26-00
- antrum 192-26-08
- with Caldwell-Luc approach 192-26-00
- specified approach NEC 192-26-08
- ethmoid 190-26-00
- frontal 189-26-00
- maxillary 192-26-08
- with Caldwell-Luc approach 192-26-00
- specified approach NEC 192-26-08
- sphenoid 191-26-01
- nasopharynx 244-26-99
- nerve (peripheral) 905-26-00
- sympathetic 589-26-08
- nonodontogenic 160-26-01
- nose 185-26-98
- intranasal 186-26-03
- polyp 186-26-00
- skin 185-26-98
- odontogenic 160-26-00
- omentum 438-26-00
- orbit 177-26-01
- ovary 523-26-98
- by wedge resection 523-26-20
- laparoscopic 523-26-21
- palate (bony) 240-26-00
- by wide excision 240-26-01
- soft 233-26-99
- pancreas (local) 471-26-08
- endoscopic 471-26-00
- parathyroid 220-26-08
- parotid gland or duct NEC 198-26-08
- pelvic wall 525-26-00
- pelvirectal tissue 454-26-00
- penis 501-26-00
- pericardium 356-26-00
- perineum (female) 516-26-98
- excision
- male 901-28-08
- periprosthetic tissue 507-26-20

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- lesion (local) —continued
- perirectal tissue 454-26-00
- perirenal tissue 476-26-00
- peritoneum 438-26-00
- perivesical tissue 476-26-00
- pharynx 244-26-99
- diverticulum 244-26-01
- pineal gland 131-26-00
- pinna 178-26-03
- radical 178-26-10
- pituitary (gland) (see also Hypophysectomy, partial) 132-26-19
- by stereotactic radiosurgery 900-60-59
- cobalt 60 900-92-29 see Chapter 18 vol. 3
- linear accelerator (LINAC) 60 see Chapter 18 vol. 3
- multi-source see Chapter 18 vol. 3
- particle beam see Chapter 18 vol. 3
- particulate see Chapter 18 vol. 3
- radiosurgery NEC see Chapter 18 vol. 3
- single source photon see Chapter 18 vol. 3
- pleura 376-26-08
- pouch of Douglas 525-26-00
- preauricular (ear) 204-26-01
- presacral 438-26-00
- prostate (transurethral) 507-26-10
- pulmonary (fibrosis) 375-26-01
- endoscopic 375-26-00
- rectovaginal septum 454-26-00
- rectum 454-26-00
- polyp (endoscopic) 454-26-01
- retroperitoneum 476-26-00
- salivary gland or duct NEC 198-26-08
- en bloc 198-26-01
- sclera 168-26-00
- scrotum 503-26-01
- sinus (nasal)—see Excision, lesion, nasal sinus
- Skene's gland 516-26-98
- skin 901-26-08
- breast 302-26-00
- nose 185-26-98
- radical (wide) (involving underlying or adjacent structure) (with flap closure) 901-26-04
- scrotum 503-26-01
- skull 105-26-01
- soft tissue NEC 902-26-00
- hand 614-26-18
- spermatic cord 510-26-00
- sphincter of Oddi 470-26-09
- endoscopic 470-26-00
- spinal cord (meninges) 570-26-00
- spleen (cyst) 474-26-01
- stomach NEC 441-26-01
- endoscopic 441-26-00
- polyp 441-26-00
- polyp (endoscopic) 441-26-00
- subcutaneous tissue 901-26-08
- breast 302-26-00
- subgingival 236-26-00
- sweat gland 901-26-08

## Excision

## Excision—continued

## Excision (local)—continued

- tendon 904-26-00
- hand 614-26-18
- ocular 175-26-00
- sheath 904-26-00
- hand 614-26-18
- testis 504-26-00
- thorax 300-26-01
- thymus 381-26-00
- thyroid 219-26-00
- substernal or transternal route 219-26-21
- tongue 235-26-01
- tonsil 245-26-00
- trachea 250-26-00
- tunica vaginalis 503-26-02
- ureter 480-26-00
- urethra 483-26-01
- endoscopic 483-26-00
- uterine ligament 520-28-98
- uterosacral ligament 520-28-98
- uterus 519-26-98
- vagina 517-26-98
- vein 907-26-08
- abdominal 427-26-08
- head and neck NEC 907-26-08
- intracranial NEC 140-99-99
- lower limb 763-26-08
- thoracic NEC 329-26-99
- upper limb 632-26-98
- ventricle (heart) 338-26-01
- vocal cords 247-26-00
- vulva 516-26-98
- ligament (*see also* Arthrorectomy) 913-26-08
- road 520-28-98
- round 520-28-98
- terine 520-28-98
- terosacral 520-28-98
- lumentum flavum (spine)—*omit code*
- gual tonsil 245-26-03
- 225-26-99
- er (partial) 463-26-00
- ose body
- one—*see* Sequestrectomy, bone
- int 913-26-08
- ig (complete) (with mediastinal dissection) 375-26-02
- ccessory or ectopic tissue 375-26-08
- endoscopic 375-26-00
- gmental 375-26-01
- ecified type NEC 375-26-08
- endoscopic 375-26-00
- olume reduction surgery 375-26-10
- edge 375-26-01
- aph, lymphatic
- ainage area 909-26-00
- adical—*see* Excision, lymph, node, radical
- egional (with lymph node, skin, subcutaneous tissue, and fat) 910-26-00
- de (simple) NEC 909-26-00

## Excision—continued

- lymph, lymphatic—*continued*
- - drainage area —*continued*
- - - with
- - - - lymphatic drainage area (inculding skin, subcutaneous tissue, and fat) 910-26-00
- - - - mastectomy—*see* Mastectomy, radical
- - - - muscle and deep fascia—*see* Excision, lymph, node, radical
- - - axillary 306-26-00
- - - - radical 306-26-03
- - - - regional (extended) 910-26-00
- - - - cervical (deep) (with excision of scalene fat pad) 214-26-00
- - - - with laryngectomy 247-26-11
- - - - radical (including muscle and deep fascia) 214-26-09
- - - - - bilateral 214-26-05
- - - - - unilateral 214-26-03
- - - - regional (extended) 910-26-00
- - - - superficial 909-26-00
- - - groin 411-26-00
- - - - radical 411-26-10
- - - - regional (extended) 411-26-00
- - - iliac 772-26-00
- - - - radical 772-26-11
- - - - regional (extended) 772-26-10
- - - - inguinal (deep) (superficial) 411-26-00
- - - - - radical (extended) 411-26-10
- - - jugular—*see* Excision, lymph, node, cervical
- - - mammary (internal) 910-26-00
- - - - external 910-26-00
- - - - - radical 910-26-02
- - - - - regional (extended) 910-26-01
- - - - radical 910-26-02
- - - - regional (extended) 910-26-01
- - - paratrecheal—*see* Excision, lymph, node, cervical
- - - periaortic 432-26-00
- - - - radical 432-26-10
- - - - regional (extended) 432-26-00
- - - - radical 910-26-02
- - - - with mastectomy—*see* Mastectomy, radical
- - - - specified site NEC 910-26-02
- - - - regional (extended) 910-26-01
- - - sternal—*see* Excision, lymph, node, mammary
- - - structure(s) (simple) NEC 909-26-00
- - - radical 910-26-02
- - - regional (extended) 910-26-01
- - lymphangionma (simple)—*see also* Excision, lymph, lymphatic, node 909-26-00
- - lymphocele 909-26-00
- - mastoid (*see also* Mastoidectomy) 183-26-99
- - median bar, transurethral approach 507-26-01
- - meibomian gland 163-26-99
- - meniscus (knee) 833-26-03
- - - acromioclavicular 696-26-08
- - - jaw 162-48-00
- - - sternoclavicular 695-26-08
- - - temporomandibular (joint) 162-48-00
- - - wrist 702-26-08
- - mØllerian duct cyst 508-26-00

Excision—continued

- muscle 903-26-08
- for graft 903-26-01
- hand 614-26-01
- hand 614-26-00
- for graft 614-26-01
- myositis ossificans 903-26-00
- hand 614-26-00
- nail (bed) (fold) 901-26-02
- nasolabial cyst 233-26-99
- nasopalatine cyst 240-26-00
- by wide excision 240-26-01
- neoplasm—see Excision, lesion, by site
- nerve (peripheral) NEC 905-26-00
- sympathetic 589-26-08
- neuroma (Morton's) (peripheral nerve) 905-26-00
- acoustic
- by craniotomy 148-26-08
- by stereotactic radiosurgery 900-60-59
- cobalt 60 900-92-29 *see* Chapter 18 vol. 3
- linear accelerator (LINAC) 60 *see* Chapter 18 vol. 3
- multi-source *see* Chapter 18 vol. 3
- particle beam *see* Chapter 18 vol. 3
- particulate *see* Chapter 18 vol. 3
- radiosurgery NEC *see* Chapter 18 vol. 3
- single source photon *see* Chapter 18 vol. 3
- sympathetic nerve 589-26-08
- nipple 305-26-00
- accessory 302-26-03
- odontoma 160-26-00
- orbital contents (*see also* Exenteration, orbit) 177-26-19
- osteochondritis dissecans (*see also* Excision, lesion, joint) 913-26-01
- ovary—see *also* Oophorectomy
- partial 523-26-98
- by wedge resection 523-26-20
- laparoscopic 523-26-21
- that by laparoscope 523-26-98
- Pancoast tumor (lung) 300-26-01
- pancreas (total) (with synchronous duodenectomy) 473-26-20
- partial NEC 473-26-18
- distal (tail) (with part of body) 473-26-11
- proximal (head) (with part of body) (with synchronous duodenectomy) 473-26-10
- radical subtotal 473-26-21
- radical (one-stage) (two-stage) 473-26-21
- subtotal 473-26-12
- paramesonephric duct 520-28-08
- parathyroid gland (partial) (subtotal) NEC (*see also* Parathyroidectomy) 220-26-08
- parotid gland (*see also* Excision, salivary gland) 195-26-99
- parovarian cyst 520-28-98
- patella (complete) 799-26-04
- partial 799-26-03
- pelvirectal tissue 454-26-00
- perianal tissue 455-26-01
- skin tags 455-26-00
- pericardial adhesions 356-26-00
- periprosthetic tissue 507-26-20
- perirectal tissue 454-26-00

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- perirenal tissue 476-26-00
- periurethral tissue 483-26-00
- perivesical tissue 438-26-00
- petrous apex cells 180-26-99
- pharyngeal bands 244-44-00
- pharynx (partial) 244-26-02
- pilonidal cyst or sinus (open) (with partial closure) 901-26-01
- pineal gland (complete) (total) 131-26-01
- partial 131-26-00
- pituitary gland (complete) (total) (*see also* Hypophysectomy) 132-26-19
- pleura NEC 376-26-08
- polyp—see *also* Excision, lesion, by site
- esophagus 439-26-01
- endoscopic 439-26-02
- large intestine 453-26-00
- endoscopic 453-26-01
- nose 186-26-00
- stomach (endoscopic) 441-26-00
- preauricular
- appendage (remnant) 204-26-01
- cyst, fistula, or sinus (congenital) 204-26-01
- remnant 204-26-01
- prolapsed iris (in wound) 169-26-00
- prostate—see Prostatectomy
- pterygium (simple) 167-26-09
- with corneal graft 167-26-04
- radius (head) (partial) 665-26-03
- total 665-26-04
- ranula, salivary gland NEC 198-26-00
- rectal mucosa 454-26-00
- rectum—see Resection, rectum
- redundant mucosa
- colostomy 453-26-00
- endoscopic 453-28-00
- duodenostomy 443-26-08
- endoscopic 443-26-00
- ileostomy 445-26-00
- jejunostomy 444-26-00
- perineum 516-26-98
- rectum 454-26-00
- vulva 516-26-98
- renal vessel, aberrant 413-26-08
- rib (cervical) 386-26-02
- ring of conjunctiva around cornea 166-26-00
- round ligament 520-28-98
- salivary gland 198-26-08
- complete 198-26-01
- partial 198-26-00
- radical 198-26-01
- scalene fat pad 214-26-00
- scar—see *also* Excision, lesion, by site
- epicardium 356-26-00
- mastoid 183-47-00
- pericardium 356-26-00
- pleura 376-26-08
- skin 901-26-08
- thorax 300-26-01
- secondary membrane, lens 172-27-32

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- seminal v ic
- with rad al
- septum—see
- uterus (cong
- vagina 5 1-
- sinus—sc a
- nasal—see
- pilonida 00
- preauric la
- tarsi 839-26
- thyroglossa
- urachal pla
- abdon al
- Skene's glan
- skin (loc 19
- for gra (w
- radical (wi
- structure)
- tags
- periar 4
- periauric N
- soft tiss 6
- hand 6
- spermatoce
- spinous pro
- spleen ( ta
- access y
- partial 474
- stomac 1
- subling al
- gland) 1
- submaxilla
- 198 19
- supern ne
- breast 302
- digits 728
- sweat g un
- synchia-
- endometr
- arsal p te
- by w ge
- attoo 901-
- by de na
- endo sh
- for graft
- hand 61
- hand 16
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   oronasal 185-40-00  
   pancreas 473-39-08  
   perineorectal 454-39-05  
   perineosigmoidal 453-40-00  
   perirectal, not opening into rectum 454-40-00  
   pharyngoesophageal 244-40-00

**Fistulectomy—continued**

- pharynx NEC 244-40-00
- pleura 376-39-00
- rectolabial 454-39-05
- rectourethral 480-39-02
- rectouterine 519-39-10
- rectovaginal 517-39-18
- rectovesical 481-39-05
- rectovulvar 454-39-11
- rectum 454-40-00
- salivary (duct) (gland) 198-48-08
- scrotum 503-39-01
- skin 901-26-08
- stomach NEC 441-39-08
- subcutaneous tissue 901-26-08
- thoracoabdominal 384-39-01
- thoracogastric 384-39-01
- thoracogastric 384-39-01
- thoracointestinal 384-39-01
- thorax NEC 300-40-08
- trachea NEC 250-40-00
- tracheoesophageal 250-40-00
- ureter 480-39-02
- urethra 483-40-00
- uteroenteric 519-39-10
- uterointestinal 519-39-10
- uterorectal 519-39-10
- uterovaginal 519-39-10
- vagina 517-39-18
- vesicosigmoidvaginal 481-39-04
- vocal cords 248-38-99
- vulvorectal 454-39-05

**Fistulization**

- appendix 447-33-00
- arteriovenous 908-35-02
- cisterna chyli 335-33-00
- endolymphatic sac (for decompression) 184-99-99
- esophagus, external 439-33-18
- - cervical 439-33-00
- - specified technique NEC 439-33-18
- interatrial 342-31-00
- labyrinth (for decompression) 184-99-99
- lacrimal sac into nasal cavity 165-33-01
- larynx 250-33-00
- lymphatic duct, left (thoracic) 335-33-00
- orbit 177-21-09
- peritoneal 437-33-00
- salivary gland 198-39-99
- sclera 168-22-99
- - by trephination 168-22-00
- - with iridectomy 168-22-98
- sinus, nasal NEC 193-99-99
- subarachnoid space 130-33-00
- thoracic duct 335-33-00
- trachea 250-33-00
- tracheoesophageal 250-33-10
- urethrovaginal 483-21-00
- ventricle, cerebral (*see also* Shunt, ventricular) 130-33-00

**Fistulogram**

- abdominal wall 900-06-53 *see* Chapter 18 vol.3
- chest wall 900-06-53 *see* Chapter 18 vol.3
- retroperitoneum 900-06-53 *see* Chapter 18 vol.3

**Fistulotomy, anal 455-21-10****Fitting**

- arch bars (orthodontic) *see* Chapter 16 vol.3
- - for immobilization (fracture) 238-37-00
- artificial limb 937-16-99 *see* Chapter 17 vol.3
- contact lens 939-16-01
- denture (total) *see* Chapter 16 vol.3
- - bridge (fixed) *see* Chapter 16 vol.3
- - - removable *see* Chapter 16 vol.3
- - partial (fixed) *see* Chapter 16 vol.3
- - - removable *see* Chapter 16 vol.3
- hearing aid 940-16-00
- obturator (orthodontic) *see* Chapter 16 vol.3
- periodontal splint (orthodontic) *see* Chapter 16 vol.3
- prosthesis, prosthetic device
- - above knee 880-16-02
- - arm 730-16-09
- - - lower (and hand) 730-16-04
- - - upper (and shoulder) 730-16-02
- - below knee 880-16-02
- - hand (and lower arm) 730-16-04
- - leg 880-16-09
- - - above knee 880-16-02
- - - below knee 880-16-03
- - limb NEC 937-16-99 *see* Chapter 17 vol.3
- - ocular 939-16-03
- - penis (external) 501-16-00
- - shoulder (and upper arm) 730-16-02
- spectacles 939-16-00

**Five-in-one repair, knee 833-39-08****Fixation**

- bone
- - external, without reduction 914-37-00
- - - with fracture reduction—*see* Reduction, fracture
- - cast immobilization NEC 938-13-01
- - splint 938-13-00
- - traction (skeletal) NEC 938-13-11
- - - intermittent 938-13-18
- - internal (without fracture-reduction) 914-37-01
- - - with fracture-reduction—*see* Reduction, fracture
- - - carpal 689-37-01
- - - clavicle 649-37-01
- - - femur 798-37-01
- - - fibula 817-37-01
- - - humerus 664-37-01
- - - metacarpal 690-37-01
- - - metatarsal 824-37-01
- - - patella 799-37-01
- - - pelvic 784-37-01
- - - phalanges
- - - - foot 828-37-01
- - - - hand 694-37-01
- - - radius 665-37-01
- - - rib 386-37-01
- - - scapula 650-37-01
- - - sternum 385-37-00
- - - tarsal 823-37-01

**Fixation**

- bone
- - external, without reduction 914-37-00
- - - with fracture reduction—*see* Reduction, fracture
- - cast immobilization NEC 938-13-01
- - splint 938-13-00
- - traction (skeletal) NEC 938-13-11
- - - intermittent 938-13-18
- - internal (without fracture-reduction) 914-37-01
- - - with fracture-reduction—*see* Reduction, fracture
- - - carpal 689-37-01
- - - clavicle 649-37-01
- - - femur 798-37-01
- - - fibula 817-37-01
- - - humerus 664-37-01
- - - metacarpal 690-37-01
- - - metatarsal 824-37-01
- - - patella 799-37-01
- - - pelvic 784-37-01
- - - phalanges
- - - - foot 828-37-01
- - - - hand 694-37-01
- - - radius 665-37-01
- - - rib 386-37-01
- - - scapula 650-37-01
- - - sternum 385-37-00
- - - tarsal 823-37-01

**Fixation—continued**

- bone—continued
- - internal—continued
- - tibia 814-37-01
- - ulna 673-37-02
- - vertebrae 558-37-01
- breast (pendulous) 302-37-00
- cardinal ligaments 519-37-00
- duodenum 443-37-09
- - to abdominal wall 443-37-00
- external (without manipulation for reduction) 914-37-00
- - with fracture-reduction—see Reduction, fracture
- - cast immobilization NEC 938-13-01
- - pressure dressing 938-17-00
- - splint 938-13-00
- - traction (skeletal) NEC 938-13-11
- - - intermittent 938-13-18
- hip 829-39-08
- ileum 445-37-09
- - to abdominal wall 445-37-00
- internal
- - with fracture-reduction—see Reduction, fracture
- - without fracture-reduction—see Fixation, bone, internal
- intestine 446-37-09
- - large 453-37-08
- - - to abdominal wall 453-37-00
- - small 446-37-09
- - - to abdominal wall 446-37-00
- - to abdominal wall 446-37-00
- iris (bomble) 169-21-01
- jejunum 444-37-09
- - to abdominal wall 444-37-00
- joint—see Arthroplasty
- kidney 478-37-01
- ligament
- - cardinal 519-37-01
- - palpebrae 163-38-18
- - mentum 457-39-01
- - parametrial 519-37-01
- - ectum (sling) 454-37-08
- spine, with fusion (see also Fusion, spinal) 559-34-01
- spleen 474-39-00
- endon 904-37-00
- hand 614-37-00
- testis in scrotum 504-37-00
- tongue 235-99-99
- retrovaginal (to Cooper's ligament) 517-37-00
- uterus (abdominal) (vagina) (ventrofixation) 519-37-98
- vagina 517-37-00
- coding (psychologic desensitization) 942-99-12
- ometry, Doppler (ultrasonic)—see also Ultrasonography
- orotic arch 999-07-30 see Chapter 18 vol.3
- head and neck 999-07-30 see Chapter 18 vol.3
- heart 338-07-30 see Chapter 18 vol.3
- orax NEC 999-07-30 see Chapter 18 vol.3
- oroscopy—see Radiography
- g therapy (respiratory) 923-81-00
- adding, eye muscle 175-42-00
- multiple (two or more muscles) 175-48-19
- ation
- ey operation (pyeloplasty) 479-48-00

- Fontan operation (creation of conduit between right atrium and pulmonary artery) 341-35-00
- Foraminotomy 569-23-00
- Forced extension, limb 903-15-04 see Chapter 17 vol.3
- Forceps delivery—see Delivery, forceps
- Formation
- adhesions
- - pericardium 336-48-18
- - pleura 376-30-00
- anus, artificial (see also Colostomy) 453-33-01
- - duodenostomy 443-33-00
- - ileostomy (see also Ileostomy) 445-33-03
- - jejunostomy 444-33-01
- - - percutaneous (endoscopic) (PEJ) 444-33-00
- arteriovenous fistula (for kidney dialysis) (peripheral) (shunt) 908-35-02
- - external cannula 908-10-01
- bone flap, carnial 105-39-00
- cardiac pacemaker pocket
- - with initial insertion of pacemaker—omit code
- - new site (skin) (subcutaneous) 355-47-11
- colostomy (see also Colostomy) 453-33-09
- conduit
- - ileal (urinary) 480-33-00
- - left ventricle and aorta 344-35-00
- - right atrium and pulmonary artery 341-35-00
- - right ventricle and pulmonary (distal) artery 343-35-00
- - in repair of
- - - pulmonary artery atresia 343-35-00
- - - transposition of great vessels 343-35-00
- - - truncus arteriosus 331-39-00
- endorectal ileal pouch (J-pouch) (H-pouch) (S-pouch) (with anastomosis to anus) 446-35-02
- fistula
- - arteriovenous (for kidney dialysis) (peripheral shunt) 908-35-01
- - - external cannula 908-10-01
- - bladder to skin NEC 481-33-01
- - - with bladder flap 481-33-02
- - - percutaneous 481-33-00
- - cutaneoperitoneal 437-33-00
- - gastric 441-33-08
- - - percutaneous (endoscopic) (transabdominal) 441-33-00
- - mucous (See also Colostomy) 453-33-01
- - rectovaginal 454-99-99
- - tracheosophageal 250-33-10
- - tubulovaginal (Beck-Jianu) (Frank's) (Janeway) (Spivack's) (Ssabanejew-Frans) 441-33-08
- - urethrovaginal 483-21-00
- ileal
- - bladder
- - - closed 481-48-00 [446-24-00]
- - - open 480-33-00
- - conduit 480-33-00
- interatrial fistula 342-33-00
- mucous fistula (see also Colostomy) 453-33-01
- pericardial
- - baffle, interatrial 341-38-00
- - window 356-21-00
- pleural window (for drainage) 376-21-00

**Formation—continued**

- pocket
- cardiac pacemaker
- - - with initial insertion of pacemaker—*omit code*
- - - new site (skin) (subcutaneous) 355-47-11
- - - thalamic stimulator pulse generator
- - - with initial insertion of battery
- - - - package—*omit code*
- - - new site (skin) (subcutaneous) 901-21-08
- pupil 169-48-19
- - by iridectomy 169-26-08
- rectovaginal fistula 454-99-99
- reverse gastric tube (intrathoracic) (retrosternal) 439-48-08
- - antesternal or antethoracic 439-48-38
- septal defect, interatrial 342-33-00
- shunt
- - abdominovenous 437-33-01
- - arteriovenous 908-10-02
- - peritoneojugular 437-33-02
- - peritoneo-vascular 437-33-01
- - pleuroperitoneal 378-22-01
- - transjugular intrahepatic portosystemic (TIPS) 427-35-50
- - subcutaneous tunnel
- - esophageal 301-33-00
- - - with anastomosis—*see* Anastomosis, esophagus, antesternal
- - pulse generator lead wire 901-99-99
- - - with initial procedure—*omit code*
- - thalamic stimulator pulse generator pocket
- - - with insertion of battery package—*omit code*
- - - new site (skin) (subcutaneous) 901-21-08
- syndactyly (finger) (toe) 901-48-08
- tracheoesophageal 250-33-10
- tubulovalvular fistula (Beck-Jianu) (Frank's) (Janeway) (Spivack's) (Ssabanejew-Frank) 441-33-08
- uretero-ileostomy, cutaneous 480-33-00
- ureterostomy, cutaneous 480-33-01
- - ileal 480-33-00
- urethrovaginal fistula 483-21-00
- window
- - pericardial 356-21-00
- - pleural (for drainage) 376-21-00
- Fothergill (Donald) operation (uterine suspension)** 519-37-98
- Fowler operation**
- arthroplasty of metacarpophalangeal joint 705-48-00
- release (mallet finger repair) 728-48-04
- tenodesis (hand) 614-37-00
- thoracoplasty 300-48-00
- Fox operation (entropion repair with wedge resection)** 163-38-02
- Fracture, surgical (see also Osteoclasia) 914-24-01**
- turbinates (nasal) 187-24-00
- Fragmentation**
- lithotripter—*see* Lithotripsy
- mechanical
- - cataract (with aspiration) 172-27-28
- - - posterior route 172-27-21
- - - secondary membrane 172-27-33
- - secondary membrane (after cataract) 172-27-33

**Fragmentation—continued**

- ultrasonic
- - cataract (with aspiration) 172-27-20
- - stones, urinary (Kock pouch) 483-20-00
- - - percutaneous nephrostomy 478-33-02
- Franco operation (suprapubic cystotomy)** 481-33-01
- Frank operation** 441-33-08
- Frazier (Spiller) operation (subtemporal trigeminal rhizotomy)** 145-24-00
- Fredet-Ramstedt operation (pyloromyotomy) (with wedge resection)** 442-21-00
- Freeing**
- adhesions—*see* Lysis, adhesions
- anterior, synechiae (with injection of air or liquid) 169-24-09
- artery-vein-nerve bundle 907-24-00
- extraocular muscle, entrapped 175-39-00
- goniosynechiae (with injection of air or liquid) 169-24-00
- intestinal segment for interposition NA
- - large 453-24-00
- - small 446-24-00
- posterior synechiae 169-24-19
- synechiae (posterior) 169-24-19
- - anterior (with injection of air or liquid) 169-24-09
- vascular bundle 907-24-00
- vessel 907-24-00
- Freezing**
- gastric 441-83-21
- prostate 507-26-05
- Frenckner operation (intrapetrous drainage)** 183-21-01
- Frenectomy**
- labial 226-26-00
- lingual 235-26-00
- lip 225-21-00
- maxillary 226-26-00
- tongue 235-26-00
- Frenotomy**
- labial 226-21-00
- lingual 235-21-00
- Frenulotomy—see** Frenectomy
- Frickman operation (abdominal proctopexy)** 454-37-00
- Frommel operation (shortening of uterosacral ligaments)** 519-37-98
- Fulguration—see also Electrocoagulation and Destruction,**
- lesion, by site**
- adenoid fossa 245-25-00
- anus 455-28-08
- - endoscopic 455-28-01
- bladder (transurethral) 481-28-00
- - suprapubic 481-28-01
- choroid 174-28-10
- duodenum 443-28-00
- - endoscopic 443-26-00
- esophagus 439-28-08
- - endoscopic 439-28-00
- large intestine 453-28-08
- - endoscopic 453-28-00
- - polypectomy 453-26-01
- penis 501-28-00
- perineum, female 516-28-01

## Fusion—continued

prostate, transurethral 507-26-01  
 rectum 454-28-08  
 -radical 454-28-00  
 retina 174-28-10  
 scrotum 503-28-00  
 Skene's gland 516-28-01  
 skin 901-28-08  
 small intestine NEC 446-28-00  
 -duodenum 443-28-00  
 -endoscopic 443-26-00  
 stomach 441-28-08  
 endoscopic 441-28-00  
 subcutaneous tissue 901-28-08  
 tonsillar fossa 245-25-00  
 urethra 483-28-08  
 endoscopic 483-28-00  
 vulva 516-28-01  
 -injection  
 study—see also Scan, radioisotope  
 gastric 900-99-99  
 muscle 933-02-04 see Chapter 17 vol.3  
 -ocular 939-01-24  
 nasal 933-00-08  
 pulmonary 375-02-01  
 renal 478-64-07 see Chapter 18 vol.3  
 thyroid 219-64-60 see Chapter 18 vol.3  
 urethral sphincter 930-02-02  
 -nephrectomy, uterine 519-26-20  
 -nephrectomy (esophageal) (Nissen's) 440-48-00  
 -nephrectomy, gastric 441-26-18  
 -fusion  
 -axis (spine) 559-34-00  
 -for pseudarthrosis 559-34-20  
 -one (see also Osteoplasty) 914-39-00  
 -cervical (spine) (C2 level or below) NEC 559-34-03  
 -anterior (interbody), anterolateral technique 559-34-01  
 -C1-C2 level (anterior interbody) (anterolateral)  
 559-34-00  
 -for pseudarthrosis 559-34-20  
 -occiput-C2 559-34-00  
 -posterior (interbody), posterolateral technique  
 559-34-02  
 -toe 878-48-03  
 -cervical 559-34-00  
 -for pseudarthrosis 559-34-29  
 -dorsal, dorsolumbar NEC 559-34-04  
 -anterior (interbody) anterolateral technique 559-34-03  
 -for pseudarthrosis 559-34-20  
 -for pseudarthrosis 559-34-20  
 -posterior (interbody) posterolateral technique 559-34-04  
 -for pseudarthrosis 559-34-20  
 -physiaseal-diaphyseal (see also Arrest, bone growth)  
 914-42-00  
 -physiodesis (see also Arrest, bone growth) 914-42-00  
 -hammer, toe 878-48-02  
 -it (with bone graft) (see also Arthrodesis) 914-34-00  
 -kle 837-34-00  
 -toe 878-48-03  
 -at NEC 841-34-00  
 -hammer toe 878-48-02  
 -829-34-00

## Fusion—continued

- joint—continued  
 -- interphalangeal, finger 705-34-01  
 -- ischiofemoral 829-34-00  
 -- metatarsophalangeal 841-34-01  
 -- midtarsal 839-34-01  
 -- overlapping toe(s) 878-48-08  
 -- pantalar 839-34-01  
 -- spinal (see also Fusion, spinal) 559-34-99  
 -- subtalar 838-34-01  
 -- tarsal joints NEC 839-34-01  
 -- tarsometatarsal 840-34-01  
 -- tibiotalar 837-34-00  
 -- toe NEC 878-48-08  
 --- claw toe 878-48-03  
 --- hammer toe 878-48-02  
 --- overlapping toe(s) 878-48-08  
 - lip to tongue 235-48-99  
 - lumbar, lumbosacral NEC 559-34-07  
 -- anterior (interbody) anterolateral technique 559-34-05  
 --- for pseudarthrosis 559-34-20  
 -- for pseudarthrosis 559-34-20  
 -- lateral transverse process technique 559-34-06  
 --- for pseudarthrosis 559-34-20  
 -- posterior (interbody) posterolateral technique  
 559-34-07  
 --- for pseudarthrosis 559-34-20  
 - occiput-C2 (spinal) 559-34-00  
 -- for pseudarthrosis 559-34-20  
 - spinal (with graft) (with internal fixation) (with  
 instrumentation) 559-34-99  
 -- atlas-axis (anterior transoral) (posterior) 559-34-00  
 --- for pseudarthrosis 559-34-20  
 -- cervical (C2 level or below) NEC 559-34-01  
 --- anterior (interbody) anterolateral technique 559-34-01  
 --- for pseudarthrosis 559-34-20  
 --- for pseudarthrosis 559-34-20  
 -- C1-C2 level (anterior) (posterior) 559-34-00  
 --- for pseudarthrosis 559-34-20  
 --- posterior (interbody) posterolateral technique  
 559-34-02  
 ---- for pseudarthrosis 559-34-20  
 -- craniocervical (anterior transoral) (posterior) 559-34-00  
 --- for pseudarthrosis NEC 559-34-20  
 -- dorsal, dorsolumbar NEC 559-34-04  
 --- anterior (interbody) anterolateral technique 559-34-03  
 --- for pseudarthrosis 559-34-20  
 --- posterior (interbody) posterolateral technique  
 559-34-04  
 ---- for pseudarthrosis 559-34-20  
 -- lumbar, lumbosacral NEC 559-34-07  
 --- anterior (interbody) anterolateral technique 559-34-05  
 --- for pseudarthrosis 559-34-20  
 --- for pseudarthrosis 559-34-20  
 --- lateral transverse process technique 559-34-06  
 --- for pseudarthrosis 559-34-20  
 --- posterior (interbody) posterolateral technique  
 559-34-07  
 ---- for pseudarthrosis 559-34-20  
 - occiput-C2 (anterior transoral) (posterior) 559-34-00  
 --- for pseudarthrosis 559-34-20  
 - tongue (to lip) 235-48-99

Gait training 937-96-54 *see* Chapter 17 vol.3

Galeoplasty 901-48-08

Galvanoionization 900-85-01

Games

- competitive 942-99-18

- organized 900-96-99 *see* Chapter 17 vol.3

Gamma irradiation, stereotactic 900-60-59

Ganglionectomy

- gasserian 145-26-00

- lumbar sympathetic 587-26-08

- nerve (peripheral) NEC 905-28-00

- - sympathetic 589-26-08

- sphenopalatine (Meckel's) 589-26-00

- tendon sheath (wrist) 613-26-02

- - site other than hand 904-26-00

- trigeminal 145-26-00

Ganglionotomy, trigeminal (radio frequency) 145-24-00

Gant operation (wedge osteotomy of trochanter)  
798-24-00

Garceau operation (tibial tendon transfer) 743-38-02

Gardner operation (spinal meningocele repair) 570-39-00

Gas endarterectomy 907-26-00

- abdominal 420-26-00

- aorta (arch) (ascending) (descending) 314-26-00

- coronary artery 336-45-00

- intracranial NEC 138-26-00

- lower limb 755-26-00

- thoracic NEC 320-26-00

- upper limb 624-26-00

Gastrectomy (partial) (subtotal) NEC 441-26-18

- with

- - anastomosis (to) NEC 441-26-18

- - - duodenum 441-26-11

- - - esophagus 441-26-10

- - - gastrogastroic 441-26-18

- - - jejunum 441-26-12

- - esophagogastronomy 441-26-10

- - gastroduodenostomy (bypass) 441-35-08

- - gastroenterostomy (bypass) 441-35-08

- - gastrogastrostomy (bypass) 441-35-08

- - gastrojejunostomy (bypass) 441-35-08

- - jejunal transposition 441-26-13

- complete NEC 441-26-28

- - with intestinal interposition 441-26-20

- distal 441-26-11

- Hofmeister 441-26-12

- Polya 441-26-12

- proximal 441-26-10

- radical NEC 441-26-28

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- - with intestinal interposition 441-26-20

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Gastroduodenectomy—*see* Gastrectomy

Gastroduodenoscopy 443-00-00

- through stoma (artificial) 441-00-02

- transabdominal (operative) 441-00-01

Gastroduodenostomy (bypass) (Jaboulay's) 441-35-08

Gait training

- with partial gastrectomy 441-26-11

Gastroenterostomy (bypass) NEC 441-35-08

- with partial gastrectomy 441-26-18

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Gastrogastrostomy (bypass) 441-35-00

- with partial gastrectomy 441-26-18

Gastrojejunostomy (bypass) 441-35-08

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Gastrolisis 438-24-08

- laparoscopic 438-24-08

Gastropexy 441-37-00

Gastroplasty NEC 441-39-18

Gastroplication 441-39-18

Gastropylorotomy 441-26-11

Gastrorrhaphy 441-39-00

Gastrosomy NEC 441-00-00

- through stoma (artificial) 441-00-02

- transabdominal (operative) 441-00-01

Gastrotomy (Brunschwig's) (decompression) (fine caliber tube) (Kader) (permanent) (Stamm) (Stamm-Kader) (temporary) (tube) (Witzel) 441-33-08

- Beck-Jianu 441-33-08

- Frank's 441-33-08

- Janeway 441-33-08

- percutaneous (endoscopic) (PEG) 441-33-00

- Spivack's 441-33-08

Gastrotomy 441-21-00

- for control of hemorrhage 441-25-08

Gavage, gastric 441-83-10

Gelman operation (release of clubfoot) 873-24-00

Genioplasty (augmentation) (with graft) (with implant)  
160-48-00

- reduction 160-39-04

Ghormley operation (hip fusion) 829-34-00

Gifford operation

- destruction of lacrimal sac 165-26-00

- keratotomy (delimiting) 167-21-00

- - radical (refractive) 167-48-10

Gill operation

- arthrodesis of shoulder 697-34-00

- laminectomy 569-23-00

Gill-Stein operation (carporadial arthrodesis) 702-34-01

Gilliam operation (uterine suspension) 519-37-98

Gingivectomy 236-26-00

Gingivoplasty (with bone graft) (with soft tissue graft)  
236-48-00

Girdlestoné operation

- laminectomy with spinal fusion 559-34-98

- muscle transfer for claw toe rapair 878-48-03

- resection of femoral head and neck 798-26-03

Girdleston-Taylor operation (muscle transfer for claw toe rapair) 878-48-03

Glenn operation (anastomosis of superior vena cava to right pulmonary artery) 316-35-10

Glenoplasty, shoulder 697-39-08

- with

- - partial replacement 697-46-00

- - total replacement 697-46-01

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Hydro

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 bipolar endoprosthesis (femoral head) 829-46-01  
 bladder sphincter, artificial (inflatable) 483-10-00  
 blood vessels to myocardium 336-48-10  
 breast (for augmentation) (bilateral) 302-48-04  
 - unilateral 302-48-02  
 cardiomyostimulation system 355-44-42  
 cardioverter/defibrillator, automatic 355-44-30  
 - leads only (patch electrodes) (sensing) (pacing)  
 355-44-31  
 - pulse generator only 355-44-32  
 - total system 355-44-30  
 chest wall (mesh) (silastic) 300-39-08  
 chin (polyethylene) (silastic) 160-44-00  
 cochlea (electrode) 184-44-99  
 prosthetic device (electrode and receiver) 184-44-98  
 - channel (single) 184-44-01  
 -- multiple 184-44-02  
 - electrode only 184-44-00  
 - internal coil only 184-44-99  
 cornea 167-48-02  
 custodis eye 174-49-13  
 dental (endosseous) (prosthetic) *see* Chapter 16 vol.3  
 device, vascular access 908-10-08  
 diaphragmatic pacemaker 384-10-00  
 electrode(s)  
 brain 112-44-00  
 - depth 112-44-00  
 - foramen ovale 112-44-00  
 - sphenoidal 158-10-00  
 cardiac (initial) (transvenous) 355-44-11  
 atrium (initial) 355-44-00  
 - replacement 355-46-001  
 atrium and ventricle (initial) 355-44-01  
 - replacement 355-46-00  
 - epicardium (sternotomy or thoracotomy approach)  
 355-44-03  
 temporary transvenous pacemaker system 355-44-10  
 - during and immediately following cardiac surgery  
 355-44-33  
 ventricle (initial) 355-44-02  
 - replacement 355-46-00  
 depth 112-44-00  
 foramen ovale 112-44-00  
 heart (*see also* Implant, electrode(s), cardiac)  
 355-44-11  
 osteogenic (invasive) for bone growth  
 stimulation 914-10-00  
 peripheral nerve 905-10-00  
 sphenoidal 158-10-00  
 spine 569-10-00  
 xeroencephalographic receiver  
 brain 112-44-00  
 intracranial 112-44-00  
 electronic stimulator  
 pus (subcutaneous) 455-10-00  
 adder 481-10-01

**Implant, implantation—continued**

- electronic stimulator—*continued*  
 - - bone growth stimulator (invasive) (percutaneous)  
 (semi-invasive) 914-10-00  
 -- brain 112-44-00  
 -- carotid sinus 205-99-01  
 -- cochlear 184-10-99  
 --- channel (single) 184-10-01  
 ---- multiple 184-10-02  
 -- intracranial 112-44-00  
 -- peripheral nerve 905-10-00  
 -- phrenic nerve 384-10-00  
 -- skeletal muscle 903-10-00  
 -- spine 569-10-00  
 -- ureter 480-10-01  
 - electrostimulator—*see* Implant, electronic stimulator by  
 site  
 - endoprosthesis  
 -- bile duct 468-10-00  
 -- femoral head (bipolar) 829-46-00  
 -- pancreatic duct 471-10-01  
 - endosseous (dental) *see* Chapter 16 vol.3  
 - epidural pegs 109-99-99  
 - epikeratoprosthesis 167-48-02  
 - estradiol (pellet) 901-10-10  
 - eye (Iowa type) 177-47-01  
 -- integrated 176-26-21  
 - facial bone, synthetic (alloplastic) 161-44-00  
 - fallopian tube (Mulligan hood) (silastic tube) (stent)  
 521-10-00  
 -- into uterus 521-39-20  
 - gastropiploic artery to coronary artery 336-35-30  
 - half-heart 355-44-48  
 - hearing device, electromagnetic 184-44-00  
 - heart  
 -- artificial 355-44-48  
 -- assist system NEC 355-44-48  
 --- external (pulsatile) 355-44-40  
 --- implantable (pulsatile) 355-44-41  
 --- non-pulsatile 355-44-48  
 -- auxiliary ventricle 355-44-48  
 -- pacemaker (*see also* Implant, pacemaker, cardiac)  
 355-44-19  
 -- valve(s)  
 --- prosthesis or synthetic device (partial) (synthetic)  
 (total) 351-46-08  
 ---- aortic 347-46-08  
 ---- mitral 348-46-08  
 ---- pulmonary 349-46-08  
 ---- tricuspid 350-46-08  
 --- tissue graft 351-46-00  
 ---- aortic 347-46-00  
 ---- mitral 348-46-00  
 ---- pulmonary 349-46-00  
 ---- tricuspid 350-46-00  
 - inert material  
 -- breast (for augmentation) (bilateral) 302-44-11  
 --- unilateral 302-44-10  
 -- larynx 247-81-00  
 -- nose 188-48-01

**Implant, implantation—continued**

- inert material—*continued*
- orbit (eye socket) 177-47-19
- reinsertion 177-47-02
- scleral shell (cup) (with evisceration of eyeball) 176-26-11
- reinsertion 177-47-02
- Tenon's capsule (with enucleation of eyeball) 176-26-22
- with attachment of muscle 176-26-21
- reinsertion 177-47-02
- urethra 482-48-01
- vocal cord(s) 247-81-00
- infusion pump 901-10-00
- joint (prosthesis) (silastic) (Swanson type)
- ankle (total) 837-46-01
- revision 837-47-00
- carpocarpal 703-46-01
- carpometacarpal 703-46-01
- elbow (total) 698-46-01
- revision 698-47-00
- extremity (bioelectric) (cineplastic) (kineplastic)
- lower 880-10-09
- revision 880-47-00
- upper 730-10-09
- revision 730-47-10
- femoral (bipolar endoprosthesis) 829-46-00
- hand (metacarpophalangeal) 704-46-01
- revision 704-47-00
- hip (partial) 829-46-00
- revision 829-47-00
- total 829-46-01
- revision 829-47-00
- interphalangeal 705-46-01
- revision 705-47-00
- knee (partial) 833-46-00
- revision 833-47-00
- metacarpophalangeal 704-46-01
- revision 704-47-00
- shoulder (partial) 697-46-00
- revision 697-47-00
- total replacement 697-46-01
- toe
- for hallux valgus repair 824-26-03
- revision 842-47-00
- wrist (partial) 702-46-00
- revision 702-47-00
- total replacement 702-46-01
- kidney, mechanical 478-10-01
- larynx 247-81-00
- leads (cardiac)—*see* Implant, electrode(s) cardiac
- mammary, artery
- in ventricle (Vineberg) 336-48-10
- to coronary artery (single vessel) 336-35-11
- double vessel 336-35-12
- Mulligan hood, fallopian tube 521-10-00
- nerve (peripheral) 905-10-00
- neuropacemaker
- brain 112-44-00
- intracranial 112-44-00
- peripheral nerve 905-10-00
- spine 569-10-00

**Implant, implantation—continued**

- neurostimulator
  - brain 112-44-00
  - intracranial 112-44-00
  - peripheral nerve 905-10-00
  - spine 569-10-00
  - nose 188-48-01
  - Ommaya reservoir 130-33-00
  - orbit 177-47-19
  - reinsertion 177-47-02
  - outflow tract prosthesis (heart) (gusset type)
  - in
  - pulmonary valvuloplasty 349-46-08
  - total repair of tetralogy of Fallot 338-39-10
  - ovary into uterine cavity 523-38-00
  - laparoscopic 523-38-01
  - pacemaker
  - brain 112-44-00
  - cardiac (device) (initial) (permanent) (replacement) 355-44-19
  - dual-chamber device (initial) 355-44-14
  - replacement 355-46-12
  - single-chamber device (initial) 355-44-12
  - rate responsive 355-44-13
  - replacement 355-46-10
  - rate responsive 355-46-11
  - temporary transvenous pacemaker system 355-44-10
  - during and immediately following cardiac surgery 355-44-33
  - carotid sinus 205-99-01
  - diaphragm 384-10-00
  - intracranial 112-44-00
  - neural
  - brain 112-44-00
  - intracranial 112-44-00
  - peripheral nerve 905-10-00
  - spine 569-10-00
  - peripheral nerve 905-10-00
  - spine 569-10-00
  - pancreas (duct) 473-39-00
  - penis, prosthetic (internal)
  - inflatable 501-44-01
  - non-inflatable 501-44-02
  - port, vascular access device 901-10-01
  - premaxilla 159-44-00
  - progesterone (subdermal) 901-10-10
  - prosthesis, prosthetic device
  - acetabulum (Aufrace-Turner) 829-46-00
  - ankle (total) 837-46-01
  - arm (bioelectric) (cineplastic) (kineplastic) 730-10-00
  - breast (Cronin) (Dow-Coming) (Perras-Papillon) (bilateral) 302-44-11
  - unilateral 302-44-10
  - cochlear 184-44-00
  - channel (single) 184-44-01
  - multiple 184-44-02
  - extremity (bioelectric) (cineplastic) (kineplastic) 730-10-00
  - lower 880-10-00
  - upper 730-10-00
  - fallopian tube (Mulligan hood) (stent) 521-12-00
- Implant, implantation

**Implant, implantation—continued**

- prosthesis, prosthetic device—*continued*
- femoral head (Austin-Moore) (bipolar) (Eicher) (Thompson) 829-46-00
- joint (Swanson type) NEC 913-39-01
- ankle (total) 837-46-01
- carpometacarpal 703-46-01
- elbow (total) 698-46-01
- finger (interphalangeal) 705-46-01
- hand (metacarpophalangeal) 704-46-01
- hip (partial) 829-46-00
- total 829-46-01
- interphalangeal 705-46-01
- knee (partial) 833-46-00
- revision 833-47-00
- metacarpophalangeal 704-46-01
- shoulder (partial) 697-46-00
- total 697-46-01
- toe
- for hallux valgus repair 824-26-03
- wrist (partial) 702-46-00
- total 702-46-01
- leg (bioelectric) (cineplastic) (kineplastic) 880-10-00
- outflow tract (heart) (gusset type)
- in
- pulmonary valvuloplasty 349-46-08
- total repair of tetralogy of Fallot 338-39-10
- penile (non-inflatable) (internal) 501-44-00
- inflatable (internal) 501-44-01
- skin (dermal regenerative) (matrix) 901-50-05
- testicular (bilateral) (unilateral) 504-44-00
- pulsation balloon (phase-shift) 355-44-48
- pump, infusion 901-10-00
- radial artery 336-35-98
- radioactive isotope 900-92-39
- radium (radon) 900-92-39
- retinal attachment 174-49-13
- with buckling 174-49-13
- Rickham reservoir 130-33-00
- silicone
- breast (bilateral) 302-44-11
- unilateral 302-44-10
- skin (for filling of defect) 901-81-00
- for augmentation NEC 901-48-08
- timeoceiver
- brain 112-44-00
- intracranial 112-44-00
- peripheral nerve 905-10-00
- spine 569-10-00
- subdural
- grids 110-44-00
- strips 110-44-00
- Swanson prosthesis (joint) (silastic) NEC 913-46-00
- carpocarpal, carpometacarpal 704-46-00
- finger (interphalangeal) 705-46-00
- hand (metacarpophalangeal) 704-46-00
- interphalangeal 705-46-00
- knee (partial) 833-46-00
- revision 833-47-00
- metacarpophalangeal 704-46-00
- toe 842-46-01

**Implant, implantation—continued**

- Swanson prosthesis (joint) (silastic) —*continued*
- for hallux valgus repair 824-26-03
- wrist (partial) 702-46-00
- total 702-46-01
- systemic arteries into myocardium (Vineberg type operation) 336-48-10
- testicular prosthesis (bilateral) (unilateral) 504-44-00
- tissue expander (skin) NEC 901-10-02
- breast 302-44-00
- tissue mandril (for vascular graft) 908-99-99
- with
- blood vessel repair 908-39-03
- vascular bypass or shunt—*see* Bypass, vascular
- tooth (bud) (germ) 238-49-00
- prosthetic *see* Chapter 16 vol.3
- umbrella, vena cava 421-30-01
- bladder 480-48-01
- intestine 480-33-02
- external diversion 480-33-00
- skin 480-33-01
- urethan sphincter, artificial (inflatable) 483-10-00
- urethra
- - for repair urinary stress incontinence
- collagen 482-48-01
- fat 482-48-01
- polytef 482-48-01
- urinary sphincter, artificial (infaltable) 483-10-00
- vascular access device 901-10-02
- vitreous (silicone) 173-81-00
- - for retinal reattachment 174-49-13
- vocal cord(s) (paraglottic) 247-99-99
- Implosion** (psychologic desensitization) 942-99-12
- Incision** (and drainage)
- with
- - exploration—*see* Exploration
- - removal of foreign body—*see* Removal, foreign body
- abdominal wall 405-21-00
- - as operative approach—*omit code*
- abscess—*see also* Incision, by site
- appendix 447-21-00
- with appendectomy 447-26-00
- laparoscopic 447-26-02
- extraperitoneal 405-21-00
- ischioirectal 455-21-08
- lip 225-21-00
- omental 437-22-01
- perianal 455-21-08
- perigastric 437-22-01
- peripenic 437-22-01
- peritoneal NEC 437-22-01
- pelvic (female) 437-22-01
- retroperitoneal 405-21-00
- sclera 168-99-99
- skin 901-21-08
- subcutaneous tissue 901-21-08
- subdiaphragmatic 437-22-01
- subhepatic 437-22-01
- subphrenic 437-22-01
- vas deferens 505-21-00
- adrenal gland 477-21-10

**Incision—continued**

- alveolus, alveolar bone 236-21-00
  - antecubital fossa 611-21-08
  - anus NEC 455-21-08
  - fistula 455-21-10
  - septum 455-21-20
  - appendix 447-21-00
  - artery 907-21-01
  - abdominal 420-21-01
  - aorta (arch) (ascending) (descending) 314-21-00
  - head and neck NEC 38.138-21-01
  - intracranial NEC 138-21-01
  - lower limb 755-21-01
  - thoracic NEC 320-21-01
  - upper limb 624-21-01
  - atrium (heart) 338-21-00
  - auditory canal or meatus, external 178-21-01
  - auricle 178-21-02
  - axilla 901-21-08
  - Bartholin's gland or cyst 516-22-11
  - bile duct (with T or Y tube insertion) NEC 468-21-08
  - common (exploratory) 468-21-00
  - for
  - relief of obstruction NEC 468-21-01
  - removal of calculus 468-45-00
  - for
  - exploration 468-21-00
  - relief of obstruction 468-21-01
  - bladder 481-21-00
  - neck (transurethral) 482-21-00
  - percutaneous suprapubic (closed) 481-33-00
  - suprapubic NEC 481-33-01
  - blood vessel (*see also* Angiotomy) 907-21-01
  - bone 914-21-00
  - alveolus, alveolar 236-21-00
  - carpals 689-21-00
  - clavicle 649-21-00
  - facial 161-21-00
  - femur 798-21-00
  - fibula 817-21-00
  - humerus 664-21-00
  - patella 799-21-00
  - pelvic 784-21-00
  - phalanges (hand) 694-21-00
  - radius 665-21-00
  - ribs 386-21-00
  - scapula 650-21-00
  - skull 105-21-01
  - sternum 385-21-00
  - tarsals 823-21-00
  - tibia 814-21-00
  - ulna 673-21-00
  - vertebrae 558-21-00
  - brain 126-21-08
  - cortical adhesions 110-24-00
  - breast (skin) 302-21-00
  - with removal of tissue expander 302-45-00
  - bronchus 367-21-00
- Incision
- buccal space 233-21-00
  - bulbourethral gland 483-21-02

**Incision—continued**

- bursa 902-21-00
- hand 614-21-00
- pharynx 244-22-00
- carotid body 205-99-01
- cerebral (meninges) 108-21-00
- epidural or extradural space 109-22-01
- subarachnoid or subdural space 110-22-01
- cerebrum 126-21-08
- cervix 518-21-00
- to
- assist delivery 518-21-01
- replace inverted uterus 519-38-00
- chalazion 163-21-99
- with removal of capsule 163-26-00
- cheek 154-21-98
- chest wall (for extrapleural drainage) (for removal of foreign body) 300-21-01
- as operative approach—*omit code*
- common bile duct (for exploration) 468-21-08
- for
- relief of obstruction 468-21-01
- removal of calculus 468-45-00
- common wall between posterior left atrium and coronary sinus (with roofing of resultant defect with patch graft) 338-39-11
- conjunctiva 166-21-08
- cornea 167-21-00
- radial (refractive) 167-48-10
- cranial sinus 105-22-00
- craniobuccal pouch 132-21-00
- cul-de-sac 525-21-00
- cyst
- dentigerous 236-21-00
- radicular (apical) (periapical) 236-21-00
- Døhrssen's (cervix, to assist delivery) 518-21-01
- duodenum 443-21-00
- ear
- external 178-21-99
- inner 184-21-99
- middle 180-21-00
- endocardium 338-21-00
- endolymphatic sac 184-21-00
- epididymis 506-21-00
- epidural space, cerebral 109-22-01
- epigastric region 405-21-00
- intra-abdominal 400-21-08
- esophagus, esophageal NEC 439-21-08
- web 439-21-00
- exploratory—*see* Exploration
- extradural space (cerebral) 109-22-01
- extrapleural 300-21-01
- eyebrow 163-21-99
- eyelid 163-21-99
- margin (trichiasis) 163-21-00
- face 154-21-98
- fallopian tube 521-21-00
- fascia 902-21-00
- with division 902-24-08
- hand 614-24-08

**Incision—continued**

- fascia—*continued*
- hand 614-21-08
- with division 614-24-08
- fascial compartments, head and neck 229-22-00
- fistula, anal 455-21-10
- flank 405-21-00
- furuncle—*see* Incision, by site
- gallbladder 464-21-00
- gingiva 236-21-00
- gluteal 901-21-08
- grion region (abdominal wall) (inguinal) 405-21-00
- skin 405-21-00
- subcutaneous tissue 405-21-00
- gum 236-21-00
- hair follicles 901-21-08
- heart 338-21-09
- valve—*see* Valvulotomy
- hematoma—*see also* Incision, by site
- axilla 901-22-01
- board ligament 520-99-98
- ear 178-22-01
- episiotomy site 516-22-00
- fossa (superficial) NEC 901-22-01
- grion region (abdominal wall) (inguinal) 405-21-00
- skin 901-22-01
- subcutaneous tissue 901-22-01
- laparotomy site 400-47-00
- mediastinum 380-22-00
- perineum (female) 516-21-01
- male 901-22-01
- popliteal space 742-22-08
- scrotum 503-22-00
- skin 901-22-01
- space of Retzius 481-24-18
- subcutaneous tissue 901-22-01
- vagina (cuff) 517-22-01
- episiotomy site 516-22-00
- obstetrical NEC 516-22-00
- hepatic ducts 466-99-99
- hordeolum 163-21-99
- hygroma—*see also* Incision, by site
- cystic 909-21-00
- hymen 517-21-00
- hypochondrium 405-21-00
- intra-abdominal 400-21-08
- hypophysis 132-21-00
- iliac fossa 405-21-00
- intratemporal fossa 229-22-00
- ingrown nail 901-21-08
- intestine
- large 453-21-00
- small 446-21-00
- intracerebral 126-21-08
- intracranial (epidural space) (extradural space) 105-21-08
- subarachnoid or subdural space 111-22-01
- intraperitoneal 400-21-08
- ischiorectal tissue 455-21-08
- abscess 455-21-08
- joint structures (*see also* Arthrotomy) 913-21-08

**Incision—continued**

- kidney 478-21-00
- pelvis 479-21-00
- labia 516-21-98
- lacrimal
- canaliculus 165-21-01
- gland 164-21-00
- passage NEC 165-21-98
- punctum 165-21-00
- sac 165-21-02
- laynx NEC 247-21-99
- ligamentum flavum (spine)—*omit code*
- liver 463-21-00
- lung 375-21-00
- lymphangioma 910-21-00
- lymphatic structure (channel) (node) (vessel) 910-21-00
- mastoid 183-21-00
- mediastinum 380-21-00
- meibomian gland 163-21-99
- meninges (cerebral) 108-21-00
- spinal 570-99-99
- midpalmar space 614-22-08
- mouth NEC 233-21-00
- floor 229-22-00
- muscle 903-21-00
- with division 903-24-08
- hand 614-24-08
- hand 614-21-01
- with division 614-24-08
- myocardium 338-21-00
- nailbed or nailfold 901-21-08
- nosolacrimal duct (stricture) 165-21-98
- neck 201-21-08
- nerve (peripheral) NEC 905-21-00
- root (spinal) 575-24-01
- nose 185-21-00
- omentum 457-99-99
- orbit (*see also* Orbitotomy) 177-21-09
- ovary 523-21-00
- laparoscopic 523-21-01
- palate 241-21-00
- palmar space (middle) 614-22-08
- pancreatic sphincter 470-21-00
- endoscopic 470-21-01
- parapharyngeal (oral) (transcervical) 244-22-00
- paronychia 901-21-08
- parotid
- gland or duct 198-21-00
- space 229-22-00
- pelvirectal tissue 454-21-00
- penis 501-21-00
- perianal (skin) (tissue) 455-21-02
- abscess 455-21-08
- perigastric 400-21-08
- perineum (female) 516-21-98
- male 901-21-08
- peripheral vessels
- lower limb
- artery 755-21-01
- vein 763-21-01
- upper limb (artery) 624-21-01

**Incision—continued**

- periprosthetic tissue 507-21-10
- perirectal tissue 454-21-00
- perirenal tissue 476-21-00
- perisplenic 400-21-08
- peritoneum 438-21-00
  - by laparotomy 400-21-08
- pelvic (female) 525-21-00
- male 400-21-08
- periureteral tissue 476-21-00
- periurethral tissue 483-21-02
- perivesical tissue 481-24-18
- petrous pyramid (air cells) (apex) (mastoid) 183-21-01
- pharynx, pharyngeal (bursa) 244-22-00
  - space, lateral 229-22-00
- pineal gland 131-21-00
- pilonidal sinus (cyst) 901-21-00
- pineal gland 132-21-00
- pleura NEC 376-21-00
- popliteal space 742-22-08
- postzygomatic space 229-22-00
- pouch of Douglas 525-21-00
- prostate (perineal approach) (transurethral approach) 507-21-00
  - pterygopalatine fossa 229-22-00
  - pulp canal (tooth) 236-21-00
  - Rathke's pouch 132-21-00
  - rectovaginal septum 454-21-00
  - rectum 454-21-00
    - stricture 454-21-01
  - renal pelvis 479-21-00
  - retroperitoneum 476-21-00
  - retropharyngeal (oral) (transcervical) 245-22-00
  - salivary gland or duct 198-22-00
  - sclera 168-99-99
  - scrotum 503-22-00
  - sebaceous cyst 901-21-00
  - seminal vesicle 508-21-00
  - sinus—see Sinusotomy
  - Skene's duct or gland 516-21-98
  - skin 901-21-08
    - with drainage 901-22-02
    - breast 302-21-00
    - cardiac pacemaker pocket, new site 355-47-11
    - ear 178-21-99
    - nose 185-21-00
    - subcutaneous tunnel for pulse generator lead wire 901-99-99
      - with initial procedure—omit code
    - thalamic stimulator pulse generator pocket, new site 901-21-08
      - with initial insertion of battery package—omit code
    - tunnel, subcutaneous for pulse generator lead wire 901-99-99
      - with initial procedure—omit code
  - skull (bone) 105-21-08
  - soft tissue NEC 902-21-00
    - with division 902-24-08
    - hand 614-24-08
    - hand 614-21-08
    - with division 614-24-08

**Incision—continued**

- space of Retzius 481-24-18
- spermatic cord 510-21-00
- sphincter of Oddi 470-21-00
  - endoscopic 470-21-01
- spinal
  - cord 569-21-00
  - nerve root 575-24-01
- spleen 474-21-01
- stomach 441-21-00
- styte 163-21-99
- subarachnoid space, cerebral 111-22-01
- subcutaneous tissue 901-21-08
  - with drainage 901-22-02
  - tunnel
    - esophageal 301-33-00
    - with anastomosis—see Anastomosis, esophagus, antesternal
    - pulse generator lead wire 901-99-99
    - with initial procedure—omit code
- subdiaphragmatic space 437-22-01
- subdural space, cerebral 110-22-01
- sublingual space 229-22-00
- submandibular space 229-22-00
- submaxillary 229-22-00
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- tunica vaginalis 503-22-00
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- urethra 483-21-00
- uterus (corpus) 519-21-00
  - cervix 518-21-00
  - for termination of pregnancy 526-52-06
  - septum (congenital) 519-21-10
- uvula 242-21-00
- vagina (cuff) (septum) (stenosis) 517-21-01
  - for
    - incisional hematoma (episiotomy) 517-22-01
    - obstetrical hematoma NEC 517-22-00
    - pelvic abscess 525-21-00

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- lower limb 763-21-01
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- with
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- Abciximab 900-81-12
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- biological response modifier [BRM] 900-81-22
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- cancer chemotherapy agent NEC 900-81-20
- electrolytes 900-81-10
- enzymes, thrombolytic (streptokinase) (tissue plasminogen activator) (TPA) (urokinase)
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- intravenous 900-81-00
- Epifibatide 900-81-12
- GP IIB/IIIa inhibitor 900-81-12
- hormone substance NEC 900-81-16
- nutritional substance (*see* Nutrition)

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  - direct coronary artery 336-81-00
  - intravenous 900-81-12
  - prophylactic substance NEC 900-81-28
  - retaplast 900-81-00
  - therapeutic substance NEC 900-81-28
  - thrombolytic agent (enzyme) (streptokinase) 900-81-00
  - with percutaneous transluminal angioplasty
  - coronary (single vessel) 336-31-51
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  - non-coronary vessel(s) 907-48-00
  - specified site NEC 907-48-00
  - direct intracoronary artery 336-81-00
  - tirofiban (HCl) 900-81-12
  - vaccine
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- Actinomycin D, for cancer chemotherapy 900-81-20
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  - spinal 569-81-98
  - anterior chamber eye (air) (liquid) (medication) 171-81-00
  - antibiotic 900-81-13
  - anticoagulant 900-81-11
  - anti-D (Rhesus) globulin 900-81-01
  - anti-infective NEC 900-81-14
  - antineoplastic agent (chemotherapeutic) NEC 900-81-20
  - biological response modifier [BRM] 900-81-22
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  - BCG
  - for chemotherapy 900-81-20
  - vaccine 900-87-02
  - biological response modifier [BRM], antineoplastic agent 900-81-21
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  - inert material (silicone) (bilateral) 302-81-01
  - unilateral 302-81-00
  - bursa (therapeutic agent) 902-81-00
  - hand 614-81-00
  - cancer chemotherapeutic agent 900-81-20
  - caudal—*see* Injection, spinal
  - cortisone 900-81-15
  - costochondral junction 387-99-99
  - dinoprost-tromethine, intra-amniotic 526-52-03
  - ear, with alcohol 184-81-00
  - electrolytes 900-81-10
  - enzymes, thrombolytic (streptokinase) (tissue plasminogen activator) (TPA) (urokinase)
  - direct coronary artery 336-81-00
  - intravenous 900-81-00
  - epidural, spinal—*see* Injection, spinal
  - esophageal varices or blood vessel (endoscopic) (sclerosing agent) 439-28-00
  - Eustachian tube (inert material) 180-99-00
  - eye (orbit) (retrobulbar) 177-81-00
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- eye—continued
- subconjunctival 166-81-00
- fascia 902-81-00
- hand 614-81-02
- gamma globulin 900-81-04
- ganglion, sympathetic 589-81-08
- ciliary 170-28-18
- paravertebral stellate 589-81-08
- globulin
- anti-D (Rhesus) 900-81-01
- gamma 900-81-04
- Rh immune 900-81-01
- heart 338-81-00
- heavy metal antagonist 900-81-06
- hemorrhoids (sclerosing agent) 456-81-00
- hormone NEC 900-81-16
- immune sera 900-81-04
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- inner ear, for destruction 184-81-00
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- abortion 526-52-03
- labor 526-53-08
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- Methotrexate, for cancer chemotherapy 900-81-20
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- phenol 905-28-00
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- sympathetic 589-81-98
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- phenol 589-81-01
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- pericardium 356-81-00
- peritoneal cavity
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- platelet inhibitor
- direct coronary artery 336-81-00
- intravenous 900-81-12
- prophylactic substance NEC 900-81-28
- prostate 507-81-00
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- RhoGAM 900-81-01
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- hemorrhoids 456-81-00
- pleura 300-81-00
- treatment of malignancy (cytotoxic agent) 300-81-00 [900-81-20]
- with tetracycline 300-81-00 [900-81-13]
- varicose vein 908-81-00
- vein NEC 908-81-00
- semicircular canals, for destruction 184-81-00
- silicone—see Implant, inert material
- skin (sclerosing agent) (filling material) 901-81-00
- soft tissue 902-81-00
- hand 614-81-02
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- alcohol 569-81-03
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- contrast material (for myelogram) 569-06-52 see Chapter 18 vol.3
- destructive agent NEC 569-81-03
- neurolytic agent NEC 569-81-03
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- testis 504-81-00
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- thoracic cavity 300-81-00
- thrombolytic agent (enzyme) (streptokinase) 900-81-00
- with percutaneous transluminal angioplasty
- coronary (single vessel) 336-31-51
- multiple vessels 336-31-52
- direct intracoronary artery 336-81-00
- non-coronary vessel(s) 907-48-00
- specified site NEC 907-48-00
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- tranquilizer 900-81-21
- tunica vaginalis (with aspiration) 503-22-01
- tympanum 180-81-00
- urethra (inert material)
- for repair of urinary stress incontinence
- collagen implant 482-48-01
- endoscopic injection of implant 482-48-01
- fat implant 482-48-01
- polytef implant 482-48-01
- vaccine
- tumor 900-81-22

**Injection**

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- vitreou
- for ee
- vocal ca
- Inlar to
- Inoc at
- anthox
- toxoids
- vac ine
- Inse in
- Insertio
- airway
- esoph
- nasop
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- All i-I
- arc ba
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- bag, ce
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- to ss
- Baker
- bal no
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- heart
- intest
- Ba or
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- bipola
- blade
- Bl er
- bone g
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- bo gie
- to as
- breast
- u lai
- bridge
- remo
- bu ple
- ca pe
- I
- cannu
- A en
- fore
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- arc
- pan
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- Allen-Brown cannula 908-10-01
- arch bars (orthodontic) *see* Chapter 16 vol.3
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- atrial septal umbrella 342-39-00
- Austin-Moore prosthesis 829-46-00
- baffle, heart (atrial) (interatrial) (intra-atrial) 341-38-00
- bag, cervix (nonobstetrical) 518-31-00
  - after delivery or abortion 517-10-10
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- Baker's (tube) (for stenting) 446-31-00
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  - heart (pulsation-type) (Kantrowitz) 314-10-00
  - intestine (for decompression) (for dilation) 446-31-00
  - Barton's tongs (skull) (with synchronous skeletal traction) 105-10-00
  - bipolar endoprosthesis (femoral head) 829-46-00
  - bladder sphincter, artificial (inflatable) 483-10-00
  - Blakemore-Sengstaken tube 439-10-02
  - bone growth stimulator (invasive)
    - (percutaneous) (semi-invasive) 914-10-00
  - bougie, cervix, nonobstetrical 518-31-00
    - to assist delivery or induce labor 526-53-08
  - breast implant (for augmentation) (bilateral) 302-44-11
    - unilateral 302-44-10
  - bridge (dental) (fixed) *see* Chapter 16 vol.3
  - removable *see* Chapter 16 vol.3
  - bubble (balloon) stomach 441-10-00
  - caliper tongs (skull) (with synchronous skeletal traction) 105-10-01
  - cannula
    - Allen-Brown 908-10-01
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    - nasal sinus (by puncture) 193-22-01
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    - pancreatic duct 471-10-01
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  - anterior chamber (eye), for permanent drainage (glaucoma) 170-28-18
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- bile duct(s) 468-21-08
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  - hemodialysis 908-10-01
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- esophagus (nonoperative) 439-10-02
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- intercostal (with water seal), for drainage 378-22-00
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- for renal dialysis 908-10-00
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- contraceptive device (intrauterine) 519-10-00
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- coronary (artery)
  - stent(s) (stent graft) 336-10-00
- Crosby-Cooney button 437-83-10
- Crutchfield tongs (skull) (with synchronous skeletal traction) 105-10-00
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  - kidney 478-33-00
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  - elbow prosthesis (total) 698-46-01
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  - electrode(s)
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  - brain 112-44-00
  - depth 112-44-00

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  - brain—*continued*
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  - sphenoidal 158-10-00
  - depth 112-44-00
  - foramen ovale 112-44-00
  - heart (initial) (transvenous) 355-44-09
  - atrium (initial) 355-44-00
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  - atrium and ventricle (initial) 355-44-01
  - replacement 355-46-00
  - epicardium (sternotomy or thoracotomy approach) 355-44-03
  - temporary transvenous pacemaker system 355-44-10
  - during and immediately following cardiac surgery 355-44-33
  - ventricle (initial) 355-44-02
  - replacement 355-46-00
  - intracranial 112-44-00
  - osteogenic (for bone growth stimulation) 914-10-00
  - peripheral nerve 905-10-00
  - sphenoidal 158-10-00
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  - electrostimulator—*see* Implant, electronic stimulator, by site
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  - bile duct 468-10-00
  - femoral head (bipolar) 829-46-00
  - pancreatic duct 471-10-01
  - epidural pegs 109-44-00
  - external fixation device (bone) 914-37-00
  - facial bone implant (alloplastic) (synthetic) 161-44-00
  - filling material, skin (filling of defect) 901-81-00
  - filter
  - vena cava (inferior)(superior)(transvenous) 427-30-01
  - fixator, mini device (bone) 914-37-01
  - frame (stereotactic)
  - for radiosurgery 900-60-59
  - Gardner Wells tongs (skull) (with synchronous skeletal traction) 105-10-00
  - gastric bubble (balloon) 441-10-00
  - globe, into eye socket 177-47-10
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  - halo device (skull) (with synchronous skeletal traction) 105-10-01
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  - heart
  - pacemaker—*see* Insertion, pacemaker, cardiac pump (Kantrowitz) 355-44-48
  - valve—*see* Replacement, heart valve
  - hip prosthesis (partial) 829-46-00
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- intercostal catheter (with water seal) for drainage 378-22-00
- intrauterine
- contraceptive device 519-10-00
- radium (intracavitary) 519-10-08
- tamponade (nonobstetric) 519-10-08
- Kantrowitz
- heart pump 355-44-48
- pulsation balloon (phase-shift) 314-10-01
- keratoprosthesis 168-48-02
- King-Mills umbrella device (heart) 342-39-00
- Kirschner wire 914-37-01
- with reduction of fracture or dislocation—*see* Reduction, fracture and Reduction, dislocation
- laminaria, cervix 518-10-00
- larynx, valved tube 250-48-03
- leads (cardiac)—*see* Insertion, electrode(s), heart
- lens, prosthetic (intraocular) 172-38-00
- with cataract extraction, one-stage 172-44-09
- secondary (subsequent to cataract extraction) 172-44-19
- metal staples into epiphyseal plate (*see also* Stapling, epiphyseal plate) 914-42-00
- minifixator device (bone) 914-37-01
- Mobitz-Uddin umbrella, vena cava 427-30-01
- mold, vagina 517-10-00
- Moore (cup) 829-46-00
- myringotomy device (button) (tube) 181-22-01
- with intubation 181-22-01
- nasobiliary drainage tube (endoscopic) 468-22-00
- nasolacrimal tube or stent 165-15-03
- nasopancreatic drainage tube (endoscopic) 471-10-02
- neuropacemaker—*see* Implant, neuropacemaker, by site
- neurostimulator—*see* Implant, neurostimulator, by site
- non-coronary vessel stent(s) (stent graft) 907-10-01
- with angioplasty or atherectomy 907-48-00
- non-invasive (transcutaneous) (surface) stimulator 914-10-00
- obturator (orthodontic) *see* Chapter 16 vol.3
- ocular implant
- with synchronous
- enucleation 176-26-22
- with muscle attachment to implant 176-26-21
- evisceration 176-26-11
- following or secondary to
- enucleation 177-47-01
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- Ommaya reservoir 130-33-00
- orbital implant (stent) (outside muscle cone) 177-47-19
- with orbitotomy 177-21-02
- orthodontic appliance (obturator) (wiring) *see* Chapter 16 vol. 3
- outflow tract prosthesis (gusset type) (heart)
- in
- pulmonary valvuloplasty 350-46-08
- total repair of tetralogy of Fallot 338-39-10

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- pacemaker
  - brain 122-44-00
  - cardiac (device) (initial) (permanent) (replacement) 355-44-11
  - dual-chamber device (initial) 355-44-14
  - replacement 355-46-12
  - during and immediately following cardiac surgery 355-44-33
  - single-chamber device (initial) 355-44-12
  - rate responsive 355-44-13
  - replacement 355-46-10
  - rate responsive 355-46-11
  - temporary transvenous pacemaker system 355-44-10
  - during and immediately following cardiac surgery 355-44-33
  - carotid 205-99-01
  - heart—see Insertion, pacemaker, cardiac
  - intracranial 122-44-00
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    - brain 122-44-00
    - intracranial 112-44-00
  - peripheral nerve 905-10-00
  - spine 569-10-00
  - peripheral nerve 905-10-00
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  - pacing catheter—see Insertion, pacemaker, cardiac
  - pack
    - auditory canal, external 178-17-00
    - cervix (nonobstetrical) 518-31-00
    - after delivery or abortion 517-10-10
    - to assist delivery or induce labor 526-53-08
    - rectum 454-17-00
    - sella turcica 132-99-99
    - vagina (nonobstetrical) 517-10-10
    - after delivery or abortion 517-10-10
    - penis, prosthetic (non-inflatable) (internal) 501-44-00
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    - peripheral blood vessel—see non-coronary
    - pessary
      - cervix 517-10-18
      - to assist delivery or induce labor 526-53-08
      - vagina 517-10-18
    - pharyngeal valve, artificial 250-48-03
    - port, vascular access 901-10-00
    - prostaglandin suppository (for abortion) 526-52-02
    - prosthesis, prosthetic device
      - acetabulum (partial) 829-46-00
      - revision 829-47-00
      - ankle (total) 837-46-01
      - arm (bioelectric) (cineplastic) (kineplastic) 730-10-00
      - biliary tract 468-10-00
      - breast (bilateral) 302-44-11
      - unilateral 302-44-10
      - chin (polyethylene) (silastic) 161-48-98
      - elbow (total) 698-46-01
      - revision 698-47-00
      - extremity (bioelectric) (cineplastic) (kineplastic)
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        - upper 730-10-09

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- fallopian tube 521-10-00
- femoral head (Austin-Moore) (bipolar) (Eicher) (Thompson) 829-46-00
- hip (partial) 829-46-00
- revision 829-47-00
- total 829-46-01
- revision 829-47-00
- joint—see Arthroplasty
- knee (partial) (total) 833-46-00
- revision 833-47-00
- leg (bioelectric) (cineplastic) (kineplastic) 880-10-09
- ocular (secondary) 177-47-01
- with orbital exenteration 176-26-22
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  - in
    - pulmonary valvuloplasty 350-46-08
    - total repair of tetralogy of Fallot 338-39-10
  - penile (non-inflatable) (internal) 501-44-00
  - inflatable (internal) 501-44-01
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    - construction 501-48-01
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    - partial 697-46-00
    - revision 697-47-00
    - total 697-46-01
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    - for hallux valgus repair 824-26-03
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  - pump, infusion 901-10-00
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  - Rosen prosthesis (for urinary incontinence) 482-48-08
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  - Sengstaken-Blakemore tube 439-10-02
  - sieve, vena cava 427-30-01
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  - skull
    - plate 105-44-00
    - stereotactic frame 105-10-08
  - tongs (Barton) (caliper) (Gardner Wells) (Vinke) (with synchronous skeletal traction) 105-10-00
  - spacer (cement) in joint 913-21-00
  - sphenoidal electrodes 158-10-00
  - Spitz-Holter valve 130-33-00
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  - stent(s) stent graft
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    - coronary (artery) 336-10-00
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- - non-coronary vessel 907-10-01
- - with angioplasty or atherectomy 907-48-00
- - pancreatic duct 471-10-01
- - endoscopic 471-10-01
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- - tracheobronchial 923-10-01
- - stimoceiver—see Implant, stimoceiver, by site
- - stimulator for bone growth 914-10-00
- - subdural
- - grids 110-44-00
- - strips 110-44-00
- - suppository
- - prostaglandin (for abortion) 526-52-02
- - vagina 517-10-18
- - Swan-Ganz catheter (pulmonary) 316-10-00
- - tampon
- - esophagus 439-10-02
- - uterus 519-10-08
- - vagina 517-17-10
- - testicular prosthesis (bilateral) (unilateral) 504-44-00
- - tissue expander (skin) NEC 901-10-03
- - breast 302-44-00
- - tissue mandril (peripheral vessel) (Dacron) (Spark's type) 907-99-99
- - with
- - - blood vessel repair 907-39-00
- - - vascular bypass or shunt—see Bypass, vascular
- - tongs, skull (with synchronous skeletal traction) 105-10-00
- - totally implanted device for bone growth (invasive) 914-10-00
- - tube—see also Catheterization and Intubation
- - bile duct 468-10-00
- - - endoscopic 468-10-00
- - chest 378-22-00
- - - revision (with lysis of adhesions) 378-22-00
- - endotracheal 250-10-00
- - esophagus (nonoperative) (Sengstaken) 439-10-02
- - - permanent (silicone) (Souttar) 439-10-00
- - feeding
- - - esophageal 439-10-00
- - - gastric 926-81-01
- - - nasogastric 926-81-01
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- - - by gastrostomy 441-33-08
- - for
- - - decompression, intestinal 441-10-01
- - - feeding 926-81-01
- - intercostal (with water seal), for drainage 378-22-00
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- - Miller-Abbott (for intestinal decompression) 446-10-00
- - nasobiliary (drainage) 468-22-00
- - nasogastric (for intestinal decompression) NEC 441-10-01
- - nasopancreatic drainage (endoscopic) 471-10-02
- - pancreatic duct 471-10-01
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- - rectum 454-10-00

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- - stomach (nasogastric) (for intestinal decompression) NEC 441-10-01
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- - tracheobronchial 923-10-01
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- - vena cava (Mobitz-Uddin) 427-30-01
- - ureteral stent (transurethral) 480-10-00
- - with ureterotomy 480-10-00 [480-21-00]
- - urinary sphincter, artificial (AUS) (inflatable) 483-10-00
- - vaginal mold 517-10-00
- - valve
- - Holter 130-33-00
- - Hufnagel—see replacement, heart valve
- - pharyngeal (artificial) 250-48-03
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- - vas deferens 505-10-00
- - vascular access device, totally implantable 901-10-02
- - vena cava sieve or umbrella 427-30-01
- - Vinke tongs (skull) (with synchronous skeletal traction) 105-10-00

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- digestive tract, except gastric gavage 926-81-00
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- fallopian tube (air) (dye) (gas) (saline) 521-00-00
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- esophageal reconstruction (intrathoracic) (retrosternal) NEC (see also Anastomosis, esophagus, with, interposition) 439-48-20
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  - hand 614-81-00
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  - heart 338-81-00
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  - temporomandibular 162-81-00
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  - tendon 904-81-00
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- Intubation**—*see also* Catheterization and Insertion
  - bile duct(s) 468-10-00
  - common 468-10-00
  - endoscopic 468-10-00
  - endoscopic 468-10-00
  - esophagus (nonoperative) (Sengstaken) 439-10-02
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  - Eustachian tube 180-99-00
  - intestine (for decompression) 446-10-00
  - lacrimal
    - dilation 165-15-01
  - tear drainage; intranasal 165-33-01
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    - nasopancreatic drainage (endoscopic) 471-10-02
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      - for feeding 926-81-01
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    - ventriculocisternal 130-33-00
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      - stomach 441-39-18
      - tunica vaginalis 503-39-08
    - Ionization, medical 900-85-01**
    - Ionotherapy 900-85-01**

**Iontophoresis 900-85-01**

- Iridectomy (basal) (buttonhole) (optical) (peripheral) (total) 169-26-08**
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    - filtering operation (for glaucoma) NEC 168-22-98
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- Iridesis 168-22-02**
- Irido-capsulectomy 172-27-32**
- Iridocyclectomy 170-26-00**
- Iridocystectomy 169-26-01**
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- Iridoplasty NEC 169-48-19**
- Iridosclerectomy 168-22-98**
- Iridosclerotomy 168-22-99**
- Iridotaxis 168-22-02**
- Iridotomy 169-21-99**
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  - for iris bombæ 169-21-01
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  - canaliculus 165-15-01
  - catheter
    - ureter 480-83-00
  - urinary, indwelling NEC 930-83-00
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  - ventricular 130-83-00
  - wound 901-83-00
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  - cornea 176-83-00
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  - nasal
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  - nasolacrimal duct 165-15-02
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**Jatene operation** (arterial switch) 338-48-00  
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**Jejunopexy** 444-37-09  
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   - modified (with arthrodesis) 878-48-03  
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**Keratomileusis** 167-48-03  
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   - - with autograft 167-50-00  
   - penetrating (full-thickness) (with homograft) 167-50-18  
   - - with autograft 167-50-10  
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   - refractive 167-48-03  
   - specified type NEC 167-50-98  
**Keratoprosthesis** 167-48-02  
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**Kessler operation** (arthroplasty, carpometacarpal joint) 703-48-00  
**Kidner operation** (excision of accessory navicular bone) (with tendon transfer) 689-26-04  
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**Kirk operation** (amputation through thigh) 798-29-00  
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   - continent ileostomy 445-33-01  
   - cutaneous uretero-ileostomy 480-33-00  
   - ESWL (extracorporeal shockwave lithotripsy) 900-20-00  
   - removal, calculus 481-21-00  
   - revision, cutaneous uretero-ileostomy 480-47-00  
   - urinary diversion procedure 480-33-00  
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**Krause operation** (sympathic denervation) 589-26-08  
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**Kroenlein operation** (lateral orbitotomy) 177-21-10  
**Kröning operation** (low cervical cesarean section) 526-54-72  
**Krukenberg operation** (reconstruction of below-elbow amputation) 612-39-08  
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 - as operative approach—omit code  
 - with  
 - - excision of herniated intervertebral disc (nucleus pulposus) 564-26-00  
 - - excision of other intraspinal lesion (tumor) 580-26-00  
 - - reopening of site 569-47-01  
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**Laminotomy** (decompression) (for exploration) 569-23-00  
 - as operative approach—omit code  
 - reopening of site 569-47-01  
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**Laparoamniotomy** 526-00-10  
**Laparorrhaphy** 405-39-00  
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 - - biopsy (intra-abdominal) 437-04-00  
 - - - uterine ligaments 520-04-01  
 - - - uterus 519-04-01  
 - - destruction of fallopian tubes—see Destruction, fallopian tube  
**Laparotomy** NEC 400-21-08  
 - as operative approach—omit code  
 - exploratory (pelvic) 400-21-00  
 - reopening of recent operative site (for control of hemorrhage) (for exploration) (for incision of hematoma) 400-47-00  
**Laparotrachelotomy** 526-54-72  
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**Larry operation** (shoulder disarticulation) 697-29-00  
**Laryngectomy**  
 - with radical neck dissection (with synchronous thyroidectomy) (with synchronous tracheostomy) 247-26-11  
 - complete (with partial laryngectomy) (with synchronous tracheostomy) 247-26-10  
 - - with radical neck dissection (with synchronous thyroidectomy) (with synchronous tracheostomy) 247-26-11  
 - frontolateral partial (extended) 247-26-08  
 - glottosupraglottic partial 247-26-08  
 - lateral partial 247-26-08  
 - partial (frontolateral) (glottosupraglottic) (lateral) (supralottic) (vertical) 247-26-08  
 - radical (with synchronous thyroidectomy) (with synchronous tracheostomy) 247-26-11  
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 - total (with partial pharyngectomy) (with synchronous tracheostomy) 247-26-10

**Laryngectomy—continued**  
 - total—continued  
 - - with radical neck dissection (with synchronous tracheostomy) 247-26-11  
 - vertical partial 247-26-08  
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**Laryngocentesis** 247-21-99  
**Laryngoesophagectomy** 247-26-11  
**Laryngofissure** 247-21-00  
**Laryngopharyngectomy** (with synchronous tracheostomy) 247-26-10  
 - radical (with synchronous thyroidectomy) 247-26-11  
**Laryngopharyngoesophagectomy** (with synchronous tracheostomy) 247-26-10  
 - with radical neck dissection (with synchronous thyroidectomy) 247-26-11  
**Laryngoplasty** 247-39-99  
**Laryngorrhaphy** 247-39-00  
**Laryngoscopy** (suspension) (through artificial stoma) 247-00-00  
**Laryngostomy** (permanent) 250-33-09  
 - revision 247-47-00  
 - temporary (emergency) 250-33-00  
**Laryngotomy** 247-21-99  
**Laryngotracheobronchoscopy** 367-00-00  
 - with biopsy 367-04-00  
**Laryngotracheoscopy** 247-00-00  
**Laryngotracheostomy** (permanent) 250-33-09  
 - temporary (emergency) 250-33-00  
**Laryngotracheotomy** (temporary) 250-33-00  
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 - bronchus NEC 367-83-00  
 - endotracheal 367-83-00  
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 - nasal sinus(es) 193-22-09  
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**Leadbetter-Politano operation** (ureteroneocystostomy) 480-48-01  
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 - - femur 798-43-00  
 - - for reconstruction of thumb 727-48-98

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- ulna 673-43-00
- extraocular muscle NEC 175-43-00
- multiple (two or more muscles) 175-48-19
- fascia 902-43-02
- hand 614-48-08
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- secondary or subsequent 241-47-00
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**Leukopheresis, therapeutic** 900-85-03

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- aorta (arch) (ascending) (descending) 314-99-99
- coronary (anomalous) 336-99-99
- ethmoidal 186-25-03
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- head and neck NEC 907-30-00
- intracranial NEC 138-30-00
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- artery (anomalous) 336-99-99
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- dermal appendage 901-28-02
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- esophageal vessel 439-30-01
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- ethmoidal artery 186-25-03
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- fallopian tube (bilateral) (remaining) (solitary) 522-30-08
- by endoscopy (culdoscopy) (hysteroscopy) (laparoscopy) (peritoneoscopy) 522-30-01
- with
- crushing 522-30-08
- by endoscopy (laparoscopy) 522-30-01
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- coronary artery 336-99-99
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- artery 420-30-00
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- longitudinal sinus (superior) 108-30-00
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- thoracic duct 335-30-00
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- cord 510-30-00
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- ureter 480-30-00
- varices
- esophageal 439-30-01
- endoscopic 439-30-00
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- endoscopic 441-30-00
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- adrenal 477-30-00
- head and neck NEC 907-30-00
- intracranial NEC 138-30-00
- lower limb 763-30-00
- spermatic, high 510-26-01
- thoracic NEC 329-30-00
- thyroid 219-29-00
- upper limb 632-30-00
- varicose 908-26-00
- abdominal 427-30-00
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- endoscopic 439-30-00
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- head and neck NEC 908-30-00
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- lower limb 763-30-00
- stomach 441-30-01
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- left innominate vein 338-39-11
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- - - laparoscopic 524-26-11

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- - opne heart technique—*see* Valvulotomy, by site

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- Schanz (femoral osteotomy) 798-21-00
- Schauta (Amreich) (radical vaginal hysterectomy) 519-26-70
- Schede (thoracoplasty) 300-48-00
- Scheie
  - cautery of sclera 168-22-01
  - sclerostomy 168-22-01
- Schlatter (total gastrectomy) 441-26-28
- Stamm (Kader) (temporary gastrostomy) 441-33-08
- Steinberg 441-47-00
- Steindler
  - fascia stripping (for cavus deformity) 902-24-08
  - flexorplasty (elbow) 611-39-08
  - muscle transfer 903-38-00
- sterilization NEC
  - female (*see also* specific operation) 522-30-00
  - male (*see also* Ligation, vas deferens) 505-30-09
- Stewart (renal plication with pyeloplasty) 479-48-00
- stomach NEC 441-99-99
- Stone (anoplasty) 455-39-08
- Strassman (metroplasty) 519-39-98
  - metroplasty (Jones modification) 519-39-98
  - uterus 519-21-00
- Strayer (gastrocnemius recession) 743-38-01
- stress incontinence—*see* Repair, stress incontinence
- Stromeyer-Little (hepatotomy) 463-21-00
- Strong (unbridling of celiac artery axis) 414-24-00
- Sturmdorf (conization of cervix) 518-26-00
- subcutaneous tissue NEC 901-99-99
- sublingual gland or duct NEC 197-99-99
- submaxillary gland or duct NEC 196-99-09
- Summerskill (dacryocystorhinostomy by intubation) 165-33-01
- Surmay (jejunostomy) 444-33-01
- Swenson
  - bladder reconstruction 481-48-00
  - proctectomy 454-26-40
- Swinney (urethral reconstruction) 483-48-08
- Syme
  - ankle amputation through malleoli of tibia and fibula 814-29-00
  - urethrotomy, external 483-21-00

**Operation—continued**

- Syme—*continued*
- sympathetic nerve NEC 589-39-08
- Taarnhoj (trigeminal nerve root decompression) 145-23-00
- Tack (sacculotomy) 184-99-99
- Talma-Morison (omentopexy) 457-39-00
- Tanner (devascularization of stomach) 441-99-99
- TAPVC NEC 338-39-11
- tarsus NEC 163-99-99
- muscle sling 163-38-14
- tendon NEC 904-99-99
- extraocular NEC 175-99-99
- hand NEC 614-99-99
- testis NEC 504-99-99
- tetralogy of Fallot
- partial repair—*see specific procedure*
- total (one-stage) 338-39-10
- Thal (repair of esophageal stricture) 439-39-01
- thalamus (stereotactic) 117-99-99
- Thiersch
- anus 455-39-08
- skin graft 901-50-01
- hand 608-50-02
- Thompson
- cleft lip repair 225-39-01
- correction of lymphedema 909-39-00
- quadricepsplasty 741-48-07
- thumb opposition with bone graft 727-48-98
- thoracic duct NEC 335-99-99
- thorax NEC 300-99-99
- Thorek (partial cholecystectomy) 464-26-00
- three-snip, punctum 165-21-00
- thymus NEC 381-99-99
- thyroid gland NEC 219-99-99
- TKP (thermokeratoplasty) 167-48-01
- Tomkins (metropasty) 519-39-98
- tongue NEC 235-99-99
- flap palate 241-48-01
- tie 235-26-00
- tonsil NEC 245-99-99
- Torek (Bevan) (orchidopexy) (first stage) (second stage) 504-37-00
- Torkidsen (ventriculocisternal shunt) 130-33-00
- Torpin (cul-de-sac resection) 525-99-99
- Toti (dacryocystorhinostomy) 165-33-01
- Touchas 901-48-02
- Touroff (ligation of subclavian artery) 617-30-00
- trabeculae corneae cordis (heart) NEC 353-26-01
- trachea NEC 250-99-99
- Trauner (lingual sulcus extension) 233-48-20
- truncus arteriosus NEC 331-39-00
- Tsuge (macroductyly repair) 728-48-03
- Tudor "rabbit ear" (anterior urethropexy) 482-48-08
- Tuffier
- apicolysis of lung 375-28-18
- vaginal hysterectomy 519-26-50
- laparoscopically assisted (LAVH) 519-26-60
- tunica vaginalis NEC 503-99-99
- Turco (release of joint capsules in clubfoot) 873-24-00

**Operation—continued**

- Uchida (tubal ligation with or without fimbriectomy) 522-30-00
- umbilicus NEC 402-99-99
- urachus NEC 403-26-01
- Urban (mastectomy) (unilateral) 302-26-16
- bilateral 302-26-17
- ureter NEC 480-99-99
- urethra NEC 483-99-99
- uterus NEC 519-99-98
- supporting structures NEC 520-99-98
- uvula NEC 242-99-99
- vagina NEC 517-99-98
- vascular NEC 906-99-99
- vas deferens NEC 505-99-99
- ligation NEC 505-30-00
- vein NEC 908-99-99
- vena cava sieve 427-30-01
- vertebra NEC 558-99-99
- vesical (bladder) NEC 481-99-99
- vessel NEC 906-99-99
- cardiac NEC 336-99-99
- Vicq d' Azyr (larynx) 250-33-00
- Vidal (varicocele ligation) 510-26-01
- Vineberg (implantation of mammary artery into ventricle) 336-48-10
- vitreous NEC 173-99-99
- vocal cord NEC 248-99-99
- von Kraske (proctectomy) 454-26-40
- Voss (hanging hip operation) 741-24-08
- Vulpius (Compere) (lengthening of gastrocnemius muscle) 743-43-00
- vulva NEC 516-99-98
- Ward-Mayo (vaginal hysterectomy) 519-26-50
- Wardill (cleft palate) 241-48-00
- Waters (extraperitoneal cesarean section) 526-54-74
- Waterson (aorta-right pulmonary artery anastomosis) 316-35-00
- Watkins (Wertheim) (uterus interposition) 519-37-98
- Watson-Jones
- hip arthrodesis 829-34-00
- reconstruction of lateral ligaments, ankle 837-39-08
- shoulder arthrodesis (extra-articular) 616-34-00
- tenoplasty 904-39-08
- Weir
- appendicostomy 447-33-00
- correction of nostrils 188-48-08
- Wertheim (radical hysterectomy) 519-26-40
- West (dacryocystorhinostomy) 165-33-01
- Wheeler
- entropion repair 163-38-03
- halving procedure (eyelid) 163-26-05
- Whipple (radical-pancreaticoduodenectomy) 473-26-21
- child modification (radical subtotal pancreatectomy) 473-26-12
- Rodney Smith modification (radical subtotal pancreatectomy) 473-26-12
- While (lengthening of tendo calcaneus by incomplete tenotomy) 744-24-00

**Operation—continued**

- Whitehead
- glossectomy, radical 235-26-04
- hemorrhoidectomy 456-26-00
- Whitman
- foot stabilization (talectomy) 822-26-04
- hip reconstruction 829-39-08
- repair of serratus anterior muscle 534-39-08
- talectomy 822-26-04
- trochanter wedge osteotomy 798-24-00
- Wier (entropion repair) 163-38-03
- Williams-Richardson (vaginal construction) 517-48-10
- Wilms (thoracoplasty) 300-48-00
- Wilson (angulation osteotomy for hallux valgus) 824-26-03
- window
- antrum (nasal sinus)—*see* Antrotomy, maxillary
- aorticopulmonary 316-35-00
- bone cortex (*see also* Incision, bone) 914-21-00
- facial 161-21-00
- nasosinusal—*see* Antrotomy, maxillary
- pericardium 356-21-00
- pleural 376-21-00
- Winiwarter (cholecystoenterostomy) 464-35-01
- Witzel (temporary gastrostomy) 441-33-08
- Woodward (release of high riding scapula) 609-39-08
- Young
- epispadias repair 483-48-01
- tendon transfer (anterior tibialis) (repair of flat foot) 743-38-02
- Yount (division of iliotibial band) 902-24-08
- Zancolli
- capsuloplasty 704-48-08
- tendon transfer (biceps) 614-38-02
- Ziegler (iridectomy) 169-26-08
- Operculectomy** 238-23-00
- Ophthalmectomy** 176-26-29
- with implant (into Tenon's capsule) 176-26-22
- with attachment of muscles 176-26-21
- Ophthalmoscopy** 939-01-40
- Opponensplasty** (hand) 614-48-07
- Orbitomaxillectomy**, radical 177-26-12
- Orbitotomy** (anterior) (frontal) (temporofrontal) (transfrontal) NEC 177-21-09
- with
- bone flap 177-21-10
- insertion of implant 177-21-02
- Kroenlein (lateral) 177-21-10
- lateral 177-21-10
- Orchidectomy** (with epididymectomy) (unilateral) 504-26-01
- Orchidopexy** 504-37-00
- Orchidoplasty** 504-39-08
- Orchidorrhaphy** 504-39-00
- Orchidotomy** 504-21-00
- Orchiectomy** (with epididymectomy) (unilateral) 504-26-01
- bilateral (radical) 504-26-02
- remaining or solitary testis 504-26-03
- Orchiopexy** 504-37-00
- Orchioplasty** 504-39-08
- Orthoroentgenography**—*see* Radiography
- Oscar Miller operation** (midtarsal arthrodesis) 839-34-00

**Osmond-Clark operation** (soft tissue release with peroneus brevis tendon transfer) 743-38-02**Ossiculectomy** NEC 182-26-00

- with

-- stapedectomy (*see also* Stapedectomy) 182-26-02

-- stapes mobilization 182-21-00

-- tympanoplasty 181-48-00

--- revision 181-47-00

**Ossiculotomy** NEC 182-99-09**Ostectomy** (partial), except facial 914-26-03

- facial NEC 161-26-98

-- total 161-26-11

--- with reconstruction 161-48-88

- first metatarsal head—*see* Bunionectomy

- for graft (autograft) (homograft) 914-50-00

-- mandible 160-26-98

--- total 160-26-11

--- with reconstruction 160-48-98

- total except facial 914-26-03

-- facial NEC 161-26-11

--- with reconstruction 161-48-98

-- mandible 160-26-98

--- with reconstruction 160-48-98

**Osteoarthrotomy** (*see also* Osteotomy) 914-21-00**Osteoclasia** 914-24-01

- carpal 689-24-01

- clavicle 649-24-01

- ear 184-99-99

- femur 798-24-01

- fibula 817-24-01

- humerus 664-24-01

- metacarpal 690-24-01

- metatarsal

- patella 799-24-01

- pelvic 784-24-01

- radius 665-24-01

- scapula 650-24-01

- tarsal 823-24-01

- tibia 814-24-01

- ulna 673-24-01

- vertebrae 558-24-01

**Osteolysis** 914-39-00**Osteoplasty**- with bone graft—*see* Graft, bone

- for

-- bone lengthening—*see* Lengthening, bone-- bone shortening—*see* Shortening, bone-- repair of malunion or nonunion of fracture—*see* Repair, fracture, malunion or nonunion

- carpal 698-39-08

- clavicle 649-39-08

- cranium 105-48-00

-- with

--- flap (bone) 105-39-00

--- graft (bone) 105-39-01

- facial bone NEC 161-39-00

- femur 798-39-08

- fibula 817-39-08

- humerus 664-39-08

- mandible, mandibular NEC 160-39-98

-- body 160-39-02

**Osteoplasty—continued**

- mandible—continued
- - ramus (open) 160-39-01
- - closed 160-39-00
- maxilla 159-39-00
- total 159-39-01
- nasal bones 157-39-00
- patella 799-39-08
- pelvic 784-39-08
- phalanges
- foot 828-39-08
- hand 694-39-08
- radius 665-39-08
- scapula 650-39-08
- skull 105-48-00
- with
- - flap (bone) 150-39-00
- - graft (bone) 150-39-01
- tarsal 823-39-08
- tibia 814-39-08
- ulna 673-39-08
- vertebrae 558-39-08

**Osteorrhaphy** (see also Osteoplasty) 914-39-08

**Osteosynthesis(fracture)** — see Reduction, fracture

**Osteotomy 914-21-00**

- carpal 689-21-00
- wedge 689-24-00
- facial bone NEC 161-21-08
- femur 798-21-00
- wedge 798-24-00
- fibula 817-21-00
- wedge 817-24-00
- humerus 664-21-00
- wedge 664-24-00
- mandible (segmental) (subapical) 160-39-03
- angle (open) 160-39-01
- - closed 160-39-00
- body 160-39-02
- Gigli saw 160-39-00
- ramus (open) 160-39-01
- - closed 160-39-00
- maxilla (segmental) 159-39-00
- total 159-39-01
- metatarsal 824-21-00
- wedge 824-24-00
- - for hallux valgus repair 824-26-03
- patella 799-21-00
- wedge 799-24-00
- pelvic 784-21-00
- wedge 784-24-00
- phalanges (foot) 828-21-00
- for repair of
- - bunion—see Bunionectomy
- - bunionette 824-26-03
- - hallux valgus—see Bunionectomy
- wedge 828-24-00
- for repair of
- - bunion—see Bunionectomy
- - bunionette 824-26-03
- - hallux valgus—see Bunionectomy

**Osteotomy—continued**

- radius 665-21-00
- - wedge 665-24-00
- scapula 650-21-00
- - wedge 650-24-00
- tarsal 823-21-00
- - wedge 823-24-00
- tibia 814-21-00
- - wedge 814-24-00
- toe 828-21-00
- for repair of
- - bunion—see Bunionectomy
- - bunionette 824-26-03
- - hallux valgus—see Bunionectomy
- wedge 828-21-00
- for repair of
- - bunion—see bunionectomy
- - bunionette 824-26-03
- - hallux valgus—see Bunionectomy
- ulna 673-21-00
- wedge 673-24-00
- vertebrae 558-21-00
- wedge 558-24-00

**Otoneurectomy (inner ear)** 184-99-99

**Otoplasty (external)** 178-48-08

- auditory canal or meatus 178-48-02
- auricle 178-48-01
- cartilage 178-48-01
- reconstruction 178-48-08
- prominent or protruding 178-48-00

**Otoscopy** 178-00-00

**Outfolding, sclera, for bucking** (see also Bucking, scleral) 174-49-15

**Outfracture, turbinates (nasal)** 187-24-00

**Output and clearance, circulatory** 338-03-08

**Overdistension, bladder (therapeutic)** 481-31-00

**Overlapping, sclera, for bucking** (see also Bucking, scleral) 174-49-15

**Oversewing**

- pleural bleb 375-32-00
- ulcer crater (peptic) 441-39-11
- duodenum 443-39-10
- stomach 441-39-12

**Oxford operation (for urinary incontinence)** 482-32-01

**Oxygenation 923-99-02**

- extracorporeal membrane (ECMO) 923-84-01
- hyperbaric 923-99-01
- wound 901-99-01

**Oxygen therapy (catalytic) (pump)** 923-99-02

- hyperbaric 923-99-01

## P

**Pacemaker**

- cardiac—see also Insertion, pacemaker, cardiac
- intraoperative (temporary) 355-44-33
- temporary (during and immediately following cardiac surgery) 355-44-33

**Packing—see also Insertion, pack**

- auditory canal 178-17-00
- nose, for epistaxis (anterior) 186-25-00
- posterior (and anterior) 186-25-01
- rectal 454-17-00
- sella turcica 132-99-99
- vaginal 517-10-00

**Palatoplasty 241-48-01**

- for cleft palate 241-48-00
- secondary or subsequent 241-47-00

**Palatorrhaphy 241-39-00**

- for cleft palate 241-48-00

**Pallidectomy 117-99-99****Pallidoansotomy 117-99-99****Palliodotomy 117-99-99****Panas operation (linear proctotomy) 454-21-02****Pancoast operation (division of trigeminal nerve at foramen ovale) 145-24-00****Pancreatotomy (total) (with synchronous duodenectomy) 473-26-20**

- partial NEC 473-26-18
- distal (tail) (with part of body) 473-26-11
- proximal (head) (with part of body) (with synchronous duodenectomy) 473-26-10
- radical 473-26-21
- subtotal 473-26-12

**Pancreaticocystoduodenostomy 473-22-02****Pancreaticocystoenterostomy 473-22-02****Pancreaticocystogastrostomy 473-22-02****Pancreaticocystojejunostomy 473-22-02****Pancreaticoduodenectomy (total) 473-26-20**

- partial NEC 473-26-18
- proximal 473-26-10
- radical subtotal 473-26-12
- radical (one-stage) (two-stage) 473-26-21
- subtotal 473-26-12

**Pancreaticoduodenostomy 473-39-00****Pancreaticocenterostomy 473-39-00****Pancreaticogastrostomy 473-39-00****Pancreaticocoeleostomy 473-39-00****Pancreaticocystojejunostomy 473-39-00****Pancreatoduodenectomy (total) 473-26-20**

- partial NEC 473-26-18
- radical (one-stage) (two-stage) 473-26-21

**Pancreatogram**

- endoscopic retrograde (ERP) 471-00-00

**Pancreatotomy 473-21-00****Pancreatolithotomy 473-21-00**

- endoscopic 471-11-00

**Panendoscopy 481-00-00**

- specified site, other than bladder—see Endoscopy, by site
- through artificial stoma 481-00-01

**Panhysterectomy (abdominal) 519-26-30**

- vaginal 519-26-50
- laparoscopically assisted (LAVH) 519-26-60

**Panniculectomy 901-48-02****Panniculotomy 901-48-02****Pantaloon operation (revision of gastric anastomosis) 441-47-00****Papillectomy, anal 455-26-01**

- endoscopic 455-26-02

**Papillotomy (pancreas) 470-21-00**

- endoscopic 470-21-01

**Paquin operation (ureteroneocystostomy) 480-48-01****Paracentesis**

- abdominal (percutaneous) 437-22-00
- anterior chamber, eye 171-22-10
- bladder 481-22-00
- cornea 171-22-10
- eye (anterior chamber) 171-22-10
- thoracic, thoracis 300-22-00
- tympanum 180-22-00
- with intubation 180-22-01

**Parasitology see Examination microscopic****Parathyroidectomy (partial) (subtotal) NEC 220-26-08**

- complete 220-26-00
- ectopic 220-26-08
- global removal 220-26-00
- mediastinal 220-26-08
- total 220-26-00

**Parenteral nutrition, total 900-81-05**

- peripheral 900-81-05

**Parotidectomy 195-26-98**

- complete 195-26-01
- partial 195-26-00
- radical 195-26-01

**Parts operation (marsupialization of dental cyst) 160-26-00****Passage—see Insertion and Intubation****Passage of sounds, urethra 483-31-00****Patch**

- blood, spinal (epidural) 569-81-02
- graft—see Graft
- spinal, blood (epidural) 569-81-02
- subdural, brain 108-39-08

**Patellapexy 799-37-00****Patellaplasty NEC 799-39-08****Patellectomy 799-26-04**

- partial 799-26-03

**Pattee operation (auditory canal) 178-48-02****Pectenotomy (see also Sphincterotomy, anal) 455-24-08****Pedicle flap—see Graft, skin, pedicle****Peet operation (splanchic resection) 589-26-08****PEG (percutaneous endoscopic gastrostomy) 441-33-00****PEJ (percutaneous endoscopic jejunostomy) 444-33-00****Pelvectomy, kidney (partial) 478-26-03****Pelvimetry 784-05-00 see Chapter 18 vol.3**

- gynecological 517-04-99

**Pelviolithotomy 479-21-00****Pelvioplasty, kidney 479-48-00****Pelviostomy 479-33-00**

- closure 478-39-10

**Pelviotomy 784-21-00**

- to assist delivery 526-54-198

**Pelvi-ureteroplasty 479-48-02**

## Pemberton operation

- osteotomy of ilium 780-21-00
- rectum (mobilization and fixation for prolapse repair) 454-37-08

## Penectomy 501-29-00

- Pereyra operation (paraurethral suspension) 482-32-03

## Perforation

- stapes footplate 182-21-00

## Perfusion NEC 900-81-28

- carotid artery 900-81-28
- coronary artery 900-81-28
- for
- chemotherapy NEC 900-81-20
- hormone therapy NEC 900-81-16
- head 900-81-28

- hyperthermic (lymphatic), localized region or site 900-57-00

- intestine (large) (local) 453-81-00

- small 446-81-00

- kidney, local 478-81-00

- liver, localized 463-81-00

- neck 900-81-28

- subarachnoid (spinal cord) (refrigerated saline) 569-81-98

- total body 900-81-28

## pericardiectomy 356-26-00

## pericardiocentesis 357-22-00

## pericardiolysis 356-21-00

## pericardioplasty 356-99-99

## pericardiorrhaphy 356-99-99

## pericardiotomy (tube) 356-21-00

## pericardiotomy 356-21-00

## pericardotomy 166-26-00

## perilabial suction 939-02-01

## perimetry 939-01-00

## perineoplasty 516-39-98

## perineorrhaphy 516-39-00

## peristretical laceration (current) 516-39-01

## perineotomy (nonobstetrical) 516-21-01

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## periosteotomy (see also Incision, bone) 914-21-00

## pericardial bone 161-28-00

## perirectofistulectomy 454-39-05

## peritomy 166-26-00

## peritomy 166-21-08

## peritoneocentesis 437-22-00

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## peritoe 878-48-03

## peritup 878-48-08

## peritumer toe 878-48-02

## peritlapping toe 878-48-08

## perit 828-26-04

## Phalangization (fifth metacarpal) 728-38-00

## Pharyngeal fop operation (cleft palate repair) 241-48-00

- secondary or subsequent 241-47-00

## Pharyngectomy (partial) 244-26-02

- with laryngectomy 247-26-10

## Pharyngolaryngectomy 247-26-10

## Pharyngoplasty (with silastic implant) 244-48-00

- for cleft palate 241-48-00

- secondary or subsequent 241-47-00

## Pharyngorrhaphy 244-39-00

- for cleft palate 241-48-00

## Pharyngoscopy 244-00-00

## Pharyngotomy 244-22-00

## Phenoped (skin) 901-28-00

## Phlebectomy 908-26-08

- with

- anastomosis 908-26-01

- abdominal 427-26-01

- head and neck NEC 908-26-01

- intracranial NEC 140-99-99

- lower limb 763-26-01

- thoracic NEC 329-99-99

- upper limb 632-26-01

- graft replacement 908-46-00

- abdominal 427-46-00

- head and neck NEC 908-46-00

- intracranial NEC 140-99-99

- lower limb 763-48-00

- thoracic NEC 329-99-99

- upper limb 632-46-00

- abdominal 427-26-08

- head and neck NEC 908-26-08

- intracranial NEC 140-99-99

- lower limb 763-26-08

- thoracic NEC 329-26-00

- upper limb 632-26-08

- varicose 908-26-00

- abdominal 427-26-00

- head and neck NEC 908-26-00

- intracranial NEC 140-99-99

- lower limb 763-26-00

- thoracic NEC 329-26-00

- upper limb 632-26-00

## Phlebogoniostomy 172-22-03

## Phlebography (contrast) (retrograde) 908-81-50

- by radioisotope—see Scan, radioisotope, by site

- adrenal see Chapter 18 vol.3

- femoral see Chapter 18 vol.3

- head see Chapter 18 vol.3

- hepatic see Chapter 18 vol.3

- impedance see Chapter 18 vol.3

- intra-abdominal NEC see Chapter 18 vol.3

- intrathoracic NEC see Chapter 18 vol.3

- lower extremity NEC see Chapter 18 vol.3

- neck see Chapter 18 vol.3

- portal system see Chapter 18 vol.3

- pulmonary see Chapter 18 vol.3

- specified site NEC see Chapter 18 vol.3

- vena cava (inferior) (superior) see Chapter 18 vol.3

**Phleborrhaphy** 908-39-00**Phlebotomy** 908-21-01**Phonocardiogram, with ECG lead** 338-01-03**Photochemotherapy** NEC 900-88-01

- extracorporeal 900-88-02

**Photocoagulation**

- ciliary body 170-28-10

- eye, eyeball 176-99-99

- iris 169-28-00

- macular hole—*see* Photocoagulation, retina

- orbital lesion 177-26-01

- retina

-- for

--- destruction of lesion 174-28-09

--- reattachment 174-49-09

-- repair of tear or defect 174-39-09

- laser (beam)

-- for

--- destruction of lesion 174-28-01

--- reattachment 174-49-01

--- repair of tear or defect 174-39-01

- xenon arc

-- for

--- destruction of lesion 174-28-00

--- reattachment 174-49-00

--- repair of tear or defect 174-39-00

**Photography** 900-99-99

- fundus 939-01-41

**Photopheresis, therapeutic** 900-88-02**Phototherapy** NEC 900-88-01

- newborn 900-88-01

- ultraviolet 900-88-00

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**Radiosotope**

- scanning—*see* Scan, radiosotope
- therapy—*see* Therapy, radioisotope

**Radiology**

- diagnostic—*see* Radiography
- therapeutic—*see* Therapy, radiation

**Radiosurgery, stereotactic 900-60-59**

- cobalt 60 900-92-29 *see* Chapter 18 vol.3
- linear accelerator (LINAC) *see* Chapter 18 vol.3
- multi-source *see* Chapter 18 vol.3
- particle beam *see* Chapter 18 vol.3
- radiosurgery NEC *see* Chapter 18 vol.3
- single source photon *see* Chapter 18 vol.3

**Raising, pedicle graft 901-26-10****Ramadier operation (intrapetrous drainage) 183-21-01****Ramisection (sympathetic) 589-24-00****Ramsted operation (pyloromyotomy) (with wedge resection) 442-21-00****Range of motion testing 900-00-15 *see* Chapter 17 vol.3****Rankin operation**

- exteriorization of intestine 453-38-01
- proctectomy (complete) 454-26-40

**Rashkind operation (balloon septostomy) 342-31-00****Rastelli operation (creation of conduit between right**

- ventricle and pulmonary artery) 343-35-00

**- in repair of**

- pulmonary artery atresia 343-35-00
- transposition of great vessels 343-35-00
- truncus arteriosus 346-39-00

**Raz-Pereyra procedure (Bladder neck suspension) 482-48-08****RCSA (radical cryosurgical ablation) of prostate 507-26-05****Readjustment—*see* Adjustment****Reamputation, stump**

- upper limb 730-47-00
- lower limb 880-47-00

**Reanastomosis—*see* Anastomosis****Reattachment**

- amputation ear 178-49-00
- ankle 880-49-08
- arm (upper) NEC 730-49-00
- choroid and retina NEC 174-49-19
- by
- cryotherapy 174-49-11
- diathermy 174-49-10
- electrocoagulation 174-49-10
- photocoagulation 174-49-09
- laser 174-49-01
- xenon arc 174-49-00
- ear (amputated) 178-49-00
- extremity
- ankle 880-49-09
- arm (upper) NEC 730-49-00
- fingers, except thumb 730-49-03
- thumb 730-49-02
- foot 880-49-08
- forearm 730-49-01
- hand 726-49-09
- leg (lower) NEC 880-49-01
- thigh 880-49-00
- toe 878-49-10

**Reattachment—continued**

- extremity—*continued*
- wrist 726-49-09
- finger 730-49-03
- forearm 730-49-01
- hand 726-49-09
- joint capsule (*see also* Arthroplasty) 913-48-00
- leg (lower) NEC 880-49-01
- ligament—*see also* Arthroplasty
- uterosacral 519-37-98
- muscle 903-48-00
- hand 727-49-02
- papillary (heart) 353-99-99
- nerve (peripheral) 905-99-99
- nose (amputated) 185-49-00
- papillary muscle (heart) 353-99-09
- penis (amputated) 501-49-00
- retina (and choroid) NEC 174-49-19
- by
  - cryotherapy 174-49-11
  - diathermy 174-49-10
  - electrocoagulation 174-49-10
  - photocoagulation 174-49-09
  - laser 174-49-01
  - xenon arc 174-49-00
- tendon (to tendon) 904-48-00
- hand 727-49-00
- to skeletal attachment 904-48-00
- hand 727-49-00
- thigh 880-49-00
- thumb 730-49-02
- toe 878-49-10
- tooth 238-49-00
- uterosacral ligament(s) 519-37-98
- vessels (peripheral) 908-39-04
- renal, aberrant 413-38-00
- wrist 726-49-09

**Recession**

- extraocular muscle 175-38-00
- multiple (two of more muscles) (with advancement or resection) 175-48-10
- gastrocnemius tendon (Strayer operation) 743-38-01
- levator palpebrae (superioris) muscle 163-38-16
- prognathic jaw 160-39-03
- tendon 904-42-00
- hand 614-38-01
- closure—*see also* Closure
- disrupted abdominal wall (postoperative) 405-39-32
- reconstruction (plastic)—*see also* Construction and Repair, by site
- alveolus, alveolar (process) (ridge) (with graft or implant) 236-48-00
- artery (graft)—*see* Graft, artery
- artificial stoma, intestine 446-47-09
- auditory canal (external) 178-48-02
- auricle (ear) 178-48-01
- bladder 481-48-00
- with
  - ileum 481-48-00 [451-24-00]
  - sigmoid 481-48-00 [453-24-00]

**Reconstruction—continued**

- bone, except facial (*see also* Osteoplasty) 914-39-00
- facial NEC 161-48-98
- with total osteotomy 161-26-11
- mandible 160-48-98
- with total mandibulectomy 160-26-11
- breast, total 302-48-30
- bronchus 367-39-99
- canthus (lateral) 163-48-10
- cardiac annulus 351-39-01
- chest wall (mesh) (silastic) 300-39-08
- cleft lip 225-39-01
- conjunctival cul-de-sac 166-48-18
- with graft (buccal mucous membrane) (free) 166-48-10
- cornea NEC 167-48-19
- diaphragm 384-39-08
- ear (external) (auricle) 178-48-01
- external auditory canal 178-48-02
- meatus (new) (osseous skin-lined) 178-48-02
- ossicles 182-48-99
- prominent or protruding 178-48-00
- eyebrow 163-48-99
- eyelid 163-48-99
- with graft or flap 163-48-18
- hair follicle 163-48-13
- mucous membrane 163-48-12
- skin 163-48-10
- tarsoconjunctival (one-stage) 163-48-16
- full-thickness 163-48-38
- involving lid margin 163-48-30
- partial-thickness 163-48-28
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- eye socket 177-47-08
- with graft 177-47-00
- fallopian tube 521-99-98
- frontonasal duct 189-48-00
- hip (total) (with prosthesis) 829-46-01
- intraoral 233-48-99
- joint—*see* Arthroplasty
- lymphatic (by transplantation) 909-50-00
- mandible 160-48-98
- with total mandibulectomy 160-26-11
- mastoid cavity 180-39-99
- mouth 233-48-99
- nipple NEC 305-39-00
- nose (total) (with arm flap) (with forehead flap) 185-48-00
- ossicles (graft) (prosthesis) NEC 182-48-00
- with
  - stapedectomy 182-26-99
  - tympanoplasty 181-48-02
- pelvic floor 516-39-98
- penis (rib graft) (skin graft) (myocutaneous flap) 501-48-00
- scrotum (with pedicle flap) (with rotational flap) 503-39-08
- skin (plastic) (without graft) NEC 901-48-08
- with graft—*see* Graft, skin

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- subcutaneous tissue (plastic) (without skin graft) NEC 901-48-08
- - with graft—*see* Graft, skin
- tendon pulley (with graft) (with local tissue) 904-48-00
- - for opponensplasty 727-48-08
- - hand 728-48-02
- thumb (osteoplastic) (with bone graft) (with skin graft) 727-48-08
- trachea (with graft) 250-48-99
- umbilicus 402-99-99
- ureteropelvic junction 479-48-00
- urethra 483-48-08
- vagina 517-48-00
- vas deferens, surgically divided 505-48-00

**Recontour, gingiva** 236-48-00**Recreational therapy** 900-59-86 *see* Chapter 17 vol.3**Rectectomy** (*see also* Resection, rectum) 454-26-48**Rectopexy** (Delorme) 454-37-08

- abdominal (Ripstein) 454-37-00

**Rectoplasty** 454-39-08**Rectorectostomy** 454-39-04**Rectorrhaphy** 454-39-00**Rectosigmoidectomy** (*see also* Resection, rectum) 454-26-48

- transsacral 454-26-30

**Rectosigmoidostomy** 453-35-00**Rectostomy** 454-33-00

- closure 454-39-03

**Reduction**

- adipose tissue 901-48-02
- batwing arms 901-48-02
- breast (bilateral) 302-48-01
- - unilateral 302-48-00
- bulbous tuberosities (mandible) (maxilla) (fibrous) (osseous) 236-26-00
- buttocks 901-48-02
- diastasis, ankle mortise (closed) 837-36-00
- - open 837-36-10
- dislocation (of joint) (manipulation) (with cast) (with splint) (with traction device) (closed) 913-36-00
- - with fracture—*see* Reduction, fracture, by site
- - ankle (closed) 837-36-00
- - - open 837-36-10
- - elbow (closed) 698-36-00
- - - open 698-36-10
- - finger (closed) 705-36-00
- - - open 705-36-10
- - foot (closed) 839-36-00
- - - open 839-36-10
- - hand (closed) 704-36-00
- - - open 704-36-10
- - hip (closed) 829-36-00
- - - open 829-36-10
- - knee (closed) 833-36-00
- - - open 833-36-1
- - open (with external fixation) (with internal fixation) 913-36-10
- - shoulder (closed) 697-36-00
- - - open 697-36-10

**Reduction—continued**

- dislocation—*continued*
- - specified site (closed) NEC 913-36-00
- - - open 913-36-10
- - temporomandibular (closed) 162-36-00
- - - open 162-36-01
- - toe (closed) 841-36-00
- - - open 841-36-10
- - wrist (closed) 702-36-00
- - - open 702-36-10
- elephantiasis, scrotum 503-26-01
- epistaxis (*see also* Control, epistaxis) 186-25-99
- fracture (bone) (with cast) (with splint) (with traction device) (closed) 914-36-00
- - with internal fixation 914-37-01
- - alveolar process (with stabilization of teeth) mandible (closed) 160-36-00
- - - open 160-36-01
- - maxilla (closed) 159-36-00
- - - open 159-36-01
- - - open 159-36-01
- - ankle—*see* Reduction, fracture, leg
- - arm (closed) NEC 664-36-00
- - - with internal fixation 664-37-xx
- - - open 664-36-10
- - blow-out—*see* Reduction, fracture, orbit
- - carpal, metacarpal (closed) 690-36-00
- - - with internal fixation 690-37-01
- - - open 690-36-10
- - - - with internal fixation 690-37-01
- - epiphysis—*see* Reduction, separation
- - facial (bone) NEC 161-36-00
- - - closed 161-36-00
- - - open 161-36-01
- - femur (closed) 798-36-00
- - - with internal fixation 798-37-xx
- - - open 798-36-10
- - fibula (closed) 817-36-00
- - - with internal fixation 817-37-xx
- - - open 817-36-10
- - - - with internal fixation 817-37-xx
- - foot (closed) NEC 823-36-00
- - - with internal fixation 823-37-xx
- - - open 823-36-10
- - - - with internal fixation 823-37-xx
- - hand (closed) NEC 690-36-00
- - - with internal fixation 690-37-xx
- - - open 690-36-00
- - - - with internal fixation 690-37-xx
- - humerus (closed) 664-36-00
- - - with internal fixation 664-37-xx
- - - open 664-36-10
- - - - with internal fixation 664-37-xx
- - jaw (lower)—*see also* Reduction, fracture, mandible
- - upper—*see* Reduction, fracture, maxilla
- - larynx 247-39-01
- - leg (closed) NEC 814-36-00
- - - with internal fixation 814-37-xx
- - - open 814-36-10
- - - - with internal fixation 814-37-xx

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maxilla (closed) 155-36-00  
   - open 155-36-01  
 mandible (closed) 160-36-00  
   - open 160-36-01  
 maxilla (closed) 159-36-00  
   - open 159-36-01  
 nasal (closed) 157-36-00  
   - open 157-36-01  
 open 914-36-10  
   - with internal fixation 914-37-01  
   - specified site NEC 914-36-10  
   - with internal fixation 914-37-01  
 orbit (rim) (wall) (closed) 177-36-00  
   - open 177-36-00  
 patella (open) 799-36-00  
 phalanges  
   - foot (closed) 828-36-00  
     - with internal fixation 828-37-01  
     - open 828-36-10  
     - with internal fixation 828-37-01  
   - hand (closed) 694-36-00  
     - with internal fixation 694-37-01  
     - open 694-36-10  
     - with internal fixation 694-37-01  
   - radius (closed) 665-36-00  
     - with internal fixation 665-37-xx  
     - open 665-36-10  
     - with internal fixation 665-37-xx  
   - skull 105-36-00  
   - specified site (closed) NEC 914-36-00  
     - with internal fixation 914-37-01  
     - open 914-36-10  
     - with internal fixation 914-37-01  
   - tibia 559-36-00  
   - tarsal (closed) 823-36-00  
     - with internal fixation 823-37-01  
     - open 823-36-10  
     - with internal fixation 823-37-01  
   - tibia (closed) 814-36-00  
     - with internal fixation 814-37-xx  
     - open 814-36-10  
     - with internal fixation 814-37-xx  
   - tibia (closed) 673-36-00  
     - with internal fixation 673-37-xx  
     - open 673-36-10  
     - with internal fixation 673-37-xx  
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   - zygomatic arch (closed) 155-36-00  
   - open 155-36-01  
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- intussusception—*continued*  
   -- hydrostatic 453-36-60  
   -- large intestine 453-36-60  
     --- endoscopic (balloon) 453-31-00  
   -- pneumatic 926-36-01  
   -- small intestine 446-38-00  
   - lung volume 375-26-10  
   - malrotation, intestine (manual) (surgical) 446-38-00  
   -- large 453-38-00  
     --- endoscopic (balloon) 453-31-00  
   -- small 446-38-00  
   - mammoplasty (bilateral) 302-48-01  
   -- unilateral 302-48-00  
   - prolapse  
     -- anus (operative) 455-36-00  
     -- colostomy (manual) 926-36-00  
     -- enterostomy (manual) 926-36-00  
     -- ileostomy (manual) 926-36-00  
     -- rectum (manual) 454-36-00  
   - uterus  
     --- by pessary 517-10-18  
     --- surgical 519-38-00  
   - ptosis overcorrection 163-47-00  
   - retroversion, uterus by pessary 517-10-18  
   - separation, epiphysis (closed) 914-36-01  
   -- femur (closed) 798-36-01  
     --- open 798-36-11  
   -- fibula (closed) 817-36-01  
     --- open 817-36-11  
   -- humerus (closed) 664-36-01  
     --- open 664-36-11  
   -- open 914-36-11  
   -- specified site (closed) NEC—*see also* category 914-36-01  
     --- open—*see category* 914-36-11  
   -- tibia (closed) 814-36-01  
     --- open 814-36-11  
   - size  
     -- abdominal wall (adipose) (pendulous) 901-48-02  
     -- arms (adipose) (batwing) 901-48-02  
     -- breast (bilateral) 302-48-01  
     --- unilateral 302-48-00  
     -- buttocks (adipose) 901-48-02  
     -- finger (macroductyly repair) 728-48-03  
     -- skin 901-48-02  
     -- subcutaneous tissue 901-48-02  
     -- thighs (adipose) 901-48-02  
   - torsion  
     -- intestine (manual) (surgical) 446-38-00  
     --- large 453-38-00  
       --- endoscopic (balloon) 453-31-00  
       --- small 446-38-00  
     -- kidney pedicle 478-36-00  
     -- omentum 457-39-00  
     -- spermatic cord 504-36-00  
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     -- testis 504-36-00  
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     -- uterus NEC 520-99-99  
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- volvulus
- intestine 446-38-00
- large 453-38-00
- endoscopic (balloon) 453-31-00
- small 446-38-00
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- psychotherapy 942-99-30
- rehabilitation
- alcoholism 942-99-32
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- fallopian tube into uterus 521-39-50
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- pancreatic tissue 473-50-00
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- thyroid tissue (heterotopic) (orthotopic) 219-49-00
- tooth 238-49-00
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- sclera NEC 168-48-18
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- eyeball (with conjunctival graft) 177-47-02
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- chordee 501-24-00
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- de Quervain's tenosynovitis 614-21-00
- Dupuytren's contracture (by palmar fasciectomy) 614-26-08
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- Fowler (mallet finger repair) 728-48-04
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- skin 901-48-03
- stoma—*see* Revision, stoma
- tarsal tunnel 769-24-01
- tendon 904-24-01
- hand 614-24-00
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- sheath 614-26-02
- hand 614-21-00
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- abductor pollicis longus 614-21-00
- de Quervain's 614-21-00
- external pollicis brevis 614-21-00
- hand 614-24-00
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- intestine 446-38-00
- large 453-38-00
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- kidney pedicle 478-36-00
- ovary 523-24-00
- testis 504-36-00
- transverse carpal ligament (for nerve decompression) 640-24-01
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- excision of scar, muscle 901-48-03
- fasciotomy 612-24-03
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- bladder (by incision) 481-21-00
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- without incision 480-11-00
- percutaneous 478-33-01
- with fragmentation (ultrasound) 478-33-02
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- percutaneous nephrostomy 478-33-01
- with fragmentation (ultrasound) 478-33-02
- transurethral 480-11-00
- lacrimal
- canaliculi 165-15-05
- by incision 165-21-01
- gland 164-99-99
- by incision 164-21-00
- passage(s) 165-15-99
- by incision 165-21-98
- punctum 165-15-00
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- sac 165-15-99
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- pharynx 244-26-99
- prostate 507-21-00
- salivary gland (by incision) 198-45-00
- by probe 198-44-00
- ureter (by incision) 480-21-00
- without incision 480-11-00
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- caliper tongs (skull) 105-11-00
- cannula
- for extracorporeal membrane oxygenation (ECMO)—*omit code*
- cardiac pacemaker (device) (initial) (permanent) 355-47-11
- with replacement
- dual-chamber device 355-46-12
- single-chamber device 355-46-10
- rate responsive 355-46-11
- cardioverter/defibrillator pulse generator
- with replacement 355-47-00
- cast 914-99-99
- with reapplication 938-12-00
- catheter (indwelling)—*see also* Removal, tube
- bladder 481-10-00
- middle ear (tympanum) 181-11-00
- ureter 481-99-99

**Removal—continued**

- catheter—*continued*
- ventricular (cerebral) 130-11-00
- with synchronous replacement 130-12-00
- cerclage material, cervix 518-11-00
- cerumen, ear 178-11-01
- for smear or culture 178-04-98
- coronary artery obstruction (thrombus) 336-45-00
- direct intracoronary artery infusion 336-81-00
- open chest approach 336-48-00
- percutaneous transluminal (balloon) (single vessel) 336-31-50
- with thrombolytic agent infusion 336-31-51
- multiple vessels 336-31-52
- Crutchfield tongs (skull) 105-11-00
- with synchronous replacement 105-12-00
- cyst—*see also* Excision, lesion, by site
- dental 160-26-00
- lung 375-26-08
- endoscopic 375-26-00
- cystic duct remnant 465-26-00
- decidua (by)
- aspiration curettage 526-45-01
- curettage (D and C) 526-45-00
- manual 526-45-00
- dental wiring (immobilization device) 238-14-00
- orthodontic *see* Chapter 16 vol.3
- device (therapeutic) NEC 900-11-01
- abdomen NEC 400-11-01
- drainage—*see* Removal, tube
- fixation device external
- mandibular NEC 160-11-00
- minifixator (bone) 160-11-00
- genital tract NEC 932-11-00
- intrauterine contraceptive 519-11-00
- minifixator 914-11-01
- thorax NEC 300-11-08
- trunk NEC 920-11-02
- urinary system NEC 926-11-08
- diaphragm, vagina 517-11-11
- drainage device—*see* Removal, tube
- dye, spinal canal 569-22-00
- ectopic fetus (from) 521-21-00
- abdominal cavity 526-45-11
- extraperitoneal (intraligamentous) 526-45-11
- fallopian tube (by salpingostomy) 521-33-00
- by salpingotomy 521-21-00
- with salpingectomy 521-26-00
- intraligamentous 526-45-11
- ovarian 526-45-11
- peritoneal (following uterine or tubal rupture) 526-45-11
- site NEC 526-45-11
- tubal (by salpingostomy) 521-33-00
- by salpingotomy 521-21-00
- with salpingectomy 521-26-00
- electrodes
- bone growth stimulator 914-99-99
- brain 112-11-00
- depth 112-11-00
- with synchronous replacement 112-22-08

**Removal—continued**

- electrodes—*continued*
- brain—*continued*
- foramen ovale 112-11-00
- with synchronous replacement 112-44-00
- sphenoidal—*omit code*
- with synchronous replacement 158-10-00
- cardiac pacemaker (atrial) (transvenous) (ventricular) 355-45-00
- with replacement 355-46-00
- depth 112-11-00
- with synchronous replacement 112-44-00
- epicardial (myocardial) 355-45-00
- with replacement (by)
- atrial and/or ventricular lead(s) (electrode) 355-46-00
- epicardial lead 355-44-03
- epidural pegs 109-44-00
- with synchronous replacement 112-44-00
- foramen ovale 112-11-00
- with synchronous replacement 112-44-00
- intracranial 112-11-00
- with synchronous replacement 112-44-00
- peripheral nerve 905-11-00
- with synchronous replacement 905-10-00
- sphenoidal—*omit code*
- with synchronous replacement 158-10-00
- spinal 569-11-01
- with synchronous replacement 569-12-00
- temporary transvenous pacemaker
- system—*omit code*
- electroencephalographic receiver (brain) (intracranial) 112-11-00
- with synchronous replacement 112-44-00
- electronic
- stimulator
- bladder 481-11-01
- bone 914-99-99
- brain 112-11-00
- with synchronous replacement 112-44-00
- intracranial 112-11-00
- with synchronous replacement 112-44-00
- peripheral nerve 905-11-00
- with synchronous replacement 905-10-00
- skeletal muscle 903-11-00
- with synchronous replacement 903-10-00
- spinal 569-11-01
- with synchronous replacement 569-12-00
- ureter 480-11-01
- electrostimulator—*see* Removal, electronic, stimulator, by site
- embolus 907-21-01
- with endarterectomy—*see* Endarterectomy
- abdominal
- artery 420-21-01
- vein 427-21-01
- aorta (arch) (ascending) (descending) 314-21-00
- arteriovenous shunt or cannula 908-47-00
- bovine graft 907-47-08
- head and neck vessel NEC 907-21-01
- intracranial vessel NEC 138-21-00

## Removal—continued

- embolus—continued
- lower limb
- artery 755-21-01
- vein 763-21-01
- pulmonary (artery) 316-21-00
- thoracic vessel 901-21-01
- upper limb (artery) 624-21-01
- embryo—see Removal, ectopic fetus
- encircling tube, eye (episcleral) 175-45-10
- epithelial downgrowth, anterior chamber 171-45-01
- external fixation device 914-11-00
- mandibular NEC 160-11-00
- minifixator (bone) 914-11-00
- extrauterine embryo—see Removal, ectopic fetus
- eyeball 176-26-29
- with implant 176-26-22
- with attachment of muscle 176-26-21
- fallopian tube—see Salpingectomy
- feces (implanted) (by flushing) (manual) 455-11-00
- fetus, ectopic—see Removal, ectopic fetus
- fingers, supernumerary 728-29-00
- fixation, device
- external 914-11-00
- mandibular NEC 160-11-00
- minifixator (bone)—see category 914-11-00
- internal 914-11-01
- carpal, metacarpal 689-45-02
- clavicle 649-45-02
- facial (bone) 161-45-01
- femur 798-45-02
- fibula 817-45-02
- humerus 664-45-02
- metatarsal 824-45-02
- patella 799-45-02
- pelvic 784-45-02
- phalanges
- foot 828-45-02
- hand 694-45-02
- radius 665-45-02
- ribs 386-99-99
- scapula 650-45-02
- specified site NEC 914-45-01
- sternum 385-99-99
- tarsal 823-45-02
- tibia 814-45-02
- ulna 673-45-02
- vertebrae 558-45-02
- foreign body NEC (see also Incision, by site) 900-11-02
- abdominal (cavity) 437-11-01
- wall 405-21-00
- adenoid 244-11-00
- by incision 245-22-00
- alveolus, alveolar bone 236-99-99
- by incision 236-21-00
- antecubital fossa 901-11-00
- by incision 901-21-08
- anterior chamber 171-45-19
- by incision 171-45-11
- with use of magnet 171-45-10

## Removal—continued

- foreign body—continued
- anus (intraluminal) 455-11-01
- by incision 455-21-18
- artificial stoma (intraluminal) 441-11-02
- auditory canal, external 178-11-02
- axilla 608-11-01
- by incision 608-21-08
- bladder (without incision) 481-83-00
- by incision 481-21-00
- bone, except fixation device (see also Incision, bone) 914-21-00
- alveolus, alveolar 236-99-99
- by incision 236-21-00
- brain 126-21-08
- without incision into brain 105-21-08
- breast 302-21-08
- bronchus (intraluminal) 367-11-00
- by incision 367-21-00
- bursa 902-21-00
- hand 614-21-02
- canthus 176-11-01
- by incision 163-24-00
- cerebral meninges 108-21-00
- cervix (intraluminal) NEC 518-45-00
- penetrating 518-11-00
- choroid (by incision) 172-45-09
- with use of magnet 172-45-00
- without use of magnet 172-45-01
- ciliary body (by incision) 171-45-19
- with use of magnet 171-45-10
- without use of magnet 171-45-11
- conjunctiva (by magnet) 176-11-01
- by incision 166-21-00
- cornea 176-11-00
- by incision 167-21-00
- by magnet 167-11-00
- duodenum 443-11-01
- by incision 443-21-00
- ear (intraluminal) 178-11-02
- with incision 178-21-99
- epididymis 506-21-00
- esophagus (intraluminal) 439-11-00
- by incision 439-21-08
- extrapleural (by incision) 300-21-00
- eye, eyeball (by magnet) 176-11-00
- anterior segment (by incision) 171-45-19
- with use of magnet 171-45-10
- without use of magnet 171-45-11
- posterior segment (by incision) 172-45-19
- with use of magnet 172-45-00
- without use of magnet 172-45-01
- superficial 176-11-00
- eyelid 176-11-01
- by incision 163-21-99
- fallopian tube
- by salpingostomy 521-33-00
- by salpingotomy 521-21-00
- fascia 901-11-00
- hand 614-21-08

**Removal—continued**

- foreign body—*continued*
- foot 737-11-01
- gall bladder 464-21-00
- groin region (abdominal wall) (inguinal) 405-21-00
- gum 236-99-99
- by incision 236-21-00
- hand 604-11-01
- head and neck NEC 919-11-00
- heart 338-21-00
- internal fixation, device—*see* Removal, fixation device, internal
- intestine 446-11-01
- by incision 446-21-00
- large (intraluminal) 453-11-01
- by incision 453-21-00
- small (intraluminal) 446-11-01
- by incision 446-21-00
- intraocular (by incision) 171-45-19
- with use of magnet 171-45-10
- without use of magnet 171-45-11
- iris (by incision) 171-45-19
- with use of magnet 171-45-10
- without use of magnet 171-45-11
- joint structure (*see also* Arthrotomy) 913-21-00
- kidney (transurethral) (by endoscopic) 480-11-01
- by incision 478-21-01
- pelvis (transurethral) 480-11-00
- by incision 479-21-00
- labia 516-11-00
- by incision 516-21-98
- lacrimal
- canaliculi 165-15-01
- by incision 165-21-01
- gland 164-99-99
- by incision 164-21-00
- passage(s) 165-15-99
- by incision 165-21-98
- punctum 165-15-00
- by incision 165-21-00
- sac 165-15-99
- by incision 165-21-02
- large intestine (intraluminal) 453-11-01
- by incision 453-21-00
- larynx (intraluminal) 247-11-01
- by incision 247-21-99
- lens 172-45-09
- by incision 172-45-01
- with use of magnet 172-45-00
- liver 463-21-00
- lower limb except foot 739-11-01
- foot 737-11-01
- lung 375-21-00
- mediastinum 380-21-00
- meninges (cerebral) 108-21-00
- spinal 569-45-00
- mouth (intraluminal) 233-11-00
- by incision 223-21-00
- muscle 903-21-00
- hand 614-21-01

**Removal—continued**

- foreign body—*continued*
- nasal sinus 193-22-19
- antrum 192-21-10
- with Caldwell-Luc approach 192-22-09
- ethmoid 190-22-10
- frontal 189-22-10
- maxillary 192-22-10
- with Caldwell-Luc approach 192-22-09
- sphenoid 191-22-10
- nerve (peripheral) NEC 905-21-00
- root 569-45-00
- nose (intraluminal) 186-11-01
- by incision 185-21-00
- oral cavity (intraluminal) 233-11-00
- by incision 233-21-00
- orbit (by magnet) 176-11-00
- by incision 176-45-00
- palate (penetrating) 241-99-99
- by incision 241-21-00
- pancreas 473-21-00
- penis 501-11-00
- by incision 501-21-00
- pericardium 356-21-00
- perineum (female) 516-11-00
- by incision 516-21-98
- male 901-11-00
- by incision 901-21-08
- perirenal tissue 476-21-00
- peritoneal cavity 437-11-01
- perivesical tissue 481-24-18
- pharynx (intraluminal) 244-11-00
- by pharyngotomy 244-22-00
- pleura (by incision) 376-21-00
- popliteal space 734-11-01
- by incision 734-21-08
- rectum (intraluminal) 454-11-00
- by incision 454-21-00
- renal pelvis (transurethral) 480-11-00
- by incision 479-21-00
- retina (by incision) 172-45-19
- with use of magnet 172-45-00
- without use of magnet 172-45-01
- retroperitoneum 476-21-00
- sclera (by incision) 171-45-19
- with use of magnet 171-45-10
- without use of magnet 171-45-11
- scrotum 503-11-00
- by incision 503-22-00
- sinus (nasal) 193-22-19
- antrum 192-22-10
- with Caldwell-Luc approach 192-22-19
- ethmoid 190-22-10
- frontal 189-22-10
- maxillary 192-22-10
- with Caldwell-Luc approach 192-22-19
- sphenoid 191-22-10
- skin NEC 901-11-00
- by incision 901-21-08
- skull 105-21-08
- with incision into brain 126-21-08

**Removal—continued**

- foreign body—*continued*
- small intestine (intraluminal) 446-11-01
- by incision 446-21-00
- soft tissue NEC 902-21-00
- hand 614-21-08
- spermatic cord 510-21-00
- spinal (canal) (cord) (meninges) 569-45-00
- stomach (intraluminal) 441-11-03
- bubble (balloon) 441-11-02
- by incision 441-21-00
- subconjunctival (by magnet) 166-99-99
- by incision 166-21-00
- subcutaneous tissue NEC 901-11-00
- by incision 901-21-08
- supraclavicular fossa 601-11-00
- by incision 601-21-08
- tendon (sheath) 904-21-00
- hand 614-21-08
- testis 504-21-00
- thorax (by incision) 376-21-00
- thyroid (field)(gland) (by incision) 219-21-00
- tonsil 244-11-00
- by incision 245-22-00
- trachea (intraluminal) 250-11-01
- by incision 250-21-99
- trunk NEC 920-11-03
- tunica vaginalis 503-11-00
- upper limb, except hand 608-11-00
- hand 606-11-00
- ureter (transurethral) 480-11-00
- by incision 480-21-00
- urethra (intraluminal) 483-11-02
- by incision 483-21-00
- uterus (intraluminal) 519-45-09
- vagina (intraluminal) 517-11-00
- by incision 517-45-00
- vas deferens 505-21-00
- vitreous (by incision) 172-45-09
- with use of magnet 172-45-00
- without use of magnet 172-45-01
- vulva 516-11-00
- by incision 516-21-98
- gallstones
- bile duct (by incision) NEC 468-45-00
- endoscopic 468-11-00
- percutaneous 468-11-01
- duodenum 443-21-00
- gallbladder 464-21-00
- hepatic ducts 468-45-00
- endoscopic 468-11-00
- intestine 446-21-00
- large 453-21-00
- small NEC 446-21-00
- liver 463-21-00
- Gardner Wells tongs (skull) 105-11-00
- with synchronous replacement 105-12-00
- gastric bubble (balloon) 441-11-00
- granulation tissue—*see also* Excision, lesion by site
- with repair—*see* Repair, by site
- cranial or skull 105-26-01

**Removal—continued**

- halo traction device (skull) 105-11-00
- with synchronous replacement 105-12-00
- heart assist system 355-45-20
- with replacement 355-46-20
- hematoma—*see* Drainage, by site
- Hoffman minifixator device (bone) 914-11-00
- hydatidiform mole 519-45-02
- impacted
- feces (rectum) (by flushing) (manual) 455-11-00
- tooth 238-26-01
- from nasal sinus (maxillary) 192-26-00
- implant
- breast 302-45-01
- cochlear prosthetic device 180-99-99
- cornea 167-45-00
- lens (prosthetic) 172-45-10
- middle ear NEC 180-99-99
- ocular 177-45-01
- posterior segment 174-45-11
- orbit 177-45-02
- retina 174-45-11
- tympanum 181-11-00
- internal fixation device—*see* Removal, fixation device, internal
- intrauterine contraceptive device (IUD) 519-11-00
- joint (structure) NOS 913-26-08
- ankle 837-26-08
- elbow 698-26-08
- foot and toe 840-26-08
- hand and finger 704-26-08
- hip 829-26-08
- knee 833-26-08
- other specified sites 913-26-08
- shoulder 697-26-08
- spine 559-26-08
- toe 842-26-08
- wrist 702-26-08
- Kantrowitz heart pump 355-45-20
- keel (tantalum plate), larynx 247-99-99
- kidney—*see also* Nephrectomy
- mechanical 478-11-01
- transplanted or rejected 478-26-10
- laminaria (tent), uterus 519-10-08
- leads (cardiac)—*see* Removal, electrodes cardiac pacemaker
- lesion—*see* Excision, lesion, by site
- ligamentum flavum (spine)—*omit code*
- ligature
- fallopian tube 521-39-98
- ureter 480-24-01
- vas deferens 505-11-00
- loose body
- bone—*see* Sequestrectomy, bone
- joint 913-21-08
- mesh (surgical)—*see* Removal, foreign body, by site
- lymph node—*see* Excision, lymph, node
- minifixator device (bone) 914-11-00
- external fixation device 914-11-01
- Mulligan hood, fallopian tube 521-11-00
- with synchronous replacement 521-12-00

**Removal—continued**

- muscle stimulator (skeletal) 903-11-00
- with replacement 903-10-00
- myringotomy device of tube 181-11-00
- nail (bed) (fold) 901-26-02
- internal fixation device—*see* Removal, fixation device, internal
- necrosis
- skin 901-28-03
- excisional 901-26-00
- neuropacemaker
- brain 112-11-00
- with synchronous replacement 112-44-00
- intracranial 112-11-00
- with synchronous replacement 112-44-00
- peripheral nerve 905-11-00
- with synchronous replacement 905-10-00
- spinal 569-11-00
- with synchronous replacement 569-12-00
- neurostimulator
- brain 112-11-00
- with synchronous replacement 112-44-00
- intracranial 112-11-00
- with synchronous replacement 112-44-00
- peripheral nerve 905-11-00
- with synchronous replacement 905-10-00
- spinal 569-11-00
- with synchronous replacement 569-12-00
- nonabsorbable surgical material NEC—*see* Removal, foreign body, by site
- odontoma (tooth) 160-26-00
- orbital implant 177-45-02
- osteocartilaginous loose body, joint structure (*see also* Arthrotomy) 913-26-01
- outer attic wall (middle ear) 180-26-99
- ovo-testis (unilateral) 504-26-01
- bilateral 504-26-02
- pacemaker
- brain synchronous replacement 112-44-00
- cardiac (device) (initial) (permanent) 335-47-11
- with replacement
- dual-chamber device 335-46-13
- single-chamber device 335-46-10
- rate responsive 335-46-11
- electrodes (atrial) (transvenous) (ventricular) 335-45-00
- with replacement 335-46-00
- epicardium (myocardium) 335-45-00
- with replacement (by)
- atrial and/or ventricular lead(s) (electrode) 335-46-00
- epicardial lead 335-44-03
- temporary transvenous pacemaker system—*omit code*
- intracranial 112-11-00
- with synchronous replacement 112-44-00
- neural
- brain 112-11-00
- with synchronous replacement 112-44-00
- peripheral nerve 905-11-00
- with synchronous replacement 905-10-00

**Removal—continued**

- pacemaker—*continued*
- neural—*continued*
- spine 569-11-00
- with synchronous replacement 569-12-00
- pack, packing
- dental 238-14-00
- intrauterine 519-11-00
- nasal 186-11-00
- rectum 454-99-99
- trunk NEC 920-11-01
- vagina 517-11-10
- vulva 516-99-99
- pantopaque dye, spinal canal 569-22-00
- patella (complete) 799-26-04
- partial 799-26-03
- pectus deformity implant device 300-21-00
- pelvic viscera, en masse (female) 525-26-32
- male 481-26-03
- pessary, vagina NEC 517-11-18
- pharynx (partial) 244-26-02
- phlebolith—*see* Removal, embolus
- placenta (by)
- aspiration curettage 526-45-01
- D and C 526-45-00
- manual 526-11-10
- plaque, dental *see* Chapter 16 vol.3
- plate, skull 105-45-00
- with synchronous replacement 105-46-00
- polyp—*see also* Excision, lesion, by site
- esophageal 439-26-01
- endoscopic 439-26-02
- gastric (endoscopic) 441-28-00
- intestine 453-26-00
- endoscopic 453-26-01
- nasal 186-26-00
- prosthesis
- bile duct 468-45-00
- nonoperative 468-11-02
- cochlear prosthetic device 180-99-99
- dental *see* Chapter 16 vol.3
- eye 177-11-00
- facial bone 161-99-09
- fallopian tube 521-11-00
- with synchronous replacement 521-12-00
- joint structures 913-21-00
- ankle 837-21-00
- elbow 698-21-00
- hip 829-21-00
- knee 833-21-00
- shoulder 697-21-00
- specified site NEC 913-21-00
- spine 559-21-00
- wrist 702-21-00
- lens 172-45-10
- penis (internal) without replacement 501-44-02
- testicular, by incision 504-21-00
- urinary sphincter, artificial 483-11-00
- with replacement 483-12-00
- pseudophakos 172-45-10

**Removal—continued**

- pterygium 167-26-09
- - with corneal graft 167-26-04
- pulse generator
- - cardiac pacemaker 355-45-10
- - cardioverter/defibrillator 355-45-20
- pump assist device, heart 355-45-20
- - with replacement 355-46-20
- radioactive material—*see* Removal, foreign body, by site
- redundant skin, eyelid 163-48-00
- rejected organ
- - kidney 478-26-10
- - testis 504-26-03
- reservoir, ventricular (Ommaya) (Rickham) 130-11-00
- - with synchronous replacement 130-12-00
- retained placenta (by)
- - aspiration curettage 526-45-01
- - D and C 526-45-00
- - manual 526-11-10
- retinal implant 174-45-11
- rhinolith 186-11-01
- rice bodies, tendon sheaths 904-21-00
- - hand 614-21-00
- Roger-Anderson minifixator device (bone) *see category* 914-11-00
- root, residual (tooth) (buried) (retained)  
  *see* Chapter 16 vol.3
- Rosen prosthesis (urethra) 483-99-99
- Scribner shunt 908-45-00
- scleral buckle or implant 174-45-11
- secondary membranous cataract (with iridectomy)  
  172-27-32
- secundines (by)
- - aspiration curettage 526-45-01
- - D and C 526-45-00
- - manual 526-11-10
- sequestrum—*see* Sequestrectomy
- seton, anus 455-21-08
- Shepard's tube (ear) 181-11-00
- Shirodkar suture, cervix 518-11-01
- shunt
- - arteriovenous 908-45-00
- - - with creation of new shunt 908-47-00
- - lumbar-subarachnoid NEC 569-11-02
- - pleurothecal 569-11-02
- - salpingothecal 569-11-02
- - spinal (thecal) NEC 569-11-02
- - subarachnoid-peritoneal 569-11-02
- - subarachnoid-ureteral 569-11-02
- silastic tubes
- - ear 181-11-00
- - fallopian tubes 521-11-00
- - - with synchronous replacement 521-10-00
- skin
- - necrosis or slough 901-28-00
- - - excisional 901-26-01
- - superficial layer (by dermabrasion) 901-28-01
- skull tongs 105-11-00
- - with synchronous replacement 105-12-00
- splint 900-11-00

**Removal—continued**

- stent
- - larynx 247-99-99
- - ureteral 480-99-99
- - urethral 483-11-01
- stimulator (brain) (intracranial) 112-11-00
- - with synchronous replacement 112-44-00
- subdural
- - grids 110-11-00
- - strips 110-11-00
- supernumerary digit(s) 728-29-00
- suture(s) NEC 900-11-01
- - abdominal wall 405-11-00
- - by incision—*see* Incision, by site
- - genital tract 900-11-02
- - head and neck 900-11-02
- - thorax 300-11-00
- - trunk NEC 920-11-00
- symblepharon—*see* Repair, symblepharon
- temporary transvenous pacemaker
- - system—*omit code*
- testis (unilateral) 504-26-01
- - bilateral 504-26-02
- - remaining or solitary 504-26-03
- thrombus 907-21-01
- - with endarterectomy—*see* Endarterectomy
- - abdominal
- - - artery 420-21-01
- - - vein 427-21-01
- - aorta (arch) (ascending) (descending) 314-21-00
- - arteriovenous shunt or cannula 907-47-01
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- old 516-39-02
- Wirsung's duct 471-99-99
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- - - partial 697-46-00
- - - total 697-46-01
- - urinary sphincter, artificial 483-12-00
- - pyelotomy tube 479-12-00
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- - shoulder NEC 697-39-08
- - partial 697-46-00
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- skull
- - plate 105-46-00
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- - bile duct 468-12-00
- - fallopian tube 521-12-00
- - larynx 247-12-00
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- tracheostomy 250-12-00
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- pocket 355-47-11
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- abdominoperineal (rectum) 454-26-40
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- lesion NEC 481-26-01
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- neck 481-26-01
- transurethral approach 481-26-00
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- brain 126-26-08
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- stereotactic radiosurgery 900-60-59
- hemisphere 126-26-03
- lobe 126-26-02
- breast—see also Mastectomy
- quadrant 302-26-01
- segmental 302-26-02
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- chest wall 300-26-01
- clavicle 649-26-03
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- gastric (partial) (sleeve) (subtotal) NEC (*see also* Gastrectomy) 441-26-18
- with anastomosis NEC 441-26-18
- esophagogastric 441-26-10
- gastroduodenal 441-26-11
- gastrojejunal 441-26-12
- complete or total NEC 441-26-28
- with intestinal interposition 441-26-20
- radical NEC 441-26-28
- with intestinal interposition 441-26-20
- wedge 441-26-01
- endoscopic 441-26-00
- hallux valgus (joint)—*see also* Bunionectomy
- with prosthetic implant 824-26-03
- hepatic
- duct 468-26-00
- flexure (colon) 453-26-11
- infundibula, heart (right) 353-26-001
- intestine (partial) NEC 453-26-08
- cecum (with terminal ileum) 448-26-08
- exteriorized (large intestine) 453-26-02
- small intestine 446-38-01
- - for interposition NA
- large intestine 453-24-00
- small intestine 446-24-00
- hepatic flexure 453-26-11
- ileum 445-26-08
- with cecum 448-26-08
- large (partial) (segmental) NEC 453-26-08
- for interposition 453-24-00
- multiple segmental 453-26-10
- total 453-26-20
- left hemicolon 453-26-12
- multiple, segmental (large intestine) 453-26-10
- small intestine 446-26-01
- right hemicolon 453-26-11
- segmental (large intestine) 453-26-08
- multiple 453-26-10
- small intestine 446-26-08
- multiple 446-26-01
- sigmoid 452-26-08
- small (partial) (segmental) NEC 446-26-08
- for interposition 446-24-00
- multiple segmental 446-26-01
- total 446-26-10
- total
- large intestine 453-26-20
- small intestine 446-26-10
- joint structure NEC (*see also* Arthrectomy) 913-26-08
- kidney (segmental) (wedge) 478-26-02
- larynx—*see also* Laryngectomy
- submucous 247-26-99
- lesion—*see* Excision, lesion, by site
- levator palpebrae muscle 163-38-12
- ligament (*see also* Arthrectomy) 913-26-08
- broad 520-26-00
- round 520-26-00
- uterine 520-26-00
- Resection
- lip (wedge) 225-26-99
- liver (partial) (wedge) 463-26-00

**Resection—continued**

- liver—*continued*
- lobe (total) 463-26-01
- total 463-26-02
- lung (wedge) NEC 375-28-08
- endoscopic 375-26-00
- segmental (any part) 375-26-01
- volume reduction 375-26-10
- meninges (cerebral) 108-26-00
- spinal 570-26-00
- mesentery 438-26-00
- muscle 903-26-02
- extraocular 175-26-00
- with
- advancement or resection of other eye muscle 175-48-10
- suture of original insertion 175-26-00
- levator palpebrae 163-38-12
- Møller's for blepharoptosis 163-38-14
- orbicularis oculi 163-26-99
- tarsal, for blepharoptosis 163-38-14
- for graft 903-26-01
- hand 614-26-01
- hand 614-26-04
- for graft 614-26-03
- ocular—*see* Resection, muscle, extraocular
- myocardium 338-26-01
- nasal septum (submucous) 188-26-00
- nerve (peripheral) NEC 905-26-00
- phrenic 905-24-00
- for collapse of lung 375-28-01
- sympathetic 589-26-08
- - vagus—*see* Vagotomy
- nose (complete) (extended) (partial) (radical) 185-26-01
- omentum 438-26-00
- orbitomaxillary, radical 177-26-12
- ovary—(*see also* Oophorectomy) 523-26-00
- wedge 523-26-20
- laparoscopic 523-26-21
- palate (bony) (local) 240-26-00
- by wide excision 240-26-01
- soft 241-26-00
- pancreas (total) (with synchronous duodenectomy) 473-26-20
- partial NEC 473-26-18
- distal (tail) (with part of body) 473-26-11
- proximal (head) (with part of body) (with synchronous duodenectomy) 473-26-10
- radical subtotal 473-26-12
- radical (one-stage) (two-stage) 473-26-21
- subtotal 473-26-12
- pancreaticoduodenal (*see also* Pancreatectomy) 473-26-20
- pelvic viscera (en masse) (female) 525-26-32
- male 481-26-03
- penis 501-29-00
- pericardium (partial) (for)
- chronic constructive pericarditis 356-26-00
- drainage 356-21-00
- removal of adhesions 356-26-01
- peritoneum 438-26-00
- pharynx (partial) 244-26-02

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- phrenic nerve 905-24-00
- for collapse of lung 375-28-01
- prostate—*see also* Prostatectomy
- transurethral (punch) 507-26-01
- pterygium 167-26-09
- radial head 667-26-03
- rectosigmoid (*see also* Resection, rectum) 452-26-08
- rectum (partial) NEC 454-26-48
- with
  - pelvic exenteration 525-26-32
  - transsacral sigmoidectomy 454-26-30
  - abdominoendorectal (combined) 454-26-40
  - pull-through NEC 454-26-12
  - Duhamel type 454-26-31
  - anterior 454-26-28
  - with colostomy (synchronous) 454-26-21
  - Duhamel 454-26-31
  - endorectal 454-26-11
  - combined abdominal 454-26-40
  - posterior 454-26-30
  - pull-through NEC 454-26-12
  - endorectal 454-26-11
  - submucosal (Soave) 454-26-11
  - combined abdominal 454-26-40
  - rib (transaxillary) 386-26-02
  - as operative approach—*omit code*
  - incidental to thoracic operation—*omit code*
  - right ventricle (heart), for infundibular stenosis 353-26-00
  - root (tooth) (apex) *see* Chapter 16 vol.3
  - with root canal therapy *see* Chapter 16 vol.3
  - residual or retained 238-26-00
  - round ligament 520-26-00
  - sclera 168-22-98
  - with scleral bucking (*see also* Bucking, scleral) 174-49-15
  - lamellar (for retinal reattachment) 174-49-15
  - with implant 174-49-13
  - scrotum 503-26-01
  - soft tissue NEC 902-26-08
  - hand 614-26-08
  - sphincter of Oddi 470-26-01
  - spinal cord (meninges) 570-26-00
  - splanchic 589-26-08
  - splenic flexure (colon) 453-26-11
  - sternum 385-26-10
  - stomach (partial) (sleeve) (subtotal) NEC (*see also* Gastrectomy) 441-26-18
  - with anastomosis NEC 441-26-18
  - esophagogastric 441-26-10
  - gastroduodenal 441-26-11
  - gastrojejunal 441-26-12
  - complete or total NEC 441-26-28
  - with intestinal interposition 441-26-20
  - fundus 441-26-18
  - radical NEC 441-26-28
  - with intertinal interposition 441-26-20
  - wedge 441-26-01
  - endoscopic 441-26-00
  - submucous
  - larynx 247-26-08
  - nasal septum 188-26-00

**Resection—continued**

- submucous—*continued*
- vocal cords 248-26-01
- synovial membrane (complete) (partial) (*see also* Synovectomy) 913-26-00
- tarsolevator 163-38-12
- tendon 904-26-02
- hand 614-26-02
- thoracic structure (block) (en bloc) (radical) (brachial plexus, bronchus, lobes of lung, ribs, and sympathetic nerves) 300-26-02
- thorax 300-26-02
- tongue 235-26-03
- wedge 235-26-02
- tooth root *see* Chapter 16 vol. 3
- with root canal therapy *see* Chapter 16 vol. 3
- apex (abscess) *see* Chapter 16 vol. 3
- with root canal therapy *see* Chapter 16 vol. 3
- residual or retained 238-26-00
- trachea 250-26-00
- transurethral
- bladder NEC 481-26-00
- prostate 507-26-01
- transverse colon 450-26-08
- turbinates—*see* Turbinectomy
- ureter (partial) 480-26-00
- total 480-26-01
- uterus—*see* Hysterectomy
- vein—*see* Phlebectomy
- ventricle (heart) 353-26-10
- infundibula 353-26-00
- vesical neck 481-26-00
- transurethral 481-26-01
- vocal cord 248-26-01

**Respirator, volume-controlled (Bennett) (Byrd)**  
—*see* Ventilation**Restoration**

- cardioesophageal angle 440-32-00
- dental NEC *see* Chapter 16 vol.3
- by
  - application to crown (artificial) *see* Chapter 16 vol.3
  - insertion of bridge (fixed) *see* Chapter 16 vol.3
  - removable *see* Chapter 16 vol.3
  - extremity—*see* Reattachment, extremity
  - eyebrow 163-48-99
  - with graft 163-48-12
  - eye socket 177-47-08
  - with graft 177-47-00
  - tooth NEC *see* Chapter 16 vol.3
  - by
    - crown (artificial) *see* Chapter 16 vol.3
    - filling (amalgam) (plastic) (silicate) *see* Chapter 16 vol.3
    - inlay *see* Chapter 16 vol.3

**Resuscitation**

- artificial respiration 923-91-00
- cardiac 338-15-09
- cardioversion 355-89-08
- atrial 355-89-00
- defibrillation 355-89-18
- external massage 338-15-00
- open chest 338-15-10

**Resuscitation—continued**

- cardiac—continued
- intracardiac injection 338-81-00
- cardiopulmonary 338-15-09
- endotracheal intubation 250-10-00
- manual 923-91-00
- mouth-to-mouth 923-91-00
- pulmonary 923-91-00

**Resuture**

- abdominal wall 405-39-31
- cardiac septum prosthesis 338-47-00
- chest wall 300-39-08
- heart valve prosthesis (popet) 338-47-00
- wound (skin and subcutaneous tissue) (without graft) NEC 901-39-08

**Retinaculotomy NEC (see also Division, ligament) 913-24-00**

- carpal tunnel (flexor) 637-24-02

**Retraining**

- cardiac 921-96-11 *see* Chapter 17 vol.3
- vocational 900-96-83 *see* Chapter 17 vol.3

**Retrogasserian neurectomy 145-24-00**
**Revascularization**

- cardiac (heart muscle) (myocardium) (direct) 336-35-09
- with
  - bypass anastomosis
    - abdominal artery to coronary artery 336-35-30
    - aortocoronary (catheter stent) (homograft) (prosthesis) (saphenous vein graft) 336-35-09
    - one coronary vessel 336-35-00
    - two coronary vessels 336-35-01
    - three coronary vessels 336-35-02
    - four coronary vessels 336-35-03
    - gastroepiploic artery to coronary 336-35-30
    - internal mammary-coronary artery (single double vessel 336-35-11
    - double vessel 336-35-12
    - radial artery 336-35-98
    - specified type NEC 336-35-98
    - thoracic artery-coronary artery (single vessel) 336-35-11
  - implantation of artery into heart (muscle) (myocardium) (ventricle) 336-48-10
- indirect 336-48-10
- specified type NEC 336-35-98
- transmyocardial
  - open chest 351-48-11
  - percutaneous 351-48-12
  - specified type NEC 351-48-12
  - thoracoscopic 351-48-12

**Reversal, intestinal segment 446-24-09**

- large 453-24-00
- small 446-24-09

**Revision**

- amputation stump (lower limb) 880-47-00
- current traumatic—*see* Amputation
- anastomosis
  - biliary tract 468-47-00
  - blood vessel 907-47-08
  - gastric, gastrointestinal (with jejunal interposition) 441-47-00

**Revision—continued**

- anastomosis—continued
  - intestine (large) 453-47-00
  - small 446-47-01
  - pleurothecal 569-47-00
  - pyelointestinal 480-47-02
  - salpingothecal 569-47-00
  - subarachnoid-peritoneal 569-47-00
  - subarachnoid-ureteral 569-47-00
  - ureterointestinal 480-47-02
- ankle replacement (prosthesis) 837-47-00
- arteriovenous shunt (cannula) (for dialysis) 908-47-00
- arthroplasty—*see* Arthroplasty
- bone flap, skull 105-47-00
- breast implant 302-47-00
- bronchostomy 367-39-01
- bypass graft (vascular) 907-47-08
  - abdominal-coronary artery 336-35-30
  - aortocoronary (catheter stent) (with prosthesis) (with saphenous vein graft) (with vein graft) 336-35-09
  - one coronary vessel 336-35-00
  - two coronary vessels 336-35-01
  - three coronary vessels 336-35-02
  - four coronary vessels 336-35-03
- CABG—*see* Revision, aortocoronary bypass graft
- chest tube—*see* intercostal catheter
- coronary artery bypass graft (CABG)—*see* Revision, aortocoronary bypass graft, abdominal-coronary artery bypass, and internal mammary-coronary artery bypass
  - intercostal catheter (with lysis of adhesions) 378-22-00
  - internal mammary-coronary artery (single) 336-35-11
  - double vessel 336-35-12
- cannula, vessel-to-vessel (arteriovenous) 908-12-00
- canthus, lateral 163-38-39
- cardiac pacemaker
  - device (permanent) 355-47-10
  - electrode(s) (atrial) (transvenous) (ventricular) 355-47-00
- pocket 355-47-11
- cardioverter/defibrillator (automatic) pocket 355-47-11
- cholecystostomy 464-21-01
- cleft palate repair 241-47-00
- colostomy 453-47-00
- conduit, urinary 480-47-00
- cystostomy (stoma) 481-47-00
- elbow replacement (prosthesis) 698-47-00
- enterostomy (stoma) 446-47-09
- large intestine 453-47-00
- small intestine 446-47-00
- enucleation socket 177-47-08
- with graft 177-47-00
- esophagostomy 439-39-01
- exenteration cavity 177-47-18
  - with secondary graft 177-47-11
- extraocular muscle surgery 175-47-02
- fenestration, inner ear 184-47-00
- filtering bleb 168-47-01
- fixation device (broken) (displaced) (*see also* Fixation, bone, internal) 914-37-01
- flap or pedicle graft (skin) 901-47-00

**Revision—continued**

- foot replacement (prosthesis) 880-99-99
- gastric anastomosis (with jejunal interposition) 441-47-00
- gastroduodenostomy (with jejunal interposition) 441-47-00
- gastrointestinal anastomosis (with jejunal interposition) 441-47-00
- gastrojejunostomy 441-47-00
- gastrostomy 441-39-18
- hand replacement (prosthesis) 730-99-99
- heart procedure NEC 338-47-00
- hip replacement (acetabulum) (femoral head) (partial) (total) 829-47-00
- Holter (Spitz) valve 130-12-00
- ileal conduit 480-47-00
- ileostomy 445-47-00
- jejunoileal bypass 446-47-01
- jejunostomy 446-47-00
- joint replacement 913-47-00
- acetabulum 829-47-00
- ankle 837-47-00
- elbow 698-47-00
- femoral head 829-47-00
- hip (partial) (total) 829-47-00
- knee 833-47-00
- wrist 702-47-00
- knee replacement (prosthesis) 833-46-00
- laryngostomy 247-47-00
- lateral canthus 163-38-39
- mallet finger 782-48-03
- mastoid antrum 180-39-99
- mastoidectomy 183-47-00
- nephrostomy 478-39-08
- neuroplasty 905-47-00
- ocular implant 177-47-02
- orbital implant 177-47-02
- pocket
  - cardiac pacemaker
    - with initial insertion of pacemaker—omit code new site (skin) (subcutaneous) 355-47-11
  - thalamic stimulator pulse generator
    - with initial insertion of battery package—omit code
      - new site (skin) (subcutaneous) 901-21-08
- previous mastectomy site 302-21-00[302-99-99]
- proctostomy 454-39-08
- prosthesis
  - acetabulum
    - hip 829-47-00
  - ankle 837-47-00
  - breast 302-47-00
  - elbow 698-47-00
  - femoral head 829-47-00
  - heart valve (popet) 338-47-00
  - hip (partial) (total) 829-47-00
  - knee 833-47-00
  - shoulder 697-47-00
  - wrist 702-47-00
- ptosis overcorrection 163-47-00
- pyelostomy 479-33-00

**Revision—continued**

- pyloroplasty 442-48-01
- rhinoplasty 188-47-00
- scar
  - skin 901-48-03
  - with excision 901-28-08
- scleral fistulization 168-47-01
- shoulder replacement (prosthesis) 697-47-00
- shunt
  - arteriovenous (cannula) (for dialysis) 908-47-00
- lumbar-subarachnoid NEC 569-47-00
- peritoneojugular 400-99-99
- peritoneovascular 400-99-99
- pleurothecal 569-47-00
- salpingothecal 569-47-00
- spinal (thecal) NEC 569-47-00
- subarachnoid-peritoneal 569-47-00
- subarachnoid-ureteral 569-47-00
- ventricular (cerebral) 130-12-00
- ventriculoperitoneal
  - at peritoneal site 438-21-00
  - at ventricular site 130-12-00
- stapedectomy NEC 182-47-99
- with incus replacement(homograft)(prosthesis) 182-47-00
- stoma
  - bile duct 468-39-01
  - bladder (vesicostomy) 481-47-00
  - bronchus 367-39-01
  - common duct 468-48-00
  - esophagus 439-39-08
  - gallbladder 464-99-99
  - hepatic duct 468-39-01
  - intestine 446-47-09
  - large 453-47-00
  - small 446-47-00
  - kidney 478-39-08
  - larynx 247-47-00
  - rectum 454-39-08
  - stomach 441-39-18
  - thorax 300-39-08
  - trachea 250-47-00
  - ureter 480-39-08
  - urethra 483-39-08
- tack operation 184-99-99
- toe replacement (prosthesis) 842-47-00
- tracheostomy 250-47-00
- tunnel
  - pulse generator lead wire 901-99-99
  - with initial procedure—omit code
- tympanoplasty 181-47-00
- uretero-ileostomy, cataneous 480-47-00
- ureterostomy (cataneous) (stoma) NEC 480-47-01
- ileal 480-47-00
- urethrostomy 483-39-08
- urinary conduit 480-47-00
- vascular procedure (previous) NEC 907-47-08
- ventricular shunt (cerebral) 130-12-00
- vesicostomy stoma 481-47-00
- wrist replacement (prosthesis) 705-47-00
- Rhinectomy 185-26-01**

**Rhinocheiloplasty** 233-48-99

- cleft lip 225-39-01

**Rhinomanometry** 186-04-99

**Rhinoplasty** (external) (internal) NEC 188-48-08

- augmentation (with graft) (with synthetic implant) 188-48-01

- limited 188-48-00

- revision 188-47-00

- tip 188-48-00

- twisted nose 188-47-00

**Rhinorrhaphy** (external) (internal) 185-39-00

- for epistaxis 186-25-98

**Rhinoscopy** 186-00-00

**Rhinoseptoplasty** 188-47-00

**Rhinotomy** 185-21-00

**Rhizotomy** (radio frequency) (spinal) 575-24-00

- acoustic 148-26-08

- trigeminal 145-24-00

**Rhytidectomy** (facial) 154-39-02

- eyelid

-- lower 163-48-00

-- upper 163-48-01

**Rhytidoplasty** (facial) 154-39-02

**Ripstein operation** (repair of prolapsed rectum) 454-39-08

**Rodney Smith operation** (radical subtotal pancreatectomy) 473-26-12

**Roentgenography**—see Radiography

- cardiac, negative contrast see Chapter 18 vol.3

**Rolling of conjunctiva** 166-28-08

**Root**

- canal (tooth) (therapy) see Chapter 16 vol.3

-- with

--- apicoectomy see Chapter 16 vol.3

--- irrigation see Chapter 16 vol.3

-- resection (tooth) (apex) see Chapter 16 vol.3

--- with root canal therapy see Chapter 16 vol.3

--- residual or retained see Chapter 16 vol.3

**Rotation of fetal head**

- forceps (instrumental) (Kielland) (Scanzoni) (key-in-lock) 526-54-36

- manual 526-15-00

**Routine**

- chest x-ray 300-05-00 see Chapter 18 vol.3

- psychiatric visit 942-00-01

**Roux-en-Y operation**

- bile duct 468-35-00

- cholecystojejunostomy 464-35-00

- esophagus (intrathoracic) 439-48-08

- pancreaticojejunostomy 473-39-00

**Roux-Goldthwait operation** (repair of recurrent patellar dislocation) 833-39-01

**Roux-Herzen-Judine operation** (jejunal loop interposition) 439-48-02

**Rubin test** (insufflation of fallopian tube) 522-00-00

**Ruiz-Mora operation** (proximal phalangectomy for hammer toe) 825-26-03

**Rupture**

- esophageal web 439-21-00

- joint adhesions, manual 913-15-00

- membranes, artificial 526-53-01

-- for surgical induction of labor 526-53-08

- ovarian cyst, manual 523-22-00

**Russe, operation** (bone graft of scapoid) 682-50-00

**Sacculotomy (lack)** 184-99-99  
**Sacrectomy (partial)** 553-26-03  
 - total 553-26-04  
**Saemisch operation (corneal section)** 167-21-00  
**Salpingectomy (total) (transvaginal)** 521-26-30  
 - with oophorectomy 523-26-00  
 - - laparoscopic 523-26-01  
 - partial (unilateral) 521-26-10  
 - - with removal of tubal pregnancy 521-26-40  
 - - bilateral 522-26-10  
 - - - for sterilization 522-30-10  
 - - - by endoscopy 522-26-11  
 - remaining or solitary tube 521-30-10  
 - - with ovary 523-26-00  
 - - - laparoscopic 523-26-01  
 - unilateral (total) 521-26-30  
 - - with  
 - - - oophorectomy 523-26-00  
 - - - - laparoscopic 523-26-10  
 - - - removal of tubal pregnancy 521-26-20  
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**Salpingography** 932-06-40 *see* Chapter 18 vol.3  
**Salpingohysterostomy** 521-39-20  
**Salpingo-oophorectomy (unilateral)** 523-26-10  
 - that by laparoscope 523-26-11  
 - bilateral (same operative episode) 524-26-10  
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 - remaining or solitary tube and ovary 523-26-10  
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**Salpingo-oophoroplasty** 521-39-99  
 - laparoscopic 521-39-98  
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**Salpingo-oophorostomy** 521-39-40  
**Salpingo-oophorotomy** 523-21-00  
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**Salpingoplasty** 521-39-00  
**Salpingorrhaphy** 521-39-00  
**Salpingosalpingostomy** 521-39-10  
**Salpingostomy (for removal of non-ruptures ectopic pregnancy)** 521-33-00  
**Salpingotomy** 521-21-00  
**Salpingo-uterostomy** 521-39-29  
**Salter operation (innominate osteotomy)** 914-24-08  
**Salvage (autologous blood) (intraoperative) (perioperative) (postoperative)** 900-82-02  
**Sampling, blood for genetic determination of fetus** 526-04-02  
**Sandpapering (skin)** 901-28-01  
**Saucerization**  
 - bone (*see also* Excision, lesion, bone) 914-26-00  
 - rectum 454-99-99  
**Sauer-Bacon operation (abdominoperineal resection)** 454-26-40  
**Scalenectomy** 903-26-02  
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 - C.A.T (computerized axial tomography)  
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 - - liver 463-64-21 *see* Chapter 18 vol.3  
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**Sialoadenotomy** 198-21-00

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- cervix—*continued*
- obstetric laceration (current) 518-39-01
- old 518-39-02
- chest wall 300-39-00
- cleft palate 241-39-00
- clitoris 516-39-00
- colon 453-39-00
- common duct 468-39-00
- conjunctiva 166-39-00
- cornea 167-39-00
- with conjunctival flap 167-39-01
- corneoscleral 167-39-00
- with conjunctival flap 167-39-01
- diaphragm 384-39-00
- duodenum 443-39-00
- ulcer (bleeding) (perforated) 443-39-10
- endoscopic 443-25-00
- dura mater (cerebral) 108-39-00
- spinal 580-39-00
- ear, external 178-39-00
- enterocoele 525-99-99
- entropion 163-38-01
- epididymis (and)
- spermatic, cord 510-39-00
- vas deferens 505-39-00
- episiotomy—*see* Episiotomy
- esophagus 439-39-00
- eyeball 176-39-99
- eyebrow 163-39-01
- eyelid 163-39-00
- with entropion or ectropion repair 163-38-01
- fallopian tube 521-39-00
- fascia 902-39-00
- hand 614-39-08
- to skeletal attachment 902-39-08
- hand 640-39-08
- gallbladder 464-39-00
- ganglion, sympathetic 589-39-00
- gingiva 236-39-00
- great vessel
- artery 907-39-00
- vein 908-39-00
- gum 236-39-00
- heart 338-39-00
- hepatic duct 468-39-01
- hymen 517-39-03
- ileum 445-39-00
- intestine 446-39-08
- large 453-39-00
- small 446-39-00
- jejunum 444-39-00
- joint capsule 913-39-00
- with arthroplasty—*see* Arthroplasty
- ankle 837-39-00
- foot 745-39-00
- lower extremity NEC 747-39-08
- upper extremity 616-39-08
- kidney 478-39-00
- labia 516-39-00
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- larynx 247-39-00
- ligament 913-39-00
- with arthroplasty—*see* Arthroplasty
- ankle 837-39-00
- broad 520-99-98
- Cooper's 438-39-00
- foot and toes 745-39-08
- gastrocolic 438-39-08
- knee 833-39-00
- lower extremity NEC 747-39-08
- sacrouterine 520-99-98
- upper extremity 616-39-08
- uterine 520-99-98
- ligation—*see* Ligation
- lip 225-39-00
- liver 463-39-00
- lung 375-39-00
- meninges (cerebral) 108-39-00
- spinal 580-39-00
- mesentery 458-39-00
- mouth 233-39-00
- muscle 903-39-00
- hand 614-39-08
- ocular (oblique) (rectus) 175-39-00
- nerve (peripheral) 905-39-00
- symphetic 589-39-00
- nose (external) (internal) 185-39-00
- for epistaxis 186-25-99
- obstetric laceration
- bladder 481-39-01
- cervix 518-39-01
- corpus uteri 519-39-00
- pelvic floor 517-39-01
- perineum 516-39-01
- rectum 454-39-01
- sphincter ani 455-39-01
- urethra 483-39-01
- uterus 519-39-00
- vagina 517-39-01
- vulva 516-39-01
- omentum 457-39-00
- ovary 523-39-00
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- palate 241-39-00
- cleft 241-48-00
- palpebral fissure 163-38-39
- pancreas 473-39-08
- pelvic floor 516-39-00
- obstetric laceration (current) 516-39-01
- penis 501-39-00
- peptic ulcer (bleeding) (perforated) 441-39-11
- pericardium 356-39-00
- perineum (female) 516-39-00
- after delivery 516-39-01
- episiotomy repair—*see* Episiotomy
- male 901-39-00
- periosteum 914-42-00
- carpal 689-42-00
- femur 798-42-00
- fibula 817-42-00

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- periosteum—*continued*
- humerus 664-42-00
- metacarpal 690-42-00
- pelvic 784-42-00
- phalanxes
- foot 828-42-00
- hand 694-42-00
- radius 665-42-00
- tibia 814-42-00
- ulna 673-42-00
- tarsal 823-42-00
- vertebrae 558-42-00
- peritoneum 438-39-00
- periurethral tissue to symphysis pubis 482-32-02
- pharynx 244-39-00
- pleura 376-39-00
- rectum 454-39-00
- obstetric laceration (current) 454-39-01
- retina (for reattachment) 174-49-19
- sacrouterine ligament 520-99-99
- salivary gland 198-39-01
- scalp 101-39-00
- replantation 101-50-01
- sclera (with repair of conjunctiva) 168-39-00
- secondary
- abdominal wall 405-39-31
- episiotomy 516-39-02
- sigmoid 452-39-00
- skin (mucous membrane) (without graft) 901-39-00
- with graft—*see* Graft, skin
- breast 302-39-00
- ear 178-39-00
- eyebrow 163-39-01
- eyelid 163-39-00
- nose 185-39-00
- penis 501-39-00
- scalp 101-39-00
- replantation 101-50-01
- scrotum 503-39-00
- vulva 516-39-00
- specified site NEC—*see* Repair, by site
- spermatic cord 510-39-00
- sphincter ani 455-39-00
- obstetric laceration (current) 455-39-01
- old 455-39-02
- spinal meninges 580-39-00
- spleen 474-39-00
- stomach 441-39-00
- ulcer (bleeding) (perforated) 441-39-12
- endoscopic 441-39-12
- subcutaneous tissue (without skin graft) 901-39-00
- with graft—*see* Graft, skin
- tendon (direct) (immediate) (primary) 904-39-00
- delayed (secondary) 904-39-01
- hand NEC 614-39-01
- flexors 615-39-01
- hand NEC 614-39-00
- delayed (secondary) 614-39-01
- Suture
- flexors 615-39-00
- delayed (secondary) 615-39-01

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- tendon—*continued*
- ocular 175-39-00
- rotator cuff 697-39-02
- sheath 904-39-00
- hand 614-39-00
- supraspinatus (rotator cuff repair) 697-39-02
- to skeletal attachment 904-39-08
- hand 614-39-08
- Tenon's capsule 175-39-00
- testis 504-39-00
- thymus 381-39-00
- thyroid gland 219-39-00
- tongue 235-39-00
- tonsillar fossa 245-25-00
- trachea 250-39-00
- tunics vaginalis 503-39-00
- ulcer (bleeding) (perforated) (peptic) 441-39-11
- duodenum 443-39-10
- endoscopic 443-39-10
- gastric 441-39-12
- intestine 446-39-08
- skin 901-39-08
- stomach 441-39-12
- endoscopic 441-39-12
- ureter 480-39-00
- urethra 483-39-00
- obstetric laceration (current) 483-39-01
- old 519-39-02
- uvula 242-39-00
- vagina 517-39-00
- obstetric laceration (current) 517-39-01
- old 517-39-02
- vas deferens 505-39-00
- vein 908-39-00
- vulva 516-39-00
- obstetric laceration (current) 516-39-01
- old 516-39-02
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- bladder reconstruction 481-48-00
- proctectomy 454-26-21
- Swinney operation (urethral reconstruction) 483-48-08**
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- coronary arteries 338-48-00
- great arteries, total 338-48-00
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- ankle amputation through malleoli of tibia and
- fibula 814-29-00
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- Sympathectomy NEC 589-26-08**
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- cervicothoracic 589-26-01
- lumbar 587-26-01
- periarterial 589-26-02
- presacral 588-26-01
- renal 589-26-08
- thoracolumbar 589-26-01
- tympanum 180-99-01

Sympatheticotripsy 589-24-00

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- kidney (horseshoe) 478-24-00

**Symphysis, pleural** 376-30-00

**Synchondrotomy** (*see also* Division, cartilage)  
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**Syndactylization** 901-48-08

**Syndesmotomy** (*see also* Division, ligament)  
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- iris (posterior) 169-24-19
- anterior 169-24-09

**Synovectomy (joint) (complete) (partial)** 913-26-00

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- elbow 698-26-01
- finger 705-26-01
- hip 829-26-01
- knee 833-26-01
- shoulder 697-26-01
- spine 559-26-01
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- hand 614-26-02
- toe 842-26-01
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- with
- dilation 165-15-02
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- stomach 441-47-00
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- with creation of new shunt 908-47-00
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- colostomy 453-39-01
- duodenostomy 443-39-10
- enterostomy 446-39-10
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- gastroduodenostomy 441-47-00
- gastrojejunostomy 441-47-00
- ileostomy 445-39-10
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- stoma
- bile duct 468-39-01
- bladder 481-39-03
- bronchus 367-39-01
- common duct 468-39-01
- esophagus 439-40-00
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- cisternal 111-22-00
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- electrons 900-92-29 *see* Chapter 18 vol.3
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- to skeletal attachment 904-37-00

- - hand 614-37-00

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**Thoracectomy** 376-21-00

- for lung collapse 375-28-10

**Thoracentesis** 300-22-00**Thoracocentesis** 300-22-00**Thoracotomy** (for collapse of lung) 375-28-10**Thoracoplasty** (anterior) (extrapleural) (paravertebral) (posterolateral) (complete) (partial) 300-48-00**Thoracoscopy transpleural** (for exploration) 300-00-00**Thoracostomy** 376-21-00

- for lung collapse 375-28-10

**Thoracotomy** (with drainage) 376-21-00

- exploratory 300-21-00

**Three-snip operation, punctum** 165-21-00**Thrombectomy** 907-21-01

- with endarterectomy—see Endarterectomy
- abdominal

- artery 420-21-01

- vein 427-21-01

- aorta (arch) (ascending) (descending) 314-21-00

- bovine graft 907-47-08

- coronary artery 336-45-00

- intracranial vessel NEC 138-21-00

- lower limb

- artery 755-21-01

- vein 763-21-01

- pulmonary vessel 320-21-00

- thoracic vessel NEC 320-21-00

- upper limb (artery) 624-21-01

**Thromboendarterectomy** 907-26-00

- abdominal 420-26-00

- aorta (arch) (ascending) (descending) 314-26-00

- coronary artery 336-45-00

- open chest approach 336-48-00

- intracranial NEC 138-26-00

- lower limb 755-26-00

- thoracic NEC 320-26-00

- upper limb 624-26-00

**Thymectomy** 381-26-09

- partial 381-26-00

- total 381-26-01

**Thymopexy** 381-99-99**Thyrochondrotomy** 247-21-99**Thyrocricoidectomy** 247-26-08**Thyrocricotomy** (for assistance in breathing) 250-33-00**Thyroidectomy** NEC 219-26-08

- by mediastinotomy (see also Thyroidectomy, substernal) 219-26-29

- with laryngectomy—see Laryngectomy

- complete or total 219-26-05

- substernal (by mediastinotomy) (transsternal route) 219-26-22

- transoral route (lingual) 219-26-03

- lingual (complete) (partial) (subtotal) (total) 219-26-03

- partial or subtotal NEC 219-26-02

- with complete removal of remaining lobe 219-26-05

- submental route (lingual) 219-26-03

- substernal (by mediastinotomy) (transsternal route) 219-26-21

- remaining tissue 219-26-05

- submental route (lingual) 219-26-03

- substernal (by mediastinotomy) (transsternal route) 219-26-29

- complete or total 219-26-22

- partial or subtotal 219-26-21

- transoral route (lingual) 219-26-03

- transsternal route (see also Thyroidectomy, substernal) 219-26-29

- unilateral (with removal of isthmus) (with removal of portion of other lobe) 219-26-01

**Thyroidorrhaphy** 219-39-00**Thyroidotomy** (field) (gland) NEC 219-21-00

- postoperative 219-47-00

**Thyrotomy** 247-21-99

- with tantalum plate 247-39-99

**Tirofiban** (HCl), infusion 900-81-12**Toilette**

- skin—see Debridement, skin or subcutaneous tissue

- tracheostomy 250-22-00

**Token economy** (behavior therapy) 942-99-12**Tomkins operation** (metoplasty) 519-39-98**Tomography**—see also Radiography

- abdomen NEC 999-05-07 see Chapter 18 vol.3

- cardiac 999-05-07 see Chapter 18 vol.3

- computerized axial NEC

- abdomen 400-08-00 see Chapter 18 vol.3

- bone see Chapter 18 vol.3

- quantitative 914-02-00

- brain 126-08-00 see Chapter 18 vol.3

- head 126-08-00 see Chapter 18 vol.3

- kidney 478-08-00 see Chapter 18 vol.3

- skeletal see Chapter 18 vol.3

- quantitative 914-02-00

- thorax 300-08-00 see Chapter 18 vol.3

- head NEC 126-08-00 see Chapter 18 vol.3

- kidney NEC 478-05-17 see Chapter 18 vol.3

- lung 375-05-07 see Chapter 18 vol.3

- thorax NEC see Chapter 18 vol.3

**Tongue tie operation** 235-26-00**Tonography** 939-01-25**Tonometry** 939-02-01**Tonsillectomy** 245-26-03

- with adenoidectomy 245-26-05

**Tonsillotomy** 245-22-00

**Topectomy** 126-21-00

**Torek (Bevan) operation** (orchidopexy) (first stage)  
(second stage) 504-37-00

**Torkildsen operation** (ventriculocisternal shunt) 130-33-00

**Torpin operation** (cul-de-sac resection) 525-99-99

**Toti operation** (dacryocystorhinostomy) 165-33-01

**Touchas operation** 901-48-02

**Touroff operation** (ligation of subclavian artery)  
617-30-00

**TPN** (total parenteral nutrition) 900-81-05

**Trabeculectomy ab externo** 168-22-03

**Trabeculodialysis** 171-22-08

**Trabeculectomy ab externo** 171-22-05

**Trachelectomy** 518-29-00

**Trachelopexy** 519-37-98

**Tracheloplasty** 518-39-98

**Trachelorrhaphy** (Emmet) (suture) 518-39-00

- obstetrical 518-39-01

**Trachelotomy** 518-21-00

- obstetrical 518-21-01

**Tracheocricotomy** (for assistance breathing) 250-33-00

**Tracheofissure** 250-33-00

**Tracheolaryngotomy** (emergency) 250-33-00

- permanent opening 250-33-09

**Tracheoplasty** 250-39-99

- with artificial larynx 250-48-03

**Tracheorrhaphy** 250-39-00

**Tracheoscopy** NEC 250-00-02

- through tracheotomy (stoma) 250-00-00

**Tracheostomy** (emergency) (temporary) (for assistance in  
breathing) 250-33-00

- mediastinal 250-33-01

- permanent NEC 250-33-09

- revision 250-47-00

**Tracheotomy** (emergency) (temporary) (for assistance in  
breathing) 250-33-00

- permanent 250-33-09

**Tracing, carotid pulse with ECG lead** 338-01-04

**Traction**

- with reduction of fracture or dislocation—see Reduction,  
fracture and Reduction, dislocation

- adhesive tape (skin) 938-13-10

- boot 938-13-10

- Bryant's (skeletal) 938-13-11

- Buck's 938-13-10

- caliper tongs 558-13-00

- - with synchronous insertion of device 105-10-01

- Cortel's (spinal) 558-13-00

- Crutchfield tongs 558-13-00

- - with synchronous insertion of device 105-10-01

- Dunlop's (skeletal) 938-13-11

- gallows 938-13-10

- Gardner's Wells 558-13-00

- - with synchronous insertion of device 105-10-01

- halo device, skull 558-13-00

- - with synchronous insertion of device 105-10-01

- Lyman Smith (skeletal) 938-13-11

- manual, intermittent see Chapter 17 vol.3

- mechanical, intermittent see Chapter 17 vol.3

- Russell's (skeletal) 938-13-11

**Traction—continued**

- skeletal NEC 938-13-11

- - intermittent see Chapter 17 vol.3

- skin, limbs NEC 938-13-11

- spinal NEC 558-13-00

- - with skull device, (halo) (caliper) (Crutchfield)

(Gardner Wells) (Vinke) (tongs) 558-13-00

- - - with synchronous insertion or device 105-10-01

- Thomas's splint 938-13-18

- Vinke tongs 558-13-00

- - with synchronous insertion of device 105-10-01

**Tractotomy**

- brain 126-21-00

- medulla oblongata 126-21-00

- mesencephalon 126-21-00

- percutaneous 580-21-00

- spinal cord (one-stage) (two-stage) 580-21-08

- trigeminal (percutaneous) (radio frequency)

145-24-00

**Training** (for) (in)

- ADL (activities of daily living) 900-96-81

see Chapter 17 vol.3

- - for the blind 939-96-08

- ambulation 937-96-54 see Chapter 17 vol.3

- braille 939-96-02

- crutch walking 937-96-58 see Chapter 17 vol.3

- dyslexia 939-96-08

- dysphasia 940-96-30

- esophageal speech (postlaryngectomy) 940-96-21

- gait 937-96-58 see Chapter 17 vol.3

- joint movements 937-96-54 see Chapter 17 vol.3

- lip reading 940-96-99

- Moon (blind reading) 939-96-02

- orthoptic 939-96-00

- prenatal (natural childbirth) 526-54-98

- prosthetic or orthotic device usage 937-96-58

see Chapter 17 vol.3

- relaxation 942-99-12

- speech NEC 940-96-99

- - esophageal 940-96-21

- - for correction of defect 940-96-20

- use of lead dog for the blind 939-96-01

- vocational 900-86-83 see Chapter 17 vol.3

**TRAM** (transverse rectus abdominis musculocutaneous)  
flap of breast 302-48-30

**Transactional analysis**

- group 942-99-23

- individual 942-99-18

**Transection—see also Division**

- artery (with ligation) (see also Division, artery) 907-39-08

- - renal, aberrant (with reimplantation) 413-38-00

- bone (see also Osteotomy) 914-21-00

- fallopian tube (bilateral) (remaining) (solitary)

522-30-00

- - by endoscopy 522-30-01

- - unilateral 521-30-00

- isthmus, thyroid 219-24-00

- muscle 903-24-08

- - eye 175-26-00

- - - multiple (two or more muscles) 175-48-10

- - hand 614-24-08

**Transection—continued**

- nerve (peripheral) NEC 905-24-00
- acoustic 148-26-08
- root (spinal) 575-24-01
- sympathetic 589-24-00
- tracts in spinal cord 580-21-08
- trigeminal 145-24-00
- vagus (transabdominal) (*see also* Vagotomy) 428-24-99
- pylorus (with wedge resection) 442-21-00
- renal vessel aberrant (with reimplantation) 413-38-00
- spinal
  - cord tracts 580-21-08
  - nerve root 575-24-01
- tendon 904-24-00
- hand 614-24-00
- uvula 242-21-00
- vas deferens 505-30-00
- vein (with ligation) (*see also* Division, vein) 908-26-08
- renal, aberrant (with reimplantation) 413-38-0
- varicose (lower limb) 763-26-00

**Transfer, transference**

- bone shaft, fibula into tibia 814-39-08
- digital (to replace absent thumb) 727-48-98
- finger (to thumb) (same hand) 727-48-00
- to
  - finger, except thumb 728-48-00
  - opposite hand (with amputation) 727-48-98
  - toe (to thumb) (with amputation) 727-48-98 [878-29-00]
  - to finger, except thumb 728-48-00 [878-29-00]
- fat pad NEC 901-48-08
- with skin graft—*see* Graft, skin, full-thickness
- finger (to replace absent thumb) (same hand) 727-48-00
- to
  - finger, except thumb 728-48-00
  - opposite hand (with amputation) 727-48-98 [728-29-00]
- muscle origin 903-38-00
- hand 614-38-03
- nerve (peripheral) (radical anterior) (ulnar) 905-50-00
- pedicle graft 901-48-01
- pes anserinus (tendon) (repair of knee) 833-39-08
- tarsoconjunctival flap, from opposing lid 163-48-13
- tendon 904-38-00
- hand 614-38-02
- pes anserinus (repair of knee) 833-39-08
- toe-to-thumb (free) (padicle) (with amputation) 727-48-98 [878-29-00]

**Transfixion—see also Fixation**

- iris (bombe) 169-21-01

**Transfusion (of) 900-82-03**

- antihemophilic factor 900-82-06
- antivenin 900-81-06
- autologous blood
  - collected prior to surgery 900-82-02
  - intraoperative 900-82-00
  - perioperative 900-82-00
  - previously collected 900-82-02
  - salvage 900-82-00

**Transfusion—continued**

- blood (whole) NOS 900-82-03
  - expandar 900-82-10
  - surrogate 900-82-08
  - bone marrow 915-50-09
  - allogeneic 915-50-02
  - with purging 915-50-01
  - allograft 915-50-02
  - with purging 915-50-01
  - autograft 915-50-00
  - autologous 915-50-00
  - coagulation factors 900-82-06
  - Dextran 900-82-10
  - exchange 900-82-01
  - intraperitoneal 526-82-00
  - in utero (with hysterotomy) 526-82-00
  - exsanguination 900-82-01
  - gamma globulin 900-81-04
  - granulocytes 900-82-08
  - hemodilution 900-82-08
  - intrauterine 526-82-00
  - packed cells 900-82-04
  - plasma 900-82-07
  - platelets 900-82-08
  - replacement, total 900-82-01
  - serum NEC 900-82-07
  - substitution 900-82-01
  - thrombocytes 900-82-05
- Transillumination**
- nasal sinuses 193-00-00
  - skull (newborn) 105-00-00
- Translumbar aortogram 314-81-50 see Chapter 18 vol.3**
- Transplant, transplantation**
- artery 907-48-00
  - renal, aberrant 413-38-00
  - autotransplant—*see* Reimplantation
  - blood vessel 907-48-00
  - renal, aberrant 413-38-00
  - bone (*see also* Graft, bone) 914-50-00
  - marrow 915-50-09
  - allogeneic 915-50-02
  - with purging 915-50-01
  - allograft 915-50-02
  - with purging 915-50-01
  - autograft 915-50-00
  - autologous 915-50-00
  - stem cell
    - allogeneic (hematopoietic) 915-50-04
    - autologous (hematopoietic) 915-50-03
    - cord blood 915-50-05
    - stem cell
      - allogeneic (hematopoietic) 915-50-04
      - autologous (hematopoietic) 915-50-03
      - cord blood 915-50-05
  - combined heart-lung 338-50-00 [375-50-01]
  - conjunctiva, for pterygium 167-26-09
  - corneal (*see also* Keratoplasty) 167-50-99
  - dura 108-39-08
  - fascia 902-39-08
  - hand 614-50-04

**Transplant, transplantation—continued**

- finger (replacing absent thumb) (same hand) 727-48-00
- to
- finger, except thumb 728-48-00
- opposite hand (with amputation) 727-48-98 [728-29-00]
- gracilis muscle (for) 741-38-03
- anal incontinence 455-48-00
- urethrovessical suspension 482-48-00
- hair follicles
- eyebrow 163-48-12
- eyelid 163-48-12
- scalp 101-50-00
- heart (orthotopic) 338-50-00
- combined with lung 338-50-00 [375-50-01]
- ileal stoma to new site 445-33-03
- Islets of Langerhans (cells) 473-50-19
- allotransplantation of cells 473-50-11
- autotransplantation of cells 473-50-10
- heterotransplantation 473-50-11
- homotransplantation 473-50-10
- kidney NEC 478-50-08
- liver 463-50-08
- auxillary (permanent) (temporary) (recipient's liver in situ) 463-50-00
- cells into spleen via percutaneous catheterization 907-10-00
- lung 375-50-99
- bilateral 375-50-01
- combined with heart 375-50-01 [338-50-00]
- double 375-50-01
- single 375-50-00
- unilateral 367-50-00
- lymphatic structure(s) (peripheral) 909-39-00
- mammary artery to myocardium or ventricular wall 336-48-10
- muscle 903-50-00
- gracilis (for) 741-38-03
- anal incontinence 455-48-00
- urethrovessical suspension 482-48-00
- hand 614-50-01
- temporalis 903-50-00
- with orbital exenteration 177-26-19
- nerve (peripheral) 905-50-00
- ovary 523-50-00
- pancreas 473-50-19
- heterotransplant 473-50-02
- homotransplant 473-50-01
- Islets of Langerhans (cells) 473-50-12
- allotransplantation of cells 473-50-11
- autotransplantation of cells 473-50-10
- heterotransplantation of cells 473-50-11
- homotransplantation of cells 473-50-10
- reimplantation 473-50-00
- pes anserinus (tendon) (repair of knee) 833-39-08
- renal NEC 478-50-08
- vessel, aberrant 413-38-00
- salivary duct opening 198-39-99
- skin—see Graft, skin
- Trochanteroplasty
- spermatic cord 510-50-00
- spleen 474-50-00

**Transplant, transplantation—continued**

- stem cells
- allogeneic (hematopoietic) 915-50-04
- autologous (hematopoietic) 915-50-03
- cord blood 915-50-05
- tendon 904-50-00
- hand 614-50-00
- pes anserinus (repair of knee) 833-39-08
- superior rectus (blepharoptosis) 163-38-19
- testis to scrotum 504-37-01
- thymus 381-50-00
- thyroid tissue 219-49-00
- toe (replacing absent thumb) (with amputation) 727-48-98 [878-29-00]
- to finger, except thumb 728-48-00 [878-29-00]
- tooth 238-50-00
- ureter to
- bladder 480-48-01
- ileum (external diversion) 480-33-00
- internal diversion only 480-33-02
- intestine 480-33-02
- skin 480-33-01
- vein (peripheral) 908-39-04
- renal, aberrant 413-38-00
- vitreous 173-26-01
- anterior approach 173-26-00
- Transposition**
- extraocular muscles 175-38-02
- eyelash naps 163-48-12
- eye muscle (oblique)(rectus) 175-38-02
- finger (replacing absent thumb) (same hand) 727-48-00
- to
- finger, except thumb 728-48-00
- opposite hand (with amputation) 727-48-98 [728-29-00]
- interatrial venous return 341-38-00
- jejunal (Henley) 441-26-13
- joint capsule (see also Arthroplasty) 913-39-08
- extraocular 175-38-02
- hand 614-39-08
- nerve (peripheral) (radial anterior) (ulnar) 905-50-00
- nipple 305-38-00
- pterygium 167-26-01
- tendon NEC 904-38-00
- hand 614-38-02
- vocal cords 247-39-99
- Transureteroureterostomy** 480-48-00
- Transversostomy** (see also Colostomy) 450-33-09
- Trapping, aneurysm (cerebral)** 907-39-01
- Trauner operation** (lingual sulcus extension) 233-48-20
- Trephination, trephining**
- accessory sinus—see Sinusotomy
- corneoscleral 168-99-99
- cranium 105-21-08
- nasal sinus—see Sinusotomy
- sclera (with iridectomy) 168-22-00
- Trial (failed) forceps** 526-54-37
- Trigonectomy** 481-26-02
- Trimming, amputation stump** 880-47-00
- Triple arthrodesis** 837-34-00
- Trochanterplasty** 829-39-08

**Tsuge operation** (macroductyly rapair) 728-48-03

**Tuck, tucking**—*see also* Plication

- eye muscle 175-42-00

-- multiple (two or more muscles) 175-48-19

- levator palpebrae, for blepharoptosis 163-38-13

**Tudor "rabbit ear" operation** (anterior urethropexy)  
482-48-08

**Tuffier operation**

- apicolysis of lung 375-28-18

- vaginal hysterectomy 519-26-50

-- laparoscopically assisted (LAVH) 519-26-60

**TULIP** (transurethral ultrasound guided laser induced  
- prostatectomy) 507-26-00

**TURP** (transurethral resection of prostate) 507-26-01

**Tunnel, subcutaneous** (antethoracic) 301-33-00

- esophageal 301-33-00

-- with anastomosis—*see* Anastomosis, esophagus,  
antesternal

- pulse generator lead wire 901-99-99

-- with initial procedure—*omit code*

**Turbinectomy** (complete) (partial) NEC 187-26-99

- by

-- cryosurgery 187-26-00

-- diathermy 187-26-00

- with sinusectomy—*see* Sinusectomy

**Turco operation** (release of joint capsules in clubfoot)  
873-24-00

**Tylectomy** (breast) (partial) 302-26-00

**Tympanectomy** 180-26-99

- with tympanoplasty—*see* Tympanoplasty

**Tympanomastoidectomy** 183-26-02

**Tympanoplasty** (type I) (with graft) 181-48-00

- with

-- air pocket over round window 181-48-03

-- fenestra in semicircular canal 181-48-04

-- graft against

--- incus or malleus 181-48-01

--- mobile and intact stapes 181-48-02

- epitympanic, type I 181-48-00

- revision 181-47-00

- type

-- II (graft against incus or malleus) 181-48-01

-- III (graft against mobile and intact stapes) 181-48-02

-- IV (air pocket over round window) 181-48-03

-- V (fenestra in semicircular canal) 181-48-04

**Tympanosympathectomy** 180-99-01

**Tympanotomy** 180-22-99

- with intubation 180-22-01

U

- Uchida operation (tubal ligation with or without fimbriectomy) 522-30-00
- UFR (uroflowmetry) 930-02-10
- Ultrasonography
  - abdomen 400-07-00 *see* Chapter 18 vol.3
  - aortic arch 338-07-30 *see* Chapter 18 vol.3
  - biliary tract 927-07-00 *see* Chapter 18 vol.3
  - breast 302-07-00 *see* Chapter 18 vol.3
  - deep vein thrombosis 747-07-00 *see* Chapter 18 vol.3
  - digestive system 400-07-00 *see* Chapter 18 vol.3
  - eye 939-01-43
  - head and neck *see* Chapter 18 vol.3
  - heart 338-07-30 *see* Chapter 18 vol.3
  - intestine 400-07-00 *see* Chapter 18 vol.3
  - lung *see* Chapter 18 vol.3
  - midline shift, brain 126-07-01 *see* Chapter 18 vol.3
  - multiple sites *see* Chapter 18 vol.3
  - peripheral vascular system *see* Chapter 18 vol.3
  - retroperitoneum 400-07-00 *see* Chapter 18 vol.3
  - thorax NEC *see* Chapter 18 vol.3
  - total body 999-07-30 *see* Chapter 18 vol.3
  - urinary system 930-07-00 *see* Chapter 18 vol.3
  - uterus 932-07-01 *see* Chapter 18 vol.3
  - - gravid 526-07-00 *see* Chapter 18 vol.3
- Ultrasound
  - diagnostic—*see* Ultrasonography
  - fragmentation (of)
    - - cataract (with aspiration) 172-27-20
    - - urinary calculus, stones (Kock pouch) 483-20-00
  - inner ear 184-99-99
  - therapy 900-56-35 *see* Chapter 17 vol.3
- Umbilectomy 402-26-00
- Unbridling
  - blood vessel, peripheral 907-24-00
  - celiac artery axis 414-24-00
- Uncovering—*see* Incision, by site
- Undercutting
  - hair follicle 901-21-08
  - perianal tissue 455-28-08
- Unroofing—*see also* Incision, by site
  - external
    - - auditory canal 178-22-00
    - - ear NEC 178-22-08
  - kidney cyst 478-21-00
- UPP (urethral pressure profile) 930-02-11
- Upper GI series (x-ray) 907-06-10 *see* Chapter 18 vol.3
- Uranoplasty (for cleft palate repair) 241-48-00
- Uranorrhaphy (for cleft palate repair) 241-48-00
- Uranostaphylorrhaphy 241-48-00
- Urban operation (mastectomy) (unilateral) 302-26-16
  - bilateral 302-26-17
- Ureterectomy 480-26-09
  - with nephrectomy 478-26-03
  - partial 480-26-00
  - total 480-26-01
- Ureterocele 480-33-02
- Ureterocelelectomy 480-26-00
- Ureterocolostomy 480-33-02
- Ureterocystostomy 480-48-01
- Ureteroenterostomy 480-33-02
- Ureteroileostomy (internal diversion) 480-33-02
  - external diversion 480-33-00
- Ureteroneocystostomy 480-48-01
- Ureteropexy 480-37-00
- Ureteroplasty 480-39-08
- Ureteroplication 480-39-08
- Ureteroproctostomy 480-33-02
- Ureteropyelography (intravenous) (diuretic infusion) 930-05-41 *see* Chapter 18 vol.3
  - percutaneous 930-05-41 *see* Chapter 18 vol.3
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- Ureteropyeloplasty 479-48-00
- Ureteropyelostomy 478-39-12
- Ureterorrhaphy 480-39-00
- Ureteroscopy 480-00-00
  - with biopsy 480-04-00
- Uretersigmoidostomy 480-33-02
- Ureterostomy (cutaneous) (external) (tube) 480-33-01
  - closure 480-39-01
  - ileal 480-33-00
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  - lumbar 480-26-00
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    - - complete cystectomy 481-26-08
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- Urethrolithotomy 483-21-00
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- Urethropexy 483-39-08
  - anterior 482-48-08
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  - - collagen implant 482-48-01
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## - selective NEC 428-24-08

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351-39-02- - with prosthesis or tissue graft—see Replacement, heart,  
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## -- aortic valve 347-39-02

## --- percutaneous (balloon) 347-39-00

-- combined with repair of atrial and ventricular septal  
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## -- mitral valve 348-39-02

## -- percutaneous (balloon) 351-39-00

## -- pulmonary valve 349-39-02

## --- in total repair of tetralogy of Fallot 338-39-10

## --- percutaneous (balloon) 349-39-00

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#### Whitman operation

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